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*Medical times and gazette*



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## ORIGINAL LECTURES.

A COURSE OF CLINICAL LECTURES  
ON  
DISEASES OF THE KIDNEY.

By GEORGE JOHNSON, M.D. F.R.C.P.

[Physician to King's College Hospital.(a)]

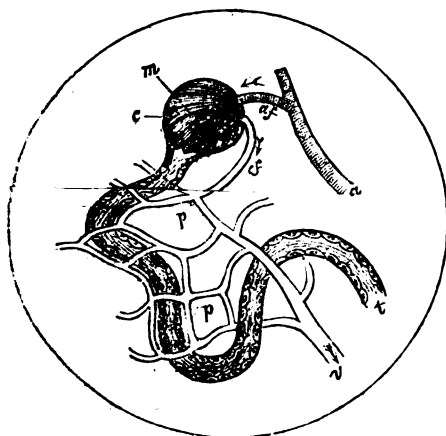
## LECTURE I.—INTRODUCTORY.

If you consult the returns of the Registrar-General for the purpose of ascertaining the relative mortality from diseases of various organs, you will be apt to conclude that diseases of the kidney are either of infrequent occurrence, or easily curable—at any rate that they are not often fatal; yet such an estimate of the frequency and fatality of renal diseases would certainly be a most erroneous one. It very commonly happens that in a death certificate mention is made only of that particular disease or morbid process which has been the immediate cause of death, as, for instance, apoplexy, coma, paralysis, convulsions; or, again, with respect to diseases within the chest, bronchitis, pneumonia, pleurisy, hydrothorax, pericarditis, endocarditis; and, in the abdomen, ascites, peritonitis, muco-enteritis, diarrhoea, etc.

Now, each of the diseases which I have enumerated, not to mention a number of others, is not unfrequently only the last link in a chain of morbid processes, the first link, the starting point and origin of which is disease of the kidney; so that, while the mere registrar would certify that the cause of death in a particular instance has been coma or apoplexy, the pathologist and the practical physician would trace back the coma to uræmic poisoning, the result of degeneration of the kidney.

The subject of renal pathology owes much of its interest and much of its practical importance to the fact, that disease of the kidney is often associated, either as cause or as consequence, with many of the commonest and most fatal diseases.

FIG. 1.



Plan of the minute structure of the kidney. *a*. Artery, sending an afferent branch, *a'* to *m*, the Malpighian body. *ef*. Afferent vessel. *p*. The plexus of capillaries between the tubes. *v*. The vein. *t*. The uriniferous tube. *c*. The capsule of the Malpighian body.

You will not long pursue your clinical studies without finding abundant illustrations of this statement. Cases of renal disease are always to be found in the medical wards, and you

cannot fail to be interested in the many important problems which they present for our solution.

Before I direct your attention to the cases which have recently been under treatment in the Hospital, I must briefly allude to certain facts which have a general bearing upon the whole subject of renal disease. And, first, with regard to the minute structure of the kidney, I may perhaps assume that you are familiar with this subject, a knowledge of which is essential for the right appreciation of some of the most interesting and important features of renal diseases.

The diagram before you will serve to remind you of the chief points in the minute anatomy of the kidney, for a knowledge of which we are indebted to Mr. Bowman. You see that the uriniferous tube ends or commences in a globular expansion, which forms what is called the capsule of the Malpighian body. The artery sends off a terminal branch, the afferent vessel, which pierces the capsule and so passes within the globular dilatation of the tube. In this cavity it breaks up into a capillary tuft, the vessels of which re-unite into a single vessel, the efferent vessel, which passes out through the capsule, and then enters a capillary plexus lying outside the uriniferous tube among its coils and convolutions. The course of the circulation through the kidney, then, as indicated by the arrows in the diagram, is from the artery, through the afferent vessel, into the Malpighian capillaries, thence through the efferent vessel into the inter-tubular plexus, and from this into the renal vein. Then you will remember that the uriniferous tubes are lined by cells which have all the characters of true glandular epithelium, as seen in the second diagram.

FIG. 2



Portion of uriniferous tube, composed of basement membrane, with a lining of epithelial cells. The clear canal within the layer of cells is equal to about half the diameter of the tube.

Within this lining of cells there is a clear canal in the central part of the tube. Of this canal I shall presently have to speak in connexion with some of the varieties of tube-casts which occur in the urine.

In the course of the present session, I shall probably have the opportunity of giving you some practical illustrations of most of those morbid conditions of the kidney which are commonly included under the term Bright's disease. You will perhaps ask, as many have done before, what is Bright's disease? To this question I must reply by telling you first, what is *not* Bright's disease. There are certain diseases of the kidney which, by common consent, are excluded from the category of morbid changes, to which the term Bright's disease is applied. These are—1. Diseases originating in local and mechanical injuries—stone in the kidney or bladder; stricture of the urethra; blows on the loins producing abscess, etc. 2. Tubercle, cancer, and hydatids in the kidney. These forms of disease were all recognised and described before Dr. Bright published his "Medical Reports." And now with respect to Bright's disease: It had long been known that dropsy and renal disease were occasionally associated; it was also known that some dropsical patients had albuminous urine. Dr. Bright's great merit and originality consisted in this, that he pointed out the connexion between these three conditions—dropsy and albuminous urine during life with peculiar morbid changes in the kidney discoverable after life. Dr. Bright described and figured these morbid changes, showed with how great frequency they occur, with what numerous and important secondary diseases they are commonly associated, and thus, like Dr. Livingston in Southern Africa, he opened up the great field of renal pathology, which previously had been, for all practical purposes, an almost unknown region.

(a) The Lectures on Renal Diseases, an abstract of which it is here proposed to publish, have been delivered at various times to the clinical class in King's College Hospital. In arranging them for publication I have made some modifications and additions, but for the convenience of having a well-defined audience before the mind's eye, I have throughout supposed myself to be addressing those to whom the lectures were originally delivered.



These morbid conditions of the kidney being known, it remained to give them a name, and various names have been proposed. Rayer uses the term "albuminous nephritis," implying the notion of an inflammation of the kidney, attended with the secretion of albuminous urine. Christison calls the disease "granular degeneration," though it is an admitted fact that some of the most characteristic Bright's kidneys have no appearance of granulation. Then it has been and is still the practice to designate these morbid states of the kidney by the name of the distinguished Physician who discovered them.

Now, the term "Bright's disease" seems to involve the idea of unity, and some pathologists have attempted to prove that this is a true expression of the fact,—that all the various appearances in the kidney which have been described and figured by Dr. Bright are the result of a single morbid process in different stages and degrees of intensity. I shall have no difficulty in demonstrating by the aid of the clinical history of the cases which will come under our observation that this notion of the unity of "Bright's disease" is erroneous in theory and mischievous in practice. In the meantime I beg you to bear in mind that the term "Bright's disease" is not strictly and exclusively applicable to any *single* morbid change in the kidney, but that under this general term are included *several forms of acute and chronic disease, which are usually associated with an albuminous condition of the urine, and frequently with dropsy and various other secondary diseases.*

According to this definition of the term, a patient who has general dropsy with albuminous urine as a consequence of scarlet-fever, may be said to have acute Bright's disease; while one who, after a long course of intemperance, is found to have the kidneys reduced to half their normal size, and another who, after suffering several months from dropsy, has his kidneys much enlarged and fatty, present examples of two different forms of chronic Bright's disease.

Now, I expect to be able to show you in the course of a few months of clinical practice that the various pathological states of the kidney may be detected during life by a comparison of the history of each case with a chemical and microscopical examination of the urine, with scarcely less certainty than when the diseased organ is exposed to view after death. And you will not fail to appreciate the practical importance of this when you consider how much the prognosis and even the treatment of renal disease must be influenced by a precise diagnosis; inasmuch as some morbid conditions of the kidney are far more serious than others, either being originally and essentially more formidable in character, or indicating a more inveterate and advanced degeneration of tissue.

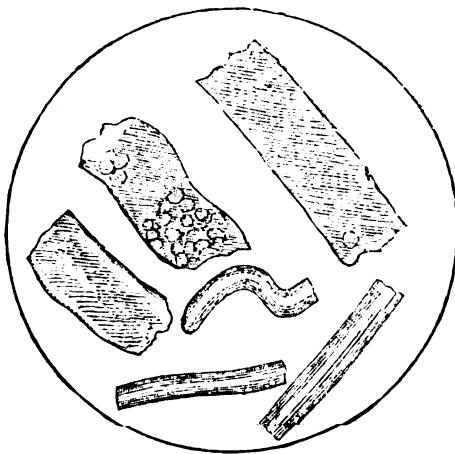
Let me now impress upon you the fact, that all the forms of Bright's disease have this in common: that the essential part of their morbid anatomy is in the interior of the convoluted uriniferous tubes, and that the epithelial or gland cells which line those tubes are the first parts to suffer change. The morbid conditions of other tissues, although of considerable interest, more especially those affecting the blood-vessels, are second in time and importance. It is in the performance of its function as a great excretory gland that the kidney becomes the subject of Bright's disease; and the disease in question has its origin in those epithelial cells of the convoluted tubes which constitute the essential part of the kidney as a glandular organ.

While the gland-cells are undergoing morbid change, there usually occurs from the vessels of the Malpighian tuft (see fig. 1) an effusion of albumen and fibrin into the cavity of the tubes. These effused products mingle with the natural secretion of the kidney, and give rise to two important signs of the existence of Bright's disease. 1st, An albuminous condition of the urine, which renders it coagulable by heat and nitric acid; and, 2nd, the appearance of cylindrical moulds or casts of the uriniferous tubes, discoverable on a microscopical examination of the urine. These casts are composed of fibrinous material, which having coagulated in the cavity of a tube has subsequently escaped with the urine. The different appearances presented by these tube-casts afford most valuable indications of the condition of the tubes in which they have been moulded, and greatly aid the diagnosis between the various forms and stages of Bright's disease.

As an illustration of this part of the subject, let me direct your attention to this drawing (fig. 3), in which you see represented some wax-like clear casts, some of which are about twice the diameter of the others. The small sacs have been

moulded in tubes which retain their epithelial lining (see fig. 2), and their diameter corresponds with that of the clear canal which is left within the layer of cells. The larger casts,

FIG. 3.



Large and small wax-like fibrinous casts of the tubes of the kidney, from the sediment in albuminous urine.

which have the full diameter of the uriniferous tubes, and a remarkably sharp outline, have been formed in tubes which have lost their epithelial lining, and with it their proper secretory function. These large casts then indicate a more serious degeneration of the tubular structure than the small ones. They are often combined in the urine of the same patient, but the existence of a large proportion of the full-sized wax-like casts in the urinary sediment is usually a sign of serious import.

In my next lecture I shall bring to your notice some cases of Bright's disease which have lately been under treatment in the Hospital.

## ORIGINAL COMMUNICATIONS.

### THE PHYSIOGNOMY OF INSANITY.

By JOHN CONOLLY, M.D. D.C.L.

Consulting Physician to the Hanwell Asylum.

#### NO. 1—RELIGIOUS MELANCHOLY.

THE external characters of various bodily diseases must have attracted the attention of practitioners in the remotest era of the history of medicine; and the outward signs and expression of inward suffering, and even of organic changes within the body, have never subsequently been overlooked by practical Physicians and Surgeons. Some of these are so obvious, that no one possessed of the ordinary senses can fail to recognise them; others are only to be read after long experience. But as there is much difficulty in putting into words the shades of expression and modifications of attitude which convey this sort of knowledge to the practised observer, there appear to be few works, at least in the English language, which treat of it in connexion with the general subject of Medical Diagnosis. It has been, indeed, chiefly, and almost exclusively, cultivated and enriched by the late Dr. Marshall Hall, whose work on Diagnosis is said to have been commenced when he was a student in Edinburgh, and whose writings on Symptomatology (*Cyclopædia of Practical Medicine*, vol. iv. p. 105) contain, in a condensed form, much that deserves the careful attention of the student and of the young practitioner. A very valuable Manual of Diagnosis has been published, quite recently, by Dr. Barclay, in which an extraordinary quantity of knowledge is compressed into a most reasonable and readable form.

How strongly the lineaments of disease are imprinted in the face is well known to every one who ever dwelt with interest on the aspect of a patient advanced in phthisis pulmonalis; where the bright eyes, the deep carving of the orbits and temples, the pearly facial colour, and the fatal bloom, combine to exclude every shadow of hope from the prognosis. Scarcely less positive facial exposition exists, although less easy to be read at a glance, in certain forms of dropsy. The protruded eye and distressed look of the asthmatic, or of one labouring under heart-disease, and certain alterations of colour attendant on some forms and stages of dyspepsia, and in several diseases of the stomach, the liver, the spleen, and the intestines, and also of the kidneys and bladder, are well known to careful Physicians. In some of these affections, in which there are paroxysms of agony which overcome the constitutional fortitude or habitual cheerfulness, the change of expression from cheerfulness to misery becomes distressingly eloquent. Throughout the long course of an attack of fever, a daily journal of the patient's condition may be read in his face and his attitude; well known to all who have anxiously watched the life of some valued man struggling, week after week, and day and night, against all the trying changes of this formidable malady; and who, when recovery has begun to dawn, have rejoiced to see equally clearly written, in the calmer features and easier position, the happy commencement of convalescence.

The peculiar expression and the general external character of mental suffering, or derangement of mind, and of structural changes, or of congenital or induced peculiarities in the brain, have not perhaps excited proportionable regard; not being so frequently presented to the general practitioner, and being, indeed, often extremely difficult to define, even when clearly recognised. The ordinary expression of the passions and emotions is legible enough in every face, and every day. Its exaggeration in those whose reason is beginning to remit its control, and whose wits are just beginning to wander away from the truthful recognition of things, so that hope is unduly indulged, or despondency is overshadowing the thoughts, often escapes that early detection which is so much to be desired, because so important to the well-doing of the patient.

In some busy years, passed for the most part in the long galleries of Hanwell, into which were brought, almost every day, new illustrations of the various forms of insanity; and when nearly every hour was enlivened by incidents which excited both the intellect and the feelings of those engaged in the duties of that noble institution for the lunatic poor; I used frequently to regret the want of the art or of the help of a painter, to enable me to convey to others by pictorial images the strange aspects and facial expressions of mental malady, which were often more forcible than any words that could have been employed. Now and then some friendly artist, interested in such a subject, would take the likenesses of some of the patients, generally of the convalescent, a proceeding which always gratified them.

The beautiful plates appended to Esquirol's great work on *Mental Maladies* had already shown what could be done by the engraver's art to illustrate medical description; and Sir Alexander Morison's volume on the *Physiognomy of Mental Diseases*, containing numerous lithographs, had furnished a curious variety of representations of the same kind. But the expense attendant on any attempts to add to these varieties could not be incurred in an asylum for the poor; and in each of the works mentioned the engravings, being accompanied with too brief a commentary, were, generally speaking, more calculated to produce a temporary interest than to impart important instruction. If Esquirol's life had been prolonged, he would probably have fulfilled his design of publishing a complete work on the physiognomy of the insane, for the illustration of which he had caused very numerous portraits to be prepared. I must gratefully acknowledge that his nephew, M. Mitivié, has most liberally offered to place these at my disposal; but the references to the histories of the cases appear to be either defective or altogether wanting.

Since the time, however, to which I am referring, short as the time is, the new and important discovery of the art of photography, the applications of which are so diversified and valuable, and by which, in the course of a few seconds, the form and fabric of material things are copied and fixed with a fidelity scarcely attainable by graphic skill or by the painter's

art, has endowed the Physicians attached to asylums with the power I wished for; and some of them have so ably exercised it, as to produce copies of nature, possessing a truthfulness and preserving minutiae which could not easily be perpetuated by any of the old methods.

Among those who now preside with so much advantage to the afflicted over the large asylums near London, no one, it is well known, has acquired a greater proficiency in this interesting art than Dr. Diamond, of the Surrey Asylum. His skill has, indeed, been exercised upon many of his friends, who are happily possessed of the intellectual faculties in high perfection, and some of these portraits have been shown in literary circles, and some, contributed to the late exhibition at Manchester, have excited very deserved admiration. This proficiency has also enabled Dr. Diamond to enrich his portfolios with curious portraits of the insane, which are not only truthful as portraits, but revive in those familiar with insane patients the memory of many others whose various forms of mental peculiarity had made their characteristic stamp; thus furnishing representations highly interesting, generally singular and striking, sometimes amusing, sometimes, it must be confessed, awful, but always suggestive of useful thought.

There is so singular a fidelity in a well-executed photograph that the impression of very recent muscular agitation in the face seems to be caught by the process, which the engraver's art can scarcely preserve. This peculiarity seems to produce part of the discontent often expressed when people see the photographic portraits of their friends or of themselves. It gives, however, peculiar value when, as in the portraits of the insane, the object is to give the singular expression arising from morbid movements of the mind; and thus, instead of giving pictures which are merely looked at with idle curiosity, furnishes such as may be studied with advantage; helping the observation of the Medical student, illustrating the lectures of a teacher, and suggesting some not unproductive reflections to all who examine them.

When we contemplate such portraits of the human face, strained or disfigured by the mysterious workings of a disordered brain, some desire naturally arises in us to inquire into the causes, physical or moral, of states so distressing; and our efforts, by every individual and social exertion, to lessen the weight of trial and of grief on those around us can scarcely fail to be stimulated. We are reminded of the havoc ever making—by evil thoughts, evil habits, or evil passions—or by want and distracting care; and seeing how all the beauty of man is worn away by his frailties or his struggles, we become more acutely sensible that all repose of heart has also been wrecked, and the better part of our nature becomes perhaps, even thus reflecting, finely touched, and “to fine issues.”

The engraving presented to the reader in this number is from a photographic portrait of a young woman labouring under religious melancholy. In this form of melancholy there is no mere worldly despondency, nor thought of common calamities or vulgar ruin; but a deeper horror: a fixed belief, against which all arguments are powerless, and all consolation vain; a belief of having displeased the Great Creator, and of being hopelessly shut out from mercy and from heaven. This portrait, therefore, does not reflect the figure of patients so often recognised in asylums, sitting on benches by the lonely walls, the hands clasped on the bosom, the leaden eye bent on the ground, and the unvarying gloom excluding variety of reflection. It represents an affliction more defined. We discern the outward marks of a mind which, seemingly, after long wandering in the mazes of religious doubt, and struggling with spiritual niceties too perplexing for human solution, is now overshadowed by despair. The high and wide forehead, generally indicative of intelligence and imagination; the slightly bent head, leaning disconsolately on the hand; the absence from that collapsed cheek of every trace of gaiety; the mouth inexpressive of any varied emotion; the deep orbits and the long characteristic eyebrows; all seem painfully to indicate the present mood and general temperament of the patient. The black hair is heedlessly pressed back; the dress, though neat, has a conventual plainness; the sacred emblem worn round the neck is not worn for ornament. The lips are well-formed, and compressed; the angle of the jaw is rather large; the ear seems well-shaped; force of character appears

to be thus indicated, as well as a capacity of energetic expression; whilst the womanly figure, the somewhat ample chest and pelvis (less expressed in the engraving than in the photograph) belong to a general constitution out of which, in health and vigour, may have grown up some self-accusing thoughts in an innocent and devout, but passionate heart. For this perverting malady makes even the natural instincts appear sinful; and the sufferer forgets that God implanted them. But the conflict in the case before us is chiefly intellectual. The meditations of that large brain are not employed on worldly cares, nor even on affections chilled, nor temporal hopes broken. They are engaged in religious scruples, far too perplexing for its power to overcome. In the meantime all the ordinary affections, from which consolation might be derived, are shut out. Soon, perhaps, the scruples themselves will appear crimes. To escape future punishment, bodily mortifications must be endured; severe fasts, or some self-inflicted pain. Under these, the bodily strength, usually impaired in the commencement of the attack, becomes further impaired. The digestion becomes feeble, and even the sparest meals occasion suffering. Emaciation takes place; often proceeding to an extreme degree. The uterine functions (for the subjects of this form of malady are usually women), are suppressed. Paroxysms of excitement may occur, with sudden activity in the prosecution of schemes of vaguest import; but with these futile efforts misgivings become mingled. The thought of suicide, often suggested, becomes fixed; and such varied and ingenious efforts are made to carry it into effect as to demand incessant vigilance. Yet, even in this state there may be days in which the mind is tranquillised, and needle-work is resumed, or the music of happier times is played once more. But these gleams are transient. The mind loses its energy; debility invades every function; pulmonary or mesenteric disease supervenes; the limbs become anasarous; and the wretched patient is only relieved by death.

The subjects of this kind of affliction are often highly intellectual, and this seems to endow them with greater latitude of terrible delusions, and with an eloquence in describing them that cannot always be listened to without emotion; seconded as it is by an expression of countenance full of real horror, and significant of the state of utter spiritual abandonment and degradation into which the patient asserts herself to be plunged, without hope of relief on earth or pardon in heaven.

The medical treatment of religious melancholy is often of more import than that which enthusiastic and very well-meaning persons are too much inclined to resort to. Remonstrances, and the perusal of sermons, and of the tracts scattered over too many drawing-room tables, and showered with mischievous, although well-intentioned, activity among the poor,—nay, even the exclusive reading of the Bible and Prayer-book,—must often be refrained from or forbidden. There are states of mind in which the medical man must have courage to exclude these as poisons. The mind must be diverted to more common and more varied subjects, and the bodily health must have the most careful consideration.

These observations apply to all religious sects. The subject of this photograph had left the Protestant faith, and become what is commonly called a Roman Catholic. Her education had not been such as to enable her to reason well on either side, and she became merely wavering and unsettled in her belief. Attention to ordinary matters was neglected; she sat in the attitude shown in the engraving for a long time together; she was negligent of her dress, and occasionally destructive of it. Often she cried out that she was a brute, and had no soul to be saved. Now and then she had a desire to see some minister of religion, either Catholic or Protestant; and soon afterward would refuse to see either, declaring that neither could be useful to her. All this seems to be expressed in the photograph. The medal she wears was given to her by a gentleman connected with the Catholic establishment.

It is unnecessary to say that her case was managed in the asylum with the most prudent caution. She was encouraged to more bodily exertion; and her mental perplexities, not being aggravated by reasonings unadapted to her, gradually died away. She soon began to occupy herself, and became useful in the laundry of the establishment. She was strengthened by quinine. The inactivity of the digestive

canal, so common, or so constant in cases of melancholia, was counteracted by combining the decoction aloes compositum with a tonic; and shower-baths, of half a minute's duration, contributed to restore general bodily energy. Such attacks never yield at once. They come on gradually, and depart slowly. After a residence of ten months in the asylum, this patient became well. It is gratifying to know that she remains well, having now left the institution seven months since.

The change presented by the countenance after recovery from severe mental disturbance is generally remarkable, and sometimes even surprising. In case of acute mania it is singularly marked; and in the particular form of religious melancholy the cheerful smile that supplants the dismal and anxious look of the patient is almost magical. In the case now referred to, whatever there was of meditative or intellectual cast in the face during the period of melancholy, was almost wholly lost when the attack went off. The ample forehead, of course, remained, and the deep orbits; but the eyes, when open, were small and inexpressive, and the mouth seemed to have become common-place. Her whole appearance was, indeed, so simply that of an uneducated Irish girl, that the very neat gown, cloak, and bonnet, in which she was dressed by the kindness of those about her, seemed incongruous and peculiar. A second photograph, taken at that time, possesses, therefore, little interest. In some other instances the metamorphoses effected by malady and recovery may be usefully, and even instructively represented.

#### NOTES OF

### PRACTICE AMONG THE OUT-PATIENTS OF ST. BARTHOLOMEW'S HOSPITAL.

By JAMES PAGET, F.R.S.

Assistant-Surgeon to the Hospital.

THE out-patients' rooms of large hospitals are not places for the minute study of surgical science; but they may provide a kind of useful knowledge which can be got nowhere else, unless in an extensive private or parochial practice. Some of this knowledge (or what seems to be so) I propose to publish in this and a few following papers. It may be they will contain nothing that is not familiar to the majority of those who have much surgical experience; nevertheless, they may be useful to the larger number, whether practitioners or students, who have fewer opportunities of study; and, although the statements made in them may have been chiefly founded on observations among Hospital-patients, yet I have, in nearly every instance, satisfied myself that they will prove true in private practice. If it be objected that the papers are desultory, disorderly, and fragmentary, the answer may be, that these were, unavoidably, the characters of the studies in which they had their origin, and which, if they were in these respects less faulty, they would less truly represent.

#### NO. I.—ON SOME AFFECTIONS OF LYMPHATIC GLANDS.

*A form of Acute Inflammation of Lymphatic Glands* often occurs, in which all the glands of a cluster appear to coalesce in one swelling, involving both themselves and the tissues between and about them, and accompanied with uniform induration, heat, and pain. The local cause of the disease is seldom evident: it is most frequent in those who are enfeebled by previous illness, or by defective food: its most usual seat is in the glands below the angle and base of the jaw, or in those behind and beneath the upper part of the mastoid muscle. In the former situation, the glands swell out to the level of the jaw, or beyond it, and may feel as if adherent to it; in the latter, being bound down by the tough fascia, they are less prominent; but, in both places, they make swellings of remarkable hardness, with a nearly uniform flattish pre-

scenting surface. The integuments over them are usually somewhat oedematous, but not reddened in proportion to the severity of the deeper inflammation.

In the progress of this disease, which is usually accompanied by sharp inflammatory fever, it is common to find one or two small suppurations, as if one gland in the cluster had suppurated, while the rest remained swollen and hard. The finger passing over the diseased part sinks in as it passes on some small yielding spot; there is no distinct fluctuation, but a circumscribed softness.

It will be found, I believe, an excellent rule to puncture this soft place as soon as ever it is detected. Usually, after such an opening, the pain is quickly relieved, and the rest of the swelling gradually subsides, without any extension of the suppuration. The opening may be small (half an inch or less long), but may need to be rather deep. All that seems necessary is the discharge of even a few drops of pus, and then the leaving the part quiet, with warm moist applications over it. If such an opening be not made in due time, extensive suppuration is nearly sure to ensue, and greatly increase the duration and mischief of the disease.

The rest of the treatment of such cases must usually consist in giving bark, warm purgatives (if any), good food, and in applying warm poultices or water-dressing, and fomentations to the inflamed part, both before and after the puncture.

*Suppuration of Strumous Glands.*—The great number of strumous children, that come to out-patients' rooms with slowly suppurating cervical and other lymphatic glands, supply, I believe, evidence enough that the best plan in all such cases is to leave the suppuration to increase till the skin over it is so thin, that one might think that in a day or two spontaneous ulceration would ensue. The thinnest part of the skin should then be punctured with a small knife, so as to make an opening not more than two lines in length. Through this opening the pus should be allowed to flow out slowly: the abscess-walls should on no account be pressed. If the pus will flow in mere drops, it is well; if it stop altogether, no harm will follow. No more should be done than to cover the abscess with a soft poultice or with warm water-dressing, which should be removed twice or three times a-day. The abscess thus treated will slowly empty itself, as the inflamed and stretched skin slowly recovers its elasticity and contractile power; or if the little wound should heal before the emptying, it will in a day or two reopen; or, at the most, the puncture may need to be repeated. The advantage of the plan is, that the punctured skin does not ulcerate or slough, the abscess-wall does not inflame, and recovery ensues without disturbance of the general health, and with a scarcely visible scar. In the great number of cases that I have thus treated, I do not remember to have failed to obtain these advantages. Usually, the healing of the abscess is completed within three weeks,—in strong contrast, as to both time and manner, with the tedious healing and ugly scarring that often ensue when these abscesses are left to open spontaneously, or are opened widely with the knife or caustic.

The internal treatment which I have always employed in these cases when suppuration has taken place (and which, if any, will prevent its occurrence), is the giving of tonics, or iron, and good food. The medicines for children may be, according to the case, from two to five grains of the potassio-tartrate of iron, or from five to ten grains of the liquor cinchonæ, or a drachm of the cod-liver oil, three times a day. The first I think best in ordinary cases, in which the characters of struma are well marked, and not complicated; the second appears best when with struma there is marked debility, drooping, deadly pallor, duskiness; and I think it is a very good plan to give the bark with lime-water: the third seems fittest when great emaciation exists. In all cases it appears useful to give occasional small doses of the hydrargyrum cum creta, with rhubarb or the sesquioxide of iron. I doubt whether iodine does good in any of these cases, unless in combination with iron.

*Strumous Inguinal Glands.*—Among the affections often wrongly classed with the syphilitic, is a form of suppuration in the inguinal glands, which is apt to occur in those that are enfeebled and of strumous constitution. The confusion of it with syphilis is probably due to its often occurring after gonorrhœa; but it is often seen with no such connexion, and when it does follow gonorrhœa, it is often so late after the cessation of the discharge, that we can only ascribe its occurrence to the general debility which gonorrhœa is apt to produce in weakly persons.

The disease may affect the glands both above and below the crural arch, or either of these sets separately; and the feature which most certainly distinguishes it from syphilitic glandular disease is, that the inflammation, which leads slowly to suppuration, appears to involve separately each gland, with its immediate investments. The glands are not collected, as in one inflamed mass; neither is there much external swelling, or much inflammation around the proper substance of the glands; but they lie separately swollen, and commonly the skin over each, though scarcely, if at all, elevated, appears as a separate small red patch. When suppuration ensues, each gland suppurates and opens separately, or with subcutaneous narrow tracks of communication with the rest. Thus, late in the disease, we may see one or both groins, with two, three, or more openings, leading to as many suppurating cavities or tracks extending under comparatively healthy skin.

In all the characters just described, this disease of the inguinal glands bears the admitted marks of usual, but not constant, distinction between syphilitic and strumous inflammation; of the former as leading to suppuration about the glands, the latter to suppuration in them. And, in correspondence with this, the usual characters of strumous inflammations are noticeable; such as the pale rosy redness of the inflamed integuments, the thinness of the pus, the general tardiness of both the suppurating and the healing process.

The best treatment appears to be, when suppuration has not yet ensued, the giving of iodide of iron, in doses of about a drachm of the syrup thrice daily, with occasional aperients, good food, and the constant application of warmth. If the glands have suppurated, each, when the skin is thin or feels undermined, should be punctured with a small knife; and the pus may be allowed to flow out slowly without pressure. The general treatment after puncture may be the same as before; and if the abscess-cavities appear very tardy in healing, lotions of nitrate of silver should be dropped into them, or, if there be sinuses, they should be injected with solution of iodine. Complete rest is not necessary; the general advantage of moderate exercise in the open air is greater than the injury done by moderate movements of the groins.

I know no disease in which the iodide of iron does so much good as in this; and it appears better than any other preparation of either iodine or iron, and better than bark in any form.

*Cancerous Lymphatic Glands.*—Few diseases are so insidious in their early progress as primary cancer in the cervical lymphatic glands. Beginning like an ordinary hypertrophy or chronic inflammation of the glands, it may advance far without exciting much, if any, suspicion of its terrible nature. Then, as the swelling increases, and, if increasing rapidly, becomes softer at its most prominent part and covered with florid skin, the imitation of suppuration may be so close as to deceive the most practised touch. Puncture by mistake may now discover what is going on; but in some cases, it may only prolong the oversight; for suppuration may have taken place in the substance of a cancerous gland. I have even seen repeated collections of pus in a cluster of cancerous glands, emptied by repeated punctures, prolonging the belief that no cancerous disease existed, though other signs of its presence seemed distinct.

I cannot tell how this error of diagnosis may be always avoided; but the following may be useful helps. In patients of middle or older age, all enlargements of cervical glands, that are not evidently inflammatory or sympathetic, should excite some suspicion of cancer. The suspicion should be the greater the older the patient is. It must be increased, if the glands affected are under the upper part of the mastoid muscle, and still more if they are under the middle of the muscle. It is a bad sign when they form a close compact cluster, or when, after puncture, the swelling does not at all subside: and equally bad when the swelling, as it increases, becomes less moveable. The harder the glands are at first, the more they must be feared; and the probability of cancer is greatly increased if the patient loses weight and strength, or is a member of a family in which cancer has occurred.

The difficulty of diagnosis which is here referred to occurs most commonly in cases of primary cancer of the glands; but it may occur also in those of secondary cancer; for the disease in the glands may so predominate over the primary disease in the tongue, mouth, or jaws, that of this the patient may know little and say nothing. All these parts therefore should, in every case, be carefully looked to.

## ON DISLOCATION OF THE CRYSTALLINE LENS.

By W. WHITE COOPER, F.R.C.S.

Ophthalmic Surgeon to St. Mary's Hospital, etc.

DISPLACEMENT or dislocation of the crystalline lens is an occurrence with which ophthalmic Surgeons are familiar, and presents itself under three distinct forms:—spontaneous displacement of the lens, its transparency being retained; similar displacement, the lens being opaque, sometimes ossified; and genuine luxation, the effect of violence.

The lens may be displaced within the eye by violence, which in extreme cases may burst the globe and then the lens may be completely expelled; or, more rarely, may be detained by the yielding conjunctiva, forming sub-conjunctival dislocation.

Those who are in the habit of examining eyes, meet occasionally with instances of the following peculiarity:—The iris may be seen to vibrate, generally after a slight movement, not with a series of undulations, as in synchysis or true tremulous iris, but giving a single stroke forwards and backwards, as if impelled from behind. This is, in reality, the case, the impulse being derived from the lens. The crystalline is retained *in situ*, by the suspensory ligament, a membrane naturally possessing firmness and elasticity; but under certain conditions these properties are lost, and the lens becomes loosened, vibrating under movements of the head or eye. In the first stages there is not necessarily any deterioration of vision, and the consistence of the eye is not perceptibly altered. In some instances the lens is distinctly seen in contact with the iris; the eyes of a lady, a patient of mine, upwards of eighty years of age, show this in a marked degree. The outline of each lens can be distinctly seen, the iris appearing to be stretched over its face, and swinging with the vibrating lens. The sight, however, is wonderfully good, considering her advanced age.

This yielding of the suspensory ligament to the weight of the lens has a tendency to increase, and to lead to its dislocation. There are numerous cases recorded where the transparent crystalline has passed into the anterior chamber(a), and occasionally the patient possesses the power of passing and repassing it through the pupil, as in a case described by M. Sichel, where however the feat was performed once too often, the lens remained in the anterior chamber, and violent inflammation followed: the relatives of the lad refused to allow the lens to be extracted, and though the eye became quiet, it was ultimately destroyed by a second attack. There seems to be occasionally an hereditary tendency to loosening of the suspensory ligament. In the first number of the *Ophthalmic Hospital Reports*, it is mentioned that a mother and her three eldest boys applied at Moorfields for shortsightedness, all having both lenses displaced laterally. Unfortunately no particulars are given of this remarkable group of cases.

A displaced transparent lens may thus be recognised:—The anterior chamber is unusually large, the iris concave, and the pupil generally dilated and motionless; but the most unmistakable characteristic is a peculiar iridescence of a curvilinear form, visible in the anterior chamber and marking the reflection from the margin of the lens; close inspection will detect this body without difficulty. To use an expression applied by more than one patient, the sight is *bothered*, like that of a healthy eye when under the influence of atropine, and the patient usually suffers more or less from neuralgic pains about the brow and temple. As this condition of the suspensory ligament is idiopathic, both eyes are generally affected, one to a greater extent than the other.

I have seen two instances of spontaneous dislocation of the lens. I unfortunately possess no notes of the first; the particulars of the other are as follow:—

*Dislocation of lens into anterior chamber; transparency retained.*—I was consulted by a clergyman in May, 1856, respecting an affection of the eyesight, which caused him much annoyance. He was a tall, spare man, of strumous habit; eyes rather full, irides grey. For some months he had been teased with a puzzled condition of his sight, interfering with his comfort and the satisfactory performance of his

clerical duties. A fortnight previous to my seeing him, his right eye being more than usually uncomfortable, he had rubbed it briskly, whereby the sight was rendered worse than before. "The best idea I can convey of my sight," said he, "is this: perhaps, when bathing, you have opened your eyes under water; my sight is just as the sight is then." At the time of rubbing the eye he felt pain, and this had since more or less annoyed him, taking the form of brow ache.

Whilst this gentleman was speaking to me, my attention was attracted by a brilliant opal-like reflection, perceptible behind the cornea, and close inspection showed that this flowed from the margin of the lens, which lay in the anterior chamber, clear as a piece of crystal. The iris was pressed back by its bulk, the pupil being dilated and motionless; around the lower half of the cornea was a faint pink zone.

The left eye presented another condition; the iris was tremulous, pupil rather contracted, and when the head was leaned forward the iris was manifestly pushed forward, recovering its plane as the head was thrown back.

The lens was loosened, and might be propelled by pressure on the eye into the anterior chamber. I warned him, therefore, on no account to rub it, lest that accident should occur.

I had arranged with this gentleman to investigate carefully the condition of his sight the following day, but unfortunately he was unexpectedly summoned from town, and thus I lost sight of this interesting case.

In the same way that a clear lens becomes luxated from a faulty suspensory ligament, an opaque lens may be displaced, even to the extent of simulating depression of cataract with the needle. Such cases are extremely rare; but a well-marked example was related to me by the late Mr. Dalrymple, and I subsequently saw the patient. It was on the 20th January, 1851, that Mr. Dalrymple gave me the following particulars:—

This gentleman had for fourteen years lost the sight of his left eye, from a fully formed hard cataract. The day but one previously, he had suddenly and without ascribable cause been attacked with acute pain in the forehead, conveying to his mind the idea of an impending fit: but to his amazement he discovered that sight had returned to his blind eye. Mr. Dalrymple had just seen him, and assured me that there was no vestige of cataract, the lens having manifestly sunk. "I told him," said he, "that he was a lucky man, that this strange accident had saved him a hundred guineas, but that he must go home, keep quiet, and act in all respects as if an operation had been performed." The case did perfectly well, and the gentleman recovered good sight.

By one of those coincidences not uncommon, a somewhat similar occurrence presented itself to me on the following day. I had used the needle three times on the eye of Mrs. Austen, a patient at the North London Eye Infirmary, but the pupil was still completely obstructed by a firm yellow nucleus. On the day in question she was cleaning the floor of her room, when suddenly an acute pain shot through her head, and her sight returned. She came at once to me, and I ascertained that the nucleus had sunk behind the iris, it being just visible below the lower margin of the pupil. She was desired to act as if an operation had been performed, and recovered excellent sight.

About the same time a third case of sudden restoration of sight came under my notice. Mr. Dalrymple had performed extraction on the right eye of a member of our Profession, but the pupil a month afterwards was still obstructed by a densely opaque fragment of lens which had remained after the operation. Mr. Dalrymple being ill, I saw this gentleman from time to time, and on entering the room one day was struck by his vivacious look. He requested me to examine his eye, and say what had become of the piece of lens. The pupil was clear. He then stated that the previous morning he was about to seat himself, but from his imperfect sight missed the chair, and fell to the ground, striking his head somewhat violently against the door. For a minute he was stunned, but on recovering consciousness, discovered to his great satisfaction that sight had returned. The concussion, in fact, had displaced the opaque body and rendered unnecessary a needle operation which was contemplated.

In the majority of cases which have been described, the lens, influenced by its own gravity, has sunk; in those now to be considered, which are always traumatic, the displacement is either upwards, or to the side, usually the inner;

(a) See cases by a most able Surgeon, M. Recordon, of Lausanne, *Ann. d'Oculistique*, tome xxviii.



though in rare instances, of which one will be mentioned, it may descend. When a blow is inflicted on the eye, the globe will be compressed between the impinging force and the hard walls of the orbit; the soft cushion of fat behind the eye tends to diminish materially the force of blows falling directly on the front of the eye, and the brow further protects it; still terrible injuries follow blows from the small hard ball used in rackets and tennis, and I am told that dislocation of the lens is quite common among those confined in the debtors' prisons, where the games in question fill up the great part of their time. In pugilistic combats, on the other hand, where the weightiest blows are aimed at the eye, it is most rare to find the globe burst or the lens displaced. Indeed, in the cases which I have seen, the accident has generally befallen some unlucky peacemaker, who was trying to separate the combatants, and received the blow unexpectedly and sideways.

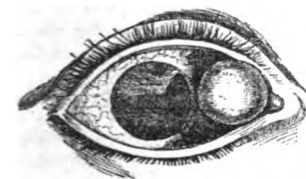
A blow delivered in this direction may cause rupture of the sclerotic and conjunctiva, and loss of the lens, or the lens may be retained by the loose conjunctiva; the sclerotic almost always gives way either at the upper part, or towards the inner side, and the rupture takes place just beyond the junction with the cornea; subconjunctival dislocation externally is extremely rare, it being difficult to inflict a blow in such a direction as will cause it; a well marked instance has however been described by Mr. France,<sup>(b)</sup> the accident arising from the woman, when stooping, striking her eye violently against the corner of a clothes-horse.

A good example of subconjunctival dislocation presented itself to me last year, and a careful drawing was made at the time, from which the annexed figure has been copied.

*Subconjunctival dislocation of the lens.*—James Gambel, aged 17, was brought to my house May 23, 1856. The day previous, whilst "larking" with other lads, he received a severe blow on the right eye from a clod of hard earth; the sight was at once extinguished, and intense pain, continuing for some hours, attended the accident. The eye had been fomented and covered with a bread and water poultice. When I saw him he still complained much, not merely of pain, but of the sensation of something in the eye, aggravated by movement of the lids, and it was with some difficulty that I made a satisfactory examination. The condition of the eye was as follows. There was general ecchymosis; the iris was nearly invisible from the anterior chamber being partially filled with blood; on the inner side just beyond the junction of the sclerotic and cornea, a dark line, evidently a rent in the sclerotic, was visible, and between this and the inner canthus was a yellowish swelling, the size of half a pea;

this was recognised as the lens which lay under the conjunctiva; the conjunctiva had evidently yielded, and the lens had been driven rather beyond its point of exit from the sclerotic.

Observing this, I decided on removing it at once, making the external wound



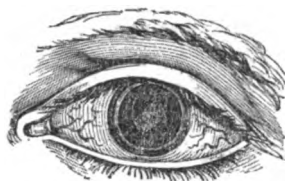
not corresponding with the rent in the sclerotic and choroid: standing behind the patient, I slit the conjunctiva to the inner side of the lens; then making slight pressure that body started out, together with extravasated blood. The eyelids were then closed and secured with a strip of plaister; cold water dressing ordered to be constantly applied. The patient to remain in bed on low diet.

It is unnecessary to give the particulars of the progress of the case, as they presented nothing remarkable; the patient was brought mildly under the influence of mercury, and strict antiphlogistic treatment enforced. On the fourth day I examined the eye, and ascertained that the iris had been detached at the point corresponding with the wound; the effused blood had been in a great degree absorbed, and the wound in the sclerotic appeared to be healed. At the expiration of a month the eye had partially recovered from the injury, though the traces remained in the disfigured iris and the dark seam which marked the exit of the lens.

For the opportunity of seeing the following interesting case I am indebted to Mr. Heward.

*Partial displacement of the lens.*—A tradesman was attacked by a gang of ruffians on the evening of December 9th, 1855, and garrotted; besides the strangulation, which nearly cost him

his life, a dreadful blow was inflicted on his left eye, which completely destroyed it. For a long time it was the seat of inflammation, but that had subsided when I examined the eye in June 1856. Its condition was then as follows. The globe was greatly diminished in size, soft, and tender to the touch. The sclerotic was of a peculiar dingy yellow hue; the pupil widely dilated, the iris being reduced to a mere strip, and of a leaden colour. The lens, of a dark amber tint and opaque, had been driven upwards and outwards, so that its inner and lower margin were visible at the upper and outer portion of the pupil; behind the lens a coagulum of dark



blood was distinctly visible, the remains doubtless of hæmorrhage into the eye at the time of the injury. Sight completely extinguished.

An extremely rare accident is the partial expulsion of the lens from the eye; I have never met with an instance, but such a case is figured and described by M. Sichel.

*Partial expulsion of the lens from the eye.*—A female, 60 years of age, when sneezing, struck her right eye violently against the corner of a table, and inflicted on it serious injury. Seven days afterwards she consulted M. Sichel. The cornea had been separated from the sclerotic along its upper and inner border, and the condition of the lens is thus described: "The crystalline is opaque, large, of a greyish tint, and covered superficially with small flakes of coagulated blood, which on its inner border extend in folds into the neighbouring region; it is fixed in a direction obliquely from behind forwards between the edges of the gaping wound existing at the junction of the cornea and sclerotic, so that the two inferior external thirds are seen in the anterior chamber, whilst the upper third appears without, covered only by the conjunctiva."

There was a good deal of inflammation; but this being somewhat subdued by the 17th of May, M. Sichel proceeded to remove the lens. With a cataract knife he made an incision, which gave exit to the soft portion of the crystalline. This body itself, its surface marked with coagulated blood, followed, with a portion of vitreous humour, when the incision was completed; the nucleus was yellow. As many fragments of the lens and capsule remained adherent to the posterior surface of the cornea, they were removed with forceps. The lips of the wound were then drawn together. Strict antiphlogistic treatment was adopted, and the case did extremely well, a fair amount of vision being restored to the eye.

(To be continued.)

## SERIES OF CASES ILLUSTRATIVE OF DISEASES OF THE ABDOMEN, AND ESPECIALLY OF THE DIAGNOSIS AND TREATMENT OF ABDOMINAL TUMOURS AND INTUMESCENCE.

By CHARLES J. HARE, M.D. Cantab., L.R.C.P.  
Assistant-Physician to University College Hospital, etc.

### MOVEABLE KIDNEYS—THEIR DIAGNOSIS AND TREATMENT.

(Continued from Vol. XXXV. p. 258.)

THE affection or condition of the kidneys to which I am about to refer in the following observations is one which I believe to be not merely of some interest in itself, but also of considerable practical importance. This "moveable condition of the kidneys," though not very common, is yet, I feel convinced, much more so than is generally supposed, and is, at any rate, not so rare, but that instances of it must present themselves occasionally to most Medical men who are engaged in extensive practice. On the other hand, I feel assured, both from the comparatively little notice generally taken of the subject in books, from the few cases recorded in the Medical Journals, and from conversations with many of my Medical friends that the affection is not so generally known as it ought to be.

An acquaintance with this condition of the kidneys will tend in certain cases to throw much light upon, and to explain a series of otherwise obscure symptoms, or may lead us to an accurate diagnosis of the nature of an abdominal tumour in cases where, if the occurrence of this state of the organ were not known, much uncertainty as to its nature might be felt; hence, too, a favourable prognosis might be given when, under other circumstances, one of a very different character would probably be entertained. All Medical men well know the dread which patients almost always feel when by any accident they have detected a tumour in their abdomen. It has occurred to me, in one of the cases of this affection which came under my care, to be able to remove a great amount of anxiety from the patient's mind, by explaining the nature of the tumour she had detected; and Rayer states that in the cases of two Medical men who suffered from this condition of the kidneys, he was enabled to set at rest the fears they entertained, though one of them actually contemplated relinquishing practice, in consequence of mistaking the nature of the disease under which he was suffering.

When the kidneys are of their usual size, and in their normal position, they give rise to but few physical signs. These organs may, however, occupy positions very different from their ordinary ones, and this malposition may be either congenital or acquired, and associated or not with malformation or alteration of size, and occasionally also with a greater or less amount of mobility. Thus it is by no means an exceedingly rare circumstance for the two kidneys to be so united as to form one body, giving rise to the so-called "horse-shoe," or crescentic kidney. (a) In other, but rarer instances, all trace of renal structure is wanting on one side, while the kidney of the opposite side is almost always, under such circumstances, enlarged. Again, one kidney may be in or near its natural position, and the other in some distant part of the abdomen. Thus Andral mentions a case in which one kidney occupied its normal situation, while the other was placed in the hypogastric region near the bladder. Somewhat similar instances have been described in the works of Bellini, Drouin, Lejeune, and several others, and records of such are to be met with scattered in the pages of more modern Transactions and Journals.

In Bonet's case one of the kidneys occupied the usual position of the uterus, being between the rectum and the bladder. In one detailed by Hohl, the left kidney was situated deeply at the inner side of the psoas muscle, and in two confinements retarded the progress of the foetal head. An interesting example is quoted in the last volume of the *Medical Times and Gazette* (1857, ii. 44). A remarkable case is reported by Sandifort (b), where the left kidney was situated on the last lumbar vertebra, and the upper part of the sacrum, in such a position that its upper end was adherent to the lower part of the right kidney; the two kidneys, therefore, almost formed one mass.

In some instances a kidney may be considerably displaced by the enlargement of another organ, as the liver or spleen; and Rokitsansky remarks, that where such is the case the hilus of the organ "is turned upwards, as the upper portion of the kidney is necessarily most depressed." (c) One of the most remarkable examples is that mentioned by Rayer, where the right kidney was forced low down in the abdomen by an enormously enlarged supra-renal capsule. Cases are even on record in which a kidney has formed part of a ventral hernia.

It is obvious that malpositions of the kidneys, such as the foregoing, might cause these organs to be mistaken for other tumours, and it is with the practical view of suggesting the possibility of a condition of this kind, in very obscure cases of abdominal tumours, that I have cited these examples. Many others of a similar nature might be quoted.

Although the conditions of the kidneys to which I have just now alluded, are sometimes associated with a slight degree of mobility, this is not by any means a chief characteristic of the malformations and displacements alluded to, and the organ can scarcely ever in these cases be pushed into, or even very near to, the normal renal region. But in the affection to which the following observations refer, a certain amount of mobility is the characteristic sign, and it is almost

always such that the kidneys can, at least temporarily, be replaced in their normal position; while the organs themselves are not necessarily in any degree affected with any deviation from the natural size, form, or structure.

I shall subsequently give further particulars as to the relative frequency of this affection in the two sexes, etc., but I may mention here that it occurs very much more commonly among females than males, and that mobility of the right kidney is much oftener met with than of the left, while, if the two organs be affected, the right one is usually the more so. The habitual position of a mobile kidney is almost always lower than natural, but it varies notably according to whether the patient be in the recumbent or the upright position, being lower, of course, in the latter: even when the patient lies on the back, (if the abdominal parietes are moderately flaccid and not too fat), the lower ends or perhaps even the greater part of the kidney may be felt below the costal cartilages.

In examining cases of abdominal tumours, it is often more convenient to stand on the side of the patient opposite to that on which the tumour is situated. In the cases under consideration, however, the best plan to adopt is the following:—Suppose the right side is to be examined; the patient being laid on the back, with a slight inclination towards the right side, the head and shoulders being raised, and the legs somewhat elevated, the observer should stand or sit to the right of the couch, but somewhat facing the patient, and should place the fingers of the left hand on the postero-lumbar region, immediately under the last rib, at the same time gently pressing or pushing forwards that part. The ends of the fingers of the right hand should then be placed in front, just below the costal cartilages, and there also a slight pressure should be exerted: the lower end of the kidney will thus probably be felt between the two hands. The patient should next be told to take a deep inspiration, and then to expire slowly; the observer should in the meanwhile keep his hands in the same position as before, but, just at the commencement of expiration, should press the fingers of the right hand rather sharply down towards the renal region, and he will probably detect a much larger portion of the kidney between the hands than previously: it has been detruded downwards by the action of the diaphragm. Sometimes the kidney may thus be retained between the hands, and now and then it may be detruded much lower into the abdomen, but it usually slips away from between the fingers, and is lost for a moment under the liver or in the proper renal region. In other cases, where the mobility is greater, if, at the moment of commencing expiration (after a deep inspiration), the right hand be pressed *edgewise* along the margin of the costal cartilages, and sharply downwards towards the renal region, the kidney will very probably glide or slip downwards, so that the whole of it will be below the hand—below, that is, the level of the position where its inferior border is usually situated.

In other instances, without this manipulation, the kidney is felt as a body so movable that it can be taken up, as it were, through the parietes, and be shifted or pushed to different parts of its own side of the abdomen or even moved to the front of the spine. The degree of mobility, therefore, varies very much in different cases; it may amount to but a slight departure from the usual tolerably fixed condition of these organs, while, on the other hand, I have met with a case in which the right kidney could readily be moved upwards and downwards, over a space of between four and five inches, and to a considerable extent transversely across the right half of the abdomen.

The following sketches show the position of the kidneys in two instances of the affection, during the ordinary condition of the patients when recumbent; and also exhibit the alterations effected on the position of the viscera by deep inspiration and by manipulation, as just described.

The sensation on palpitation communicated by the kidneys to the fingers, is such that the organs can scarcely be mistaken for any other kind of tumour: they present, more or less perfectly, the kidney shape, the lower extremity is rounded, the surface very smooth, the mass itself hard and resisting; although it can be detruded downwards, it also glides with great facility back into the lumbar region. Pressure very generally gives rise to more or less tenderness, and may produce pain even shooting down the thigh or to the lower part of the abdomen; very generally a peculiar faint or sinking sensation is produced by pressure. When the kidney is dis-

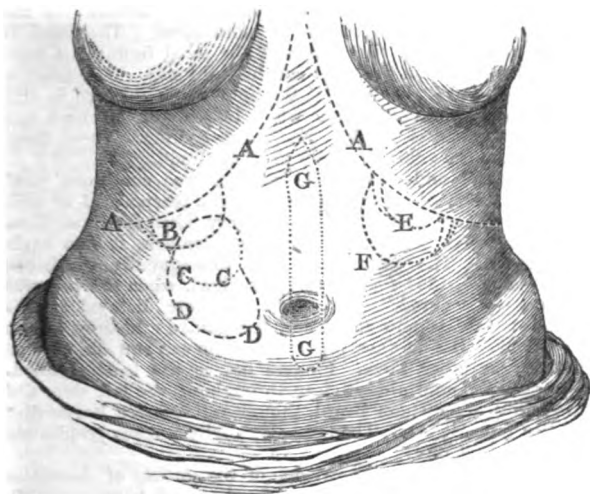
(a) A good example of this malformation of the kidney was presented to the Pathological Society by Dr. Bence Jones. (Trans. Path. Soc. Lond., vol. vii. p. 264.) The single kidney weighed 20 ounces.

(b) Museum Anat. Lugd. Batav., fol. 1793, pl. 113.

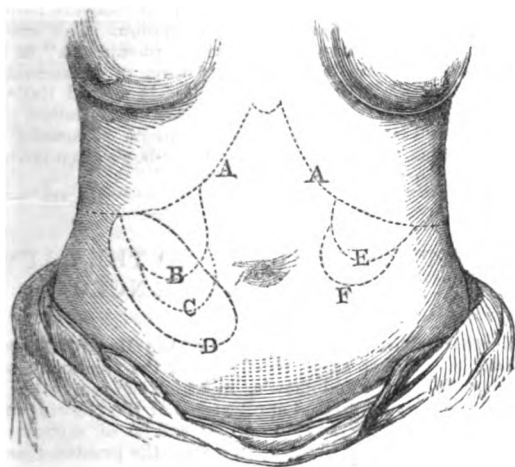
(c) Rokitsansky (Byd. Soc.), ii. 187.



placed downwards a kind of void is felt by the hand applied to the postero-lumbar region, and in one or two cases Rayer mentions having observed a flattening or depression of that part. Dr. Gueneau de Mussy informed me that in a case under his care this depression was very remarkable, and was especially so when, at his request, the patient supported herself on the hands and knees. I have recently again seen the



No. 1.—Mrs. D., aged 36; April 13, 1852.—A, A, A. Margins of costal cartilages. B. Right kidney, ordinary position when patient is in recumbent position. C, C. Ditto, on deep inspiration. D, D. Ditto, position to which it can be moved. E, F, F. Left kidney, changes in position of. G, G. Strong aortic pulsation, position of.



No. 2.—Miss A. S., aged 29; March 25, 1857.—A, A. Edge of costal cartilages. B. Right kidney (perhaps slightly enlarged), position of during medium respiration. C. Ditto, effects of deepest inspiration. D. Ditto, position to which it can be moved. E. Left kidney, position during medium respiration. Ditto, effects of deepest inspiration and of manipulation.

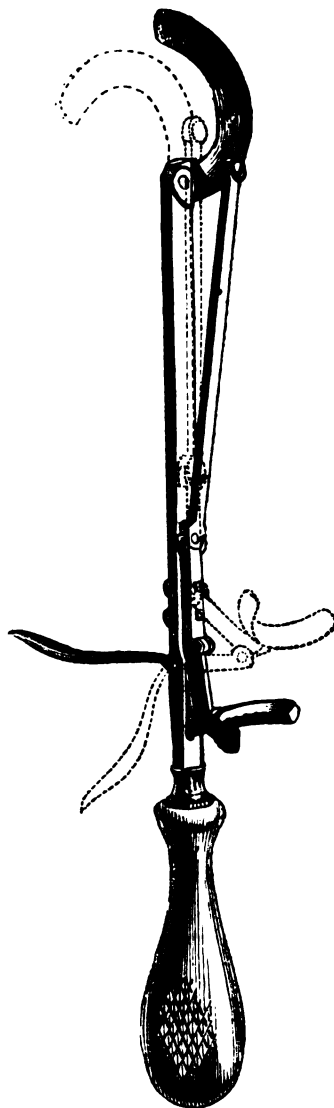
patient represented in wood-cut No. 1, and found a greater flattening or hollowing out of the right postero-lumbar region, then of the left; but the difference was very slight. Professor Oppolzer, as quoted in the *Medical Times and Gazette*, (1857, vol. i. p. 576) does not mention this condition.

In the next part of this paper I shall refer to the symptoms produced by this condition of the kidneys, and to the appearances which have been found in some cases where, with this affection, patients have died of other diseases.

(To be continued.)

## NEW INSTRUMENT. THE POLYPTOME.

This instrument has been invented within the last few weeks for Dr. Lever, by Messrs. Bigg and Millikin, of St. Thomas'-street, Borough, and is intended to facilitate the operation of removing broad-based uterine polypi. The instrument, as may be seen from the engraving, consists of a semicircular blade cutting by its concave edge, which plays freely round a circular joint placed at the end of a steel stem or shaft  $5\frac{1}{2}$  inches long, when worked by a trigger and thumb piece or crescent, which pushes a slide and lever acting on the blade, forward and back. When prepared for use, the lever is drawn back, the edge of the blade being then passed over the part which is to be excised; the operator may now make gentle traction by means of the handle, while by pulling the trigger he causes the blade to sweep forward with a cutting movement, for about  $1\frac{1}{4}$  ins. The instrument now becomes a cutting hook, the cutting edge being in the whole length of its concavity. The operation may now be completed with this hook by simple traction, or, if the base be too broad for this to be done, the lever may be withdrawn with the thumb, and the first step of the operation repeated.



This ingenious contrivance gives the operator the advantage of exercising at will, either the cutting motion of a knife, or what is technically termed "incision by traction;" an advantage which will, no doubt, be fully appreciated by those surgeons who are

at all acquainted with the difficulties met within performing these operations.

There is an "hook," very similar in shape to that formed by the cutting-blade and shaft of Messrs. Bigg and Millikin's "Polyptome" when the lever is thrust forward, in the Museum of the Royal College of Surgeons. It is evidently of very ancient date, and is unnamed. It lies close to a box of amputating instruments which were taken from the French in Egypt; but it is simply a solid hook, intended only to cut by traction, like the elegant polyptome of Dr. Simpson.

**MEDICAL PEDESTRIANISM.**—A Medical man, of forty years' practice in Philadelphia, informed us (*Phil. Med. and Surg. Journ.*) that he had walked in that time above 150,000 miles. How many of the present generation of effeminate doctors will ever accomplish this feat? This gentleman, at the ripe age of 69, is now as active as a boy of 16. He commenced walking in his practice on account of an inveterate dyspepsia, and has been able to keep the enemy off only by continuing the practice, and by close attention to diet.

THE LONDON  
PRACTICE OF MEDICINE AND SURGERY.

THE CITY OF LONDON HOSPITAL FOR  
CHEST DISEASES.

TWO CASES OF CHRONIC PNEUMONIA IN YOUNG  
CHILDREN.

(Under the care of Dr. RISDON BENNETT.)

THE two following cases are of much value, on account of their being very carefully observed over very long periods: In chronic disease it is so often the lot of the Hospital Physician to see but a part of his patient's case, and never to know the final result. The form of chronic pneumonia the results of which these cases illustrate is besides, as far as our observation has gone, far from being of frequent occurrence. In the first of the two it will be seen, that although the patient recovered constitutionally, yet some local softening took place. In the second the recovery might be deemed complete.

*Case 1.*—Susan Flint, aged 5½, was admitted on December 18, 1854, with the account that she had had measles and whooping cough together at the age of three years, and had never been well since. She was an emaciated cachectic little child, and suffered much from cough and dyspnoea. On examination a large extent of almost complete dullness was found under the right clavicle, where also the respiration was blowing. There was also a large extent of comparative dullness over the lower lobe of the same side posteriorly. Dr. Bennett prescribed the cod-liver oil in doses of two teaspoonsful three times a day, and after about a month a quinine draught was added. She continued an out-patient. In April of the following year the note states that she was very greatly improved in general health, and that the dullness was much less marked in degree. The same treatment was steadily continued through the next summer and autumn, and the note in December records progressive improvements in all respects. The iodide of potassium in grain doses taken in sarsaparilla was now substituted for the quinine, the oil being still persevered with. The note in the November next following (nearly two years from the beginning of the treatment) states, "She looks very well, and has a good fixed colour in the cheeks, and florid lips; is very active, and plays in the streets from morning to night. Very seldom, and only after violent exercise, does she show any indications of dyspnoea. Her mother considers that never since her birth has she been so well as during the past year." Notwithstanding the so complete restoration of her general health the signs of local disease still existed. Percussion beneath the right clavicle still gave the box-like note of consolidated lung, and the sense of resilience to the finger was wholly wanting. Some vesicular breathing was, however, now to be heard, but in parts there were moist sounds, very like the gurgling of small cavities.

It seemed not unlikely that the condition known as "cirrhosis of the lung" would eventually be assumed by the affected portions.

*Case 2.*—Alfred Kilbey, aged 4, was admitted under Dr. Bennett's care on June 21, 1852. The history given was that eleven months ago he had had the measles, after which the scarlet fever, and as a sequela to the latter, a severe and prolonged attack of general dropsy. The dropsy lasted more or less for six months, and had disappeared only about four months before admission. He was emaciated to an extreme degree, and suffered from a severe and distressing cough. The expectoration was profuse, but had never contained blood. On physical examination, general dullness of the left side was discovered, being most complete posteriorly. In all parts bronchial breathing was heard. The chest was depressed in front, but there was no contraction posteriorly or laterally. Dr. Bennett prescribed the cod-liver oil, and a powder containing a grain of grey powder, to be taken every night, but the boy could not be got to take the oil, and a fortnight later a mixture containing a grain of the iodide of potassium, and half an ounce of the compound decoction of sarsaparilla, was substituted, to be taken three times daily. The medicine was continued, and various mild counter-irritants, as the tincture of iodine, the turpentine liniment, etc., were from time to

time applied to the chest. He improved very greatly in health, and on November 15 it was noted: "He is now very fat, though rather pale and puffy. Appetite good. He sleeps well, plays about actively, and has little or no cough." As in the preceding case, however, the local amendment had by no means kept pace with the improvement in the boy's general health. On this point the note proceeds: "His left chest is still very dull in all parts, especially behind, and bronchial expiration, with an occasional moist rhonchus, is heard everywhere, excepting beneath the clavicle. In the last-named region respiration is more clear. The voice is bronchophonic in all parts, and the vocal fremitus is decidedly better felt on the left than the right side. The heart is not displaced." On July 25 the note says: "There is still comparative dullness over the whole left side of the chest, and the respiration is feeble. No moist sounds. Vocal thrill increased. The chest appears to be contracting."

The iodide and sarsaparilla mixture was continued until June 27, 1853, when, in addition to it, a teaspoonful of cod-liver oil was ordered. The oil was only taken for about three months, when, disagreeing with the stomach, it was again abandoned. The sarsaparilla was subsequently continued until July 27, 1854 (two years altogether), when the boy was discharged "cured." Dr. Bennett's note dictated at this date is: "He is now stout, and has gained a healthy degree of colour. His mother reports that he can run and play as actively as other boys. Fingers not in the least clubbed. Percussion sound almost clear throughout the left side, and breathing everywhere heard, though rather more harsh than on the opposite one. There is also slight mucous crepitation heard occasionally."

Those skilled in the knowledge of the sources of deception which in certain cases exist as to the diagnosis between solidified lung and pleural effusion, especially in children, will be ready to suspect that the above case might have been after all one of empyema rather than of pneumonia. Nor is it improbable but that in the commencement of the affection a certain amount of fluid might have been present. That the chief dullness was, however, caused by pneumatic condensation, the presence of bronchial breathing and of moist sounds placed beyond doubt. We have therefore an exceedingly interesting and probably very rare example of complete recovery from very extensive and long continued consolidation. The condition probably was that known as "strumous pneumonia" of a very much more chronic type than any form of inflammation of the lungs which occurs in the adult. It should have been stated in the narrative, as bearing upon the etiology of the affection, and its connexion with the attack of scarlet fever, that the urine was examined early in the boy's attendance, and found to be quite free from albumen.

ADDITIONAL FACTS AS TO THE CAUSTIC  
TREATMENT OF CANCER.

WE recorded in the last volume of the *Medical Times and Gazette*, a series of cases, chiefly under the treatment of Mr. Stanley, in St. Bartholomew's, in which the removal of cancerous tumours by diluted applications of the chloride of zinc in solution had been attempted. It will be of interest now, after the lapse of six months, to review the practice; and we shall also take the opportunity for bringing together such other facts relating to the employment of other forms of caustic for this purpose as have recently attracted our attention in the different Hospitals.

The following is a brief resumé of Mr. Stanley's cases:—

*Case 1.*—Mary Poyne, from whose breast a cancerous tumour had been wholly removed, remains quite well up to the present date.

*Case 2.*—Mrs. Forster. In this the cancerous mass was never wholly got away. She has since died of the disease, with symptoms of internal deposits.

*Case 3.*—Is still quite well.

*Case 4.*—A man with a deep ulcer in the groin, the result of glandular disease consequent on soot cancer. The caustic did no good on account of the too deep spread of the disease. He left the Hospital *in statu quo*, and is doubtless since dead.

To these cases we now add the following:—

*Case 5.*—Sophia Lane, aged 47, was admitted under Mr.

Paget's care on May 27. A mass of scirrhus of considerable size, and of stony hardness, occupied the centre of the right mamma, and was stated to have existed for ten years. It had been increasing rapidly for five months. The nipple was retracted, and the skin puckered. The tumour had no adhesions to the deep parts, nor were the axillary glands enlarged. She was in feeble health, and had been much reduced by the pain of the cancer. It having been determined to prefer the escharotic treatment, the skin was destroyed by the application of the Vienna paste, having first been rendered insensible by a freezing mixture. On June 9 the slough separated, and the scirrhus mass was now fairly exposed. Burnett's fluid (nine dilutions) was now applied continuously, after the manner which we have formerly described. The gradual separation of leathery sloughs followed, and on July 19 the process of enucleation appeared to be complete, and the base of the sore was quite healthy. It was now allowed to heal, and has remained sound ever since (October 23.) The solution had caused some pain when applied, and to diminish this morphia had been added to it.

One or two cases are at the present time under this treatment, and Mr. Stanley and Mr. Paget continue to think favourably of it.

#### DR. FELL'S PASTE.

Dr. Fell does not seem to have been able to impress the Profession with any very favourable estimate of the plan by the chloride of zinc and sanguinaria paste. It has, as far as we are aware, been very little tried in the Hospitals. One case was so treated under the care of Mr. Simon, in St. Thomas's, and another under that of Mr. Hutchinson in the Metropolitan Free.

In Mr. Simon's case the patient was a woman, aged 65, apparently in good health. The cancer occupied the outer half of the left breast, and was at least as large as a closed fist. It did not adhere either to the skin or pectoral muscle. The axillary glands were not enlarged. The disease had existed for more than a year, and she had been under observation at the Hospital for several months. At Mr. Simon's request the treatment was carried out by Mr. Sidney Jones, who had attended Dr. Fell's practice, and become familiar with the details of his plan. It was, therefore, carried out in every respect after the directions of its advocate. In the first place, by means of strong nitric acid, a surface of integument the size of the palm of the hand was destroyed so as to expose the tumour, and this done, the chloride of zinc and sanguinaria paste was applied on worsted threads by means of longitudinal incisions. A period of about six weeks was occupied in the separation of the slough. The latter when finally removed was nearly the size of a muffin, and about twice as thick. The wound had already commenced to contract, and it granulated rapidly and healed well. Almost as soon, however, as the wound was fairly cicatrized a small recurrent mass was formed in the inner part of the remaining portion of the gland, and in a little time numerous tubercles formed in the adjacent skin. The woman's health had been much broken down by the treatment, and she left the Hospital in a very feeble condition. A very troublesome symptom from which she suffered was intense aching pains in the limbs without any apparent local cause. Soon after her discharge symptoms of consolidation of the lower lobe of one lung appeared, and she died, evidently of internal cancer, about four months from the commencement of the treatment. No autopsy was permitted. It should be stated that throughout the treatment the sanguinaria had been given internally in grain doses three times a day, according to Dr. Fell's recommendation.

With regard to the pain caused in this case, excepting that of the nitric acid, it was never very severe. Still opiates were required throughout, and the woman's strength evidently gave way from the protracted suffering, although the latter was not at any time of unendurable character.

Mr. Jones informs us that he has tried this plan in two other cases, both under Mr. Simon's care. In one a man had a large ulcerated epithelial cancer on the face. The application gave so much pain that after its sixth employment, although well aware that his disease was otherwise hopeless, the poor fellow refused to submit to it any longer. He is since dead. In the third a woman with cancer of the breast also refused to allow the treatment to be continued on account

of the horrible pain caused. In both these latter opiates were freely used.

The facts of Mr. Hutchinson's case are as follow:

Barbara Rosamond, aged about 40, was admitted on account of a mass of scirrhus the size of a duck's egg, in the outer part of the right breast. The tumour was not attached either to the skin or the muscle. An elliptical portion of integument, which was very thin and lax, was removed, and three days afterwards the application of Dr. Fell's paste was commenced. Incisions were practised and the treatment conducted exactly on the method directed. The application caused very severe pain after the first few times of use. On the 13th day a mass of slough, including apparently the whole of the diseased growth, came away. It was of the shape and about the size of the half of a small orange. The wound now presented a healthy surface, and rapidly contracted. Before, however, cicatrization was complete it became plain that the base of the sore was again cancerous. After waiting a little while it was noticed that the induration was rapidly increasing. The adjacent parts of the scar having been destroyed by nitric acid, the zinc and sanguinaria paste was again used. The result was nearly the same as before, but intentionally not so rapidly produced. In from three weeks to a month the slough came away. The wound now healed perfectly, and the woman left the Hospital. In less than a month, however, from the date of her discharge a new growth commenced in the breast beneath the scar. She was now quite tired of the caustic, and having seen several patients in the same ward recover quickly after removal by the knife, insisted upon the performance of the operation. The caustics had occasioned her much pain. The breast was excised about a month ago, and she is now quite well.

This case was of much interest in reference to current pathological doctrines respecting the antagonism between tubercle and cancer. She had been for years supposed to be the subject of chronic phthisis, and had attended as such at a special Hospital. About a year before the appearance of the cancer all her chest symptoms, to her surprise, vanished, and she recovered a most unwonted degree of health. To use her own expression, "her constitution seemed quite changed." At the time she was admitted on account of the cancer her chest was much flattened, and her breath was short; but she had no symptoms of existing phthisis.

#### THE ACID SULPHATE OF ZINC PASTE.

Amongst the new forms of caustic which the recent discussion respecting them has been the means of bringing into use, one of the most convenient appears to be the sulphate of zinc with sulphuric acid. The powdered salt is moistened with the concentrated acid, and applied in a paste form to the sore. It has been proposed, and successfully employed in one or two cases, by Mr. Henry Thompson. A great recommendation is, that its ingredients are always at hand, and easily manipulated. Its efficiency also appears to be great, and the resulting cicatrix soft and good.

### HOSPITAL NOTES.

#### CONIUM IN INDURATIONS OF THE TONGUE.

Conium in very large doses is a favourite remedy with Mr. Lloyd, of St. Bartholomew's. An interesting case has been recently discharged from his care, in which an indurated lump in the tongue very markedly softened down under its use. The patient was a married woman, aged 47, who had had several miscarriages, but no living children. Her aspect was suggestive of syphilis, but there were no positive facts either in the history or existing symptoms. When we saw her last, she had taken the conium (in doses of five grains, gradually increased to a scruple, three times daily) for several months, and the induration, which had been large, and had occupied the centre of the organ, had all but vanished. It had been suspected at first to be of malignant nature.

#### DIAGNOSIS BETWEEN CANCER AND CONDYLOMATA.

A young married woman is now under Mr. Lloyd's treatment in St. Bartholomew's, whose case well exemplifies the

need for great care in expressing opinions as to the nature of growths which have the slightest resemblance to cancer. She was originally admitted about nine months ago, for some small indurated tubercles on one labium, not at all dissimilar from condylomata, of more than usual hardness. There were three, and they were quite distinct from each other. This fact, together with the patient's age and good state of health, induced many to believe them of syphilitic origin. Mr. Lloyd, however, held a contrary opinion, and determined to excise them. This was done, and on microscopic inspection the elements of epithelial cancer were detected in abundance. The woman left the Hospital well, but she has now returned, with a recurrence of undoubted cancerous ulceration in the same site. The glands in the groin, being enlarged, have been excised.

#### A POINT IN THE PROGNOSIS OF CATARACT CASES.

After operating the other day on a case which exemplified the conjunction, Mr. Critchett took occasion to remark that an unusually tough capsule and a soft lens generally, according to his experience, indicated a diseased globe. There is every reason in the case which elicited the remark, to fear that it will be borne out, and that the patient will not regain good sight.

#### USE OF THE ÉCRASEUR IN OVARIOTOMY—PRECAUTION BEFORE TAPPING OVARIAN CYSTS.

In a case of ovarian tumour at the Samaritan Hospital, last Tuesday, Mr. Spencer Wells proposed to use the *écraseur* for the division of the peduncle, should it prove after exploratory incision that the sac or tumour was non-adherent. The tumour was a very large one, and interfered materially with the respiration and comfort of the patient, an unmarried young woman. Mr. Wells made an exploratory incision between two and three inches long in the linea alba, commencing an inch below the umbilicus, opening the peritoneum carefully upon Mr. Key's broad hernia director. Then instead of finding the sac, as usually happens, some folds of small intestine distended with gas appeared in the wound. On introducing the finger the tumour was felt behind several other folds of intestine. It was moveable, but it would have required so large an incision to reach it, and so much manipulation of the intestine that it was determined to close the wound at once. Up to Thursday afternoon the patient was going on well, not having had a bad symptom. A curious point of diagnosis was brought out in this case. The abdomen was quite dull on percussion at the very spot where the incision was made, and where the distended intestine was interposed between the tumour and the abdominal parietes. This fact was completely established by Dr. Routh, Dr. Graily Hewitt and others, even after the closure of the wound, so that had the cyst been tapped without an exploratory incision previously, it is quite certain the trocar would have gone through a fold of intestine. The *écraseur* seems likely to prove of great use in ovariectomy, as the ligature of the peduncle and the consequent death of the stump are doubtless causes of the peritonitis which so often leads to a fatal result. This case of Mr. Wells's is most likely the first in which the use of this instrument has been proposed, with the exception of a case of Dr. Snow Beck's, some months ago, in which Mr. Wells also proposed the exploratory incision and *écraseur*, but which was afterwards treated by iodine injection.

#### UNUSUAL DISLOCATION OF THE FEMUR.

An opportunity for examining a rare form of dislocation of the femur occurred the other day at the London Hospital. A moderately stout man, aged 50, had been admitted, under Mr. Luke's care, after having fallen into a dry dock. A dislocation of the left femur was easily diagnosed, but the symptoms were peculiar, inasmuch as the limb was lengthened one inch, without either inversion or eversion. Yet the head of the bone could be easily felt, and was thought to be in the ischiatic notch. By manipular movements reduction was easily effected about an hour after the accident. The man subsequently died from the effects of broken ribs. At the autopsy Mr. Forbes, the House-Surgeon, before dissecting the parts, again dislocated the bone. This was done with ease, and it was clear that the original form of dislocation had been reproduced, as the bone could not be made to assume any other position. The head of the bone proved to be displaced

neither into the ischiatic notch nor the thyroid hole, but midway between the two, immediately beneath the lower border of the acetabulum. The gemellus inferior and the quadratus femoris had been torn, the ligamentum teres had been wholly detached, and there was a laceration in the lower part of the capsular ligament. These irregular forms of dislocation of the femur appear, judging from the recent experience of our Metropolitan Hospitals, to be far from infrequent. The fact is, the head of the femur may rest anywhere outside the brim of its acetabulum, and does not by any means necessarily slip into one or other of the positions which had been allotted to it under such circumstances in surgical classifications. It is an important feature in the plan of treatment by manipulation that an accurate diagnosis, as to exact position, is by no means necessary to successful reduction.

#### SYPHILITIC INFLAMMATION OF THE RETINA.

The revelations of the ophthalmoscope bid fair to add a peculiar form of retinitis to the acknowledged *rolé* of symptoms due to constitutional syphilis. A fortnight ago we noticed a very interesting case, in which lymph had been seen deposited on the retina of an infant, the subject of hereditary syphilis. A few days afterwards Mr. Critchett admitted a second case, in which a girl, whose history and appearance led to the belief that she was the subject of the same kind of taint, was losing sight in both eyes, from the punctate effusion of lymph on the retina. Two other cases are attending Mr. Critchett's clinique, in which, in connexion with acquired syphilis, retinitis with effusion has occurred. In one the effusion is in the form of isolated white dots; but in the other the whole visible extent of retina is cloudy and opaque, the optic nerve itself being but dimly seen. It is worthy of note, that in neither of these cases has there been any iritis or affection of the anterior parts of the globe.

#### PUNCTURE OF THE HEAD IN HYDROCEPHALUS.

This operation is resorted to with extreme rarity in London practice. On Tuesday last Mr. Lawrence adopted it in a case of much interest. The patient was an infant, aged nine weeks, the subject of congenital hydrocephalus. Part of the bones of the skull were separate from each other, and their margins could be easily felt. The chief protuberance was backward, the forehead being very slightly enlarged. The symptoms had become urgent, the child being dull, and almost in coma, and its eyes fixed and motionless. A small trocar was used, and about eight ounces of clear serum removed. The operation was borne remarkably well, and was productive of great immediate relief. No irritation whatever appeared to have been caused, nor was there any tendency to syncope. The mother was allowed to take the child home in the evening, and up to the time of its removal all seemed to promise well. We shall advert to the final result at a future time. The fluid removed was albuminous, of sp. gr. 1.009, very alkaline, and effervesced on the addition of acid.

#### THE HOSPITAL PHARMACOPOEIA.

UNDER this title we propose, from time to time, to copy some of the best formulae of our Hospitals, and to bring together certain miscellaneous notes concerning the art of cheap prescribing. Admitting most fully that in nothing more than in prescribing is it easier to be penny wise and pound foolish, and that a niggardly substitution of an inefficient cheap drug for an efficient expensive one, is in the end the worst economy as well as the worst humanity; yet there is without doubt much of very useful knowledge to be had on this matter; and a very important matter it is to Hospitals, Dispensaries, and to Union Surgeons. Nor need we be told that skill is always cheap, and that speed of cure and saving of drugs is to be effected rather by the study of diagnosis than by minute attention to the details of formulae. We grant the truth of the remark in the main, but it is far from the whole truth, and we still contend that much may be done in both directions. In pursuance of this object we purpose to attempt to supply a deficiency in our Hospital Pharmacopoeias, namely, that they do not indicate the intentions of their formulae. Without promising any approach to completeness in our scheme, we intend to indicate in as few words as may be th

end for which the prescription under comment is usually ordered. We have only to add, that we shall feel much obliged by the co-operation of any of our readers, connected either with Provincial or any of our smaller London Institutions, who may forward to us copies of formulæ believed to possess advantages over those in common use.

#### DIAPHORETIC COMPOUND CAMPHOR POWDER.

The prescription for an excellent diaphoretic powder, which we copy from the Pharmacopœia of the York County Hospital, is the following. Take of nitre ʒiij., of Dover's powder ʒvj., and of camphor ʒix.: the camphor, having been carefully powdered in the usual manner, is mixed with the other ingredients. The dose is a scruple, taken at bedtime in gruel. The powder has long been a favourite prescription of Dr. Simpson's, of York.

#### EXPECTORANT PILLS FOR CHRONIC BRONCHITIS.

℞ Extract. cenii, ext. hyoscyami ʒā ʒj., pulv. scillæ, pulv. ipecac. ʒā ʒij. Ft. mass. in pil. divid. gr. v. in sing. This formula includes the best of our expectorants, combined with mild but efficient anodynes, and is exceedingly useful in allaying the bronchial irritability attending many forms of chronic cough.

#### DIURETIC PILLS.

Under the name of the "Hydropic Pill," the following has for long held a place of high estimation in many Pharmacopœias:—℞. Pil. hydr. gr. j., pulv. digital. gr. ʒ, pulv. scillæ et pulv. zingib. aa gr. jss. Ft. pil. It should be taken three times daily, and is of especial service in dropsy from hepatic disease, being also often useful in that of cardiac origin. In renal dropsy it is of course objectionable on account of its mercurial constituent.

#### COLCHICUM PILLS.

A formula consisting of blue pill, the acetic extract of colchicum, and extract of hyoscyamus, in the proportions of a grain of each of the former to two of the latter, is an exceedingly valuable one for ordinary employment in cases of gout, rheumatic gout, and arthritic eczema, iritis, etc. It may be taken twice or three times a day in acute attacks, but in chronic cases is very useful when given only every night. In the Guy's Pharmacopœia Dover's powder is substituted for the hyoscyamus, and is perhaps an improvement. This pill taken night and morning, with a scruple dose of acetate of potash given three times in the day at the same time, is perhaps the best of all treatment for cases of inflamed eczema, an affection which in many cases has a latent gouty origin.

#### ATROPINE DROPS.

The formula for the atropine drops in use at the Royal Ophthalmic Hospital is two grains of the sulphate of atropine to an ounce of distilled water. This solution is mainly employed for dilating the pupil, in order to allow of better examination of the state of the eye, and also prior to needle operations. At this Hospital the pupil is never dilated before the performance of extractions. Dilatation of the pupil to its utmost possible extent is desirable before inspection with the ophthalmoscope. Attention to this hint will prevent disappointment, and the loss of much time to novices with the instrument. In the course of iritis, when it is deemed desirable to employ belladonna, the extract itself rubbed up with warm water, and used as a fomentation, is preferable to atropine. It should be used as warm as can be borne.

#### NOTES AND QUERIES.

℞: that questioneth much shall learn much.—Bacon.

#### No. 225.—EPITHELIAL CANCER.

I should feel deeply indebted to any gentleman who would furnish me with the results of Cases of Epithelial Cancer of the extremities, penis or scrotum, in which amputation has been performed before any affection of the lymphatic glands. My own impression is, that in the majority of these cases the

disease does not recur; but I am anxious to check my own experience by that of others.

30, Devonshire-st. J. ZACHARIAH LAURENCE,  
Portland-pl. F.R.C.S., M.B. Lond.  
London, Dec. 18, 1857.

#### No. 226.—DISEASES INCIDENTAL TO VEGETARIANS.

Will any of your readers inform me what are the diseases most frequent among vegetarians? Dr. Lambe and other M.D.s. favourable to this diet state, that "vegetarians, without exception, experience an easy death, without the slightest pain;" and that "carbuncles and boils are unknown to them!" Do the marine algae form part of their diet, and how are they dressed?

FACTA NON VERBA.

December, 1857.

#### No. 227.—INSURANCE ON SMOKERS.

Has the Tobacco controversy made the Medical officers of Insurance Companies more cautious in accepting the lives of excessive smokers? Do they put the question to all proposing insurance? Is the query proposed in their papers? Or has the tobacco controversy ended only in smoke?

December 28.

NICOTIN.

#### ANSWERS.

#### No. 222.—DEPILATORIES.

An anonymous correspondent informs me, through the medium of your valuable Journal, Dec. 12, that I shall find a highly efficacious formula in the *Pharmaceutical Journal* for September, 1857. I have perused the whole of the *Pharmaceutical Journal* for September; but not having been able to find the formula alluded to, I conclude that your correspondent made a mistake in his quotation. I should feel much obliged to him if in an early number of the *Medical Times and Gazette* he would tell me with greater accuracy where I can find the above formula. By inserting this, you will confer a favour.

CHARLES LEMOINE, M.D.

Camberwell, Dec. 28, 1857.

#### No. 224.—BLACK-DROP.

"Brathwaite of Kendal" is not dead. Mrs. Brathwaite and her daughter are still living, but ceased to make the Black-drop about three years ago. Probably the secret cannot be obtained without the daughter.

Kendal, December 19, 1857.

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## Medical Times & Gazette.

SATURDAY, JANUARY 2.

#### THE ABUSES OF MEDICAL CHARITIES.

THE very able letter of Dr. Ogle, which may be found in our last number, directs the attention of the Profession, and of the public also, to a question of great and increasing importance, namely, the abuses which now prevail in the administration of our Medical Charities.

It will at once be admitted that the destitute poor have at all times a claim to public sympathy; and the laws of the

country provide Medical as well as other relief to that class of the community. We could wish, indeed, that such relief were more equitably administered than it is at present: with more fairness to the Medical officers, and therefore with more efficiency towards the sick poor. But leaving for a time the iniquities of Poor-law Medical administration, which we have never ceased to expose and denounce, we refer at present to the growing evils connected with the administration of our Hospitals and other public Medical Charities.

Admitting as we fully do, that the really destitute have a clear title to Medical as well as other relief, there is a very large and increasing class which cannot be included among the destitute poor, and which nevertheless claims and receives Medical relief from our Hospitals and Dispensaries. Persons tolerably well-to-do in the world, artificers earning two or three guineas a week, gentlemen's servants, and small tradesmen, do not hesitate to avail themselves of the services of our Profession, which are gratuitously rendered to all who demand them. By this system, not only is the Medical Practitioner wronged of his fair chance of remuneration, but the recipients of his gratuitous labours are degraded in their own estimation, and robbed of that spirit of independence which ought to characterise every one above the rank of a mere pauper. Among other incidental evils connected with the present state of things, must be mentioned the contempt which must, in some vulgar minds, be generated for Medical science, when it is found to be so freely and lavishly bestowed without fee or reward; for as the popular belief is that a thing is worth what it will fetch in the market, so, as Medical advice and medicines are not charged for, they may often be considered by the ignorant as worth nothing. Another very serious result is the positive injury to our Hospitals and Dispensaries by the lavish manner in which Medical relief is afforded to their applicants. Putting out of the question the labours of the Medical staff, the cost of drugs for the host of patients who besiege the doors of these institutions is so considerable as to constitute a formidable item in the yearly accounts, and in the smaller establishments to cripple their efficiency in a marked degree.

The consequences are, that in some of the large and rich Medical Charitable Institutions the amount of out-door relief is so enormous (we purposely omit all reference to the in-door patients), that the young Medical practitioners in the vicinity of those establishments must be deprived of all chance of obtaining a living; while, on the other hand, the recipients of such relief often attach no value to assistance which is so indiscriminately bestowed. In the smaller Hospitals, again, and the great majority of Dispensaries, the institutions are actually in debt for the very necessities essential to the continuance of their existence, the chief item in most cases being the drug-bill, owing to the large consumption of medicines by the patients.

In most of these institutions the services of the Medical officers are, with some few exceptions, entirely gratuitous, the only conceivable benefit arising from their appointments being the possibility of their leading to an introduction into practice; a prospect which, in the majority of cases, is perfectly visionary.

In all the Dispensaries, not only do the Medical officers dispense relief and medicines at stated hours to those who apply for them, but they also visit the patients at their own houses, if the cases are of such a nature as to prevent them from attending; and these duties often occupy the greater part of the day, to the exclusion of any other pursuit, either of profit or of recreation. But in some of the Dispensaries not only are these duties gratuitously and faithfully performed, but the Medical officers actually attend the Midwifery cases also; and thus are called up night and day, in

extensive districts, without any remuneration whatever. Now whatever may be urged in favour of indiscriminate Medical relief in other cases, there can be no argument for gratuitous attendance upon those of child-birth, except in cases of absolute destitution, unless, indeed, there be any peculiar difficulty or danger, because child-bearing is a natural operation, and should be provided against by the patient like any other ordinary contingency. Gratuitous attendance in this instance merely encourages habits of improvidence, and the money which is thus diverted from the Profession is most probably spent in the public-house.

The remedy for the notorious evils attending the indiscriminate administration of Medical relief is not difficult to be found. It consists in making the patients of Dispensaries and Hospitals contribute, in some measure, to defray the expenses which they incur. There would be no necessity whatever that the contributions of the benevolent should be withheld under such a scheme; for the additional sums thus made available for the expenses of the Institutions would only supply the deficiency which almost universally exists in the different Charities.

The very poor would, of course, be exempted from any payment whatever; but those who are in the receipt of regular wages would be expected to contribute some trifle to defray the current expenses for the drugs which they receive. In cases of midwifery, the patients would lay by some small sum for their hour of necessity, and by paying this to the Dispensary, they would secure for themselves adequate attendance, and at the same time remunerate in some degree the Medical gentlemen who are appointed to attend them.

The objections to the establishment of such a system are not very important, and may readily be disposed of. It may perhaps be said that the interests of the neighbour practitioners might be injured by the adoption of such a plan; but in our opinion more injury is done to that class of our Professional brethren by the continuance of the present system, which, by giving away advice and medicines to all comers, must inevitably diminish most remarkably the profits of young Medical men who are practising in the vicinity of the Hospitals and Dispensaries. Again, it is well known that most practitioners in densely peopled neighbourhoods are compelled to give away advice and medicines to those who are too poor to pay an adequate price for them, besides losing in bad debts many of the sums due to them from the poorer classes of patients. Now the establishment of Provident Dispensaries would obviate the necessity of absolutely giving away medicines except to the very necessitous; while the Medical men of any given locality might combine together for the support of the Institutions, thus obtaining some remuneration for themselves, and at the same time encouraging habits of prudence among the poorer part of the population.

#### POISONING BY PRUSSIC ACID—THE SALE OF POISONS.

A case has just been tried at Glasgow which has ended in the conviction of a man for poisoning a woman with prussic acid. There are many circumstances in this case which recall the facts made so notorious by the trial of the culprit Tawell at Aylesbury in 1845. The mode of administration, the circumstances under which death took place, the flight of the assassin, and the clear and distinct chain of circumstantial evidence by which the crime was proved, are similar in the two cases. Tawell had a plain and obvious motive,—the culprit Thomson, who has just been convicted at Glasgow, had no motive which the Crown could discover, or even suggest; and as a curious instance of the difficulty of penetrating the mind of a criminal we have it in our power to state, on





RELIGIOUS MELANCHOLY.

From a Photograph by D<sup>r</sup> Diamond.

Engraved by W. Hagg

Printed by Hallman & Whitson





unquestionable authority, that this man confessed his crime soon after he was sentenced, but said that he could not assign any motive. His mind had been excited by the details of Madeline Smith's trial, and he had a morbid desire to witness the effects of prussic acid on a fellow-creature. Nothing beyond this can, we believe, be stated respecting a motive for this crime. What a strange perversity of human feeling! Thus it was that the crime of Palmer was followed by that of Dove.

The details of the Medical evidence in Thomson's case present many features of scientific interest, and of these we shall probably give an analysis in our next Number. No Medical witnesses were called for the defence, and the Profession and public were thus spared the usual conflict on such occasions as to the relative value of chemical tests, and the quantity of poison which ought to be found in a dead body to justify an opinion that it was the cause of death. The Medical evidence for the Crown was, in our opinion, conclusive and satisfactory; and although the crime was committed in secrecy, the guilt of the man has been as clearly established as if it had been perpetrated in the presence of eye-witnesses.

We have at the present time a reason for alluding to this case. Prussic acid is one of the articles the sale of which it is proposed to restrict by an Act of Parliament. Several instances have lately presented themselves, showing the propriety, and indeed absolute necessity, for such a restriction. To the present system of free trade in the sale of this deadly liquid we must ascribe the recent sacrifice of three lives near Croydon; and, from the evidence in the Glasgow case, it appears that the facility of procuring prussic acid has led to the death of one person, and an attempt on the lives of two others. The druggist who sold it on two occasions to the order of the prisoner was severely reprimanded by the learned Lord Justice Clerk, who tried the case. His Lordship observed that the death of the woman ought to be on the mind of the druggist for life. "He got no satisfactory answer to his question as to the person for whom the poison was wanted; he (the seller) was aware that it was not intended to be put to the use alleged (photography), and yet he gave it on application without further inquiry." It was proved that he supplied for the sum of twopence, on two separate occasions, two drachms of this poison, and for this small sum one life has been destroyed and two lives endangered. It may be very well for the advocates of free trade in poisons to argue that the man might have got a dagger, a knife, or have purchased a pistol with gunpowder and bullets, etc., and if prevented from purchasing poison, he could not have been prevented from procuring these instruments of death. But a man cannot unknowingly swallow a knife, or a dagger, or a bullet in a glass of ale; he would be put on his guard by murder attempted in this fashion; he would call for assistance, and resist the attempt, and these circumstances alone would probably operate as a means of prevention. It is surprising that the interests of men should so cloud their judgment that they cannot perceive any difference in the two modes of assassination. Thus we find them contending that a Poisons-restriction Bill would be of no service to the public, unless it had a knife-dagger-gunpowder and bullet-restriction clause. Is it possible that they do not perceive the absurdity of such an argument as this? Legislation cannot prevent the perpetration of murder, but it may add to the difficulty instead of increasing the facility of perpetrating it.

At present the want of a Poisons-restriction Act throws open to such an assassin as the convict Thomson, a secret and stealthy means of carrying out a murderous design,—a means against which no foresight can guard. There can be

no resistance and no call for assistance, the fatal blow is struck without warning at the small cost of twopence to the murderer, and for an infinitesimal amount of profit to the druggist! The instrument of death too is sold for a purpose to which the druggist either knows or ought to know that it was not applicable. Is this right? Is it morally or legally right that society ought to tolerate such a state of things? We think not; and we believe that nothing but a stringent act of Parliament will prevent the occurrence of such cases as this. At present it would appear that those who deal in poisons are not satisfied with the number of murders and suicides perpetrated by the dagger and the bullet, but they are anxious that there should be additional facilities for the commission of these crimes by perpetuating free trade in poisons.

### THE WEEK.

Australia offers us an oil which seems likely to prove a most agreeable and efficient substitute for cod-liver oil. A cetaceous animal, the Dugong (*Halicornes Australis*, or *Halicornes Dugong* of Cuvier), inhabits the rivers and bays of the eastern coast of Australia, and many of the islands of the Indian Archipelago. It feeds on the submarine algæ and fuci of shallow waters. It attains a length of seven or eight feet, and is described as something between a porpoise and a seal. The flesh is highly esteemed as a tender food, not unlike beef, and it yields an oil so bland and sweet, so free from disagreeable flavour or odour, that it may be given in much larger doses than cod-liver oil. Mr. W. Hobbs, a Surgeon practising at Brisbane, Moreton Bay, has used the oil extensively in many chronic diseases. He is spoken of by our correspondent as a most intelligent man, and from his reports we should certainly conclude that the oil possesses all the useful properties of cod-liver oil. The evidence, to say the least, is sufficient to encourage a trial of the oil in this country, and we trust some Australian merchant will procure a supply without delay.

In further illustration of Sepoy cruelty, a correspondent writes as follows:

"The cases I am able to give you at present are only two: for of the many one hears whispered in drawing-rooms, it is of course impossible to ask the details at once. The first was related to me by the daughter of a late Indian general, and is of a lady who returned, I believe, in the Ripon, and herself wrote previously to say that she had lost her nose and ears. The second I also learnt from the family of a general officer. It is of a young widowed lady (living with her mother at Reading) who has lost both her hands and both her feet, and whose child has also lost its feet. Other cases at Blackheath, Torquay, and elsewhere, I have heard of vaguely, but am not able to give you their details now. In two or three weeks, however, I expect to receive other data for your use from friends at Cheltenham and the Church Missionary College. The Church Missionary Society alone, I believe, have received intelligence of many women in Calcutta who have lost not only the nose and lips, but the breasts also, and still live."

We expect to receive more explicit details on this matter by the next Calcutta mail, and shall give from time to time such information as to cases arriving in England by the Southampton steamers as can be done without breach of confidence, or hurting the feelings of sufferers. It is our firm conviction, however, that all such cases should be known, and we trust that our correspondents, under whose care such cases may come, will assist us in making them known under obvious necessary restrictions.

A most preposterous statement has been made by a contemporary who should be better informed. The argument is,

that though the death-rate in London is only twenty-five in a thousand, yet Londoners are far from healthy, because "twenty in every hundred among one class alone are yearly so ill as to require gratuitous Medical treatment at Hospitals and Dispensaries!" What a miserably diseased population must be represented by such a state of things! But what transparent folly to believe in it! The statistics as to the death-rate are undeniably accurate. The returns from many Hospitals and Dispensaries undergo a well-known culinary operation. In some institutions every attendance of a patient is published as a fresh case. In others a fresh card is given every month. In others, again, these and similar expedients are so ingeniously modified that the benevolent and charitable public are as much deceived as the social economist who stands aghast at the astounding misstatements of unsophisticated innocence.

The Birmingham election business has taken a new turn. A number of subscribers have held a demonstration meeting, at which more ignorance of the great question at issue, more carelessness about the honour of Birmingham, and more recklessness about the interests of the poor, were brought forth than ever could have been anticipated to have sprung from the most uncultivated congregation. Will it be believed that at the meeting we name, a resolution was passed recommending subscribers to Queen's Hospital to withdraw their subscriptions unless the Professors' recommendation was ignored. Will it be believed that the Professors of Queen's College were abused as tyrants, because they hold out in favour of their just and most conscientious conduct so strongly, that even their own interests, their own children, their own selves, are sacrificed to an absolute stranger in support of a principle? In all our experience of the Medical world we have never seen an instance of such noble perseverance under trying circumstances as that which has been exhibited by Mr. Sands Cox, Dr. Birt Davies, and the other Professors of this College. Let them hold on, assured that whatever is so true and so honest can never be put down, though all the Jesuits not in Birmingham alone, but in Christendom, were up against them!

Whosoever says the Medical Profession is not overstocked, let him digest the following:—There was a vacancy last month for a Medical Superintendent of the Dundee Infirmary. The salary is £160 a year, and the candidates numbered upwards of forty. The appointment was obtained by Dr. Glen, a gentleman who has been Resident Physician in the Royal Infirmary of Edinburgh, and has acted as Assistant to Dr. Bennett, in his Clinical Course, instructing special classes in physical diagnosis. He is stated to have a peculiar aptitude for "communicating information to others in a clear and interesting manner." Yet he is one of forty candidates for a place of hard work, constant attendance, and £160 a year. No wonder students' benches are not crowded. As another example of the munificent rewards our leading Physicians and Surgeons may aspire to, we may add that the incredible sum of £30 a year each has been voted to the visiting Physician and Surgeon of this Infirmary by a resolution of the Governors—*Mr. Rough dissenting*. Feeling, doubtless, that the eyes of all Europe were on him, he protested against such mad extravagance.

The deaths of two of our Scotch Medical brethren, who have fallen victims in the fearless discharge of the humane duties of our Profession, claim more than a passing remark. Mr. Gordon and Mr. Henderson, Surgeons of Broughty Ferry, a watering-place about four miles from Dundee, two out of the three

Medical men practising there, died of typhus, one on the 12th and the other on the 13th ultimo. Both took the disease when attending the same poor family in a small dwelling. A Dundee paper says:—"Dr. Gordon had a very high character, both personally and professionally; a man of eminent talent, combining skill with decision, of urbane and engaging manners, of thorough integrity, of unostentatious benevolence, and devoted to his profession with an ardour seldom surpassed, he possessed the respect and confidence of all. Dr. Henderson also had won for himself an enviable reputation; and the fact of his leaving a widow and thirteen children renders his unexpected removal a cause of deepest regret." Typhus was not epidemic at Broughty Ferry. It was introduced to the house by a lodger from Dundee, and appears to have spread in every case by direct contact. As a curious illustration of Medical manners in Scotland, we copy the two following advertisements from the same paper, the date of one being just three days after the death of Mr. Henderson:—

"Dr. W. B. Wingett begs to announce to his Professional brethren and to the public, that he has commenced practice in Broughty Ferry."

"Dr. James H. Park, Surgeon, begs to intimate to the inhabitants of Broughty Ferry and neighbourhood that he has commenced the practice of his Profession.—Miss Nichol's, Fort-street (near the Bank). Dec. 16, 1857."

The Association of General Medical Practitioners of Ireland have addressed Mr. Cowper in support of the general principles of Lord Elcho's Medical Reform Bill, but objecting to the manner in which the principles are carried out. They object—1st. To the preponderance of Government nominees in the Council. 2nd. To the imperfect provision for the preliminary education of students, advocating the expediency of demanding a University degree of "Associate in Arts." 3rd. To the constitution of the Examining Board. And 4th, To the want of any due provision to secure superior attainments by the reservation of public appointments to those who obtain further qualifications than the general license. On a future occasion we shall discuss these important matters fully.

A poisoning case at the Thames Police Court the other day affords another example of the culpable recklessness of the poison dealers. Oxalic acid was sold to a boy nine years of age by another boy of the same age. Mr. Hutchins, the "chemist," and master of the boy, said that he did not allow him to *prescribe for patients!* That it was very wrong of him to sell poison, but he did it "early in the morning before I came down stairs." The magistrate mildly suggests that the boy is too young to be in a poison shop, and hopes nothing of the kind will occur again; and so the Baby Dispenser and his master return to distribute their pennyworths of oxalic acid, laudanum, arsenic, and such like necessities for domestic consumption to the free and enlightened inhabitants of Stepney.

## REVIEWS.

*The Phenomena of Spinal Irritation and other Functional Diseases of the Nervous System explained, and a Rational Plan of Treatment deduced.* By THOMAS INMAN, M.D., Lecturer on the Practice of Medicine at the Liverpool Royal Infirmary School of Medicine. Pp. 201. London: 1857.

Dr. Inman has already expressed some of the opinions advanced in the present volume, by reading a paper on "Certain painful muscular affections, simulating inflammatory, neuralgic, or organic diseases;" and to this paper and the views which it contains we have already drawn attention in our columns. In his present work Dr. Inman amplifies the sub-

ject matter of his original paper, and illustrates his arguments by reference to the history of cases which have subsequently fallen under his observation. He divides his Treatise into two parts, the first being devoted to "Certain painful Muscular Affections," and the second to "Spinal Disorders and other Functional Diseases of the Nervous System." The prevailing idea in Dr. Inman's mind on the subject of the painful affections in question is, that they are due to some morbid condition of the muscles rather than of the nerves, and that the so-called spinal disorders originate most commonly in a feeble and painful affection of the muscles of the back. He records numerous cases in which these affections, having been mistaken for symptoms of inflammation, were treated by depletory measures, and rendered worse in consequence, and in which a due amount of rest to the overstrained muscles, with good diet, effected a speedy cure. Passing from the painful affections of muscles in general to those of the spine in particular, Dr. Inman considers that most of the cases of spinal irritation are really owing to causes originating in the muscles, and that they ought to be treated generally by sustaining the health, giving repose to the affected muscles, and assisting their action, when necessary, by well-contrived artificial supports. Dr. Inman, like Dr. Walshe, does not condemn the use of stays as an article of female dress, but considers them as rather beneficial in aiding the action of the muscles in preserving the equilibrium of the spinal column. The reference of such cases to the general phenomena of hysteria is condemned by Dr. Inman as unphilosophical, and the necessary connexion between hysteria and disorders of the uterus is also called in question. Dr. Inman's views of the nature of spinal irritation are summed up in the following recapitulation:—"We believe that the vast majority of the symptoms considered as the result of spinal irritation arise from over-exertion of one or more portions of the muscular system in debilitated subjects. That the spinal tenderness has a similar origin, and that the other symptoms considered as resulting from spinal tenderness, are concomitants only, and referable to a common cause."

Dr. Inman, in his present line of investigation, has opened up much new ground, and his remarks and reasonings demand the candid attention of the Profession.

*A Treatise on Rheumatic Gout, or Chronic Rheumatic Arthritis of all the Joints.* By ROBERT ADAMS, M.D. etc., Surgeon to the Richmond Hospital, Dublin. Illustrated by Woodcuts and an Atlas of Plates. London: 1857. 8vo. pp. 362.

**RHEUMATIC Gout!** Dr. Garrod says there is no such thing. Gout is gout, and rheumatism is rheumatism. There is no hybrid offspring of rheumatism and gout. Dr. Fuller says there is; but he does not profess to define the precise pathological condition in the cases which he details as rheumatic gout. Mr. Spencer Wells describes a number of different cases met with in practice, in which different forms of rheumatism and gout may complicate each other, and are named without much impropriety rheumatic gout. Dr. Adams implies by this term, chronic rheumatic arthritis; and he gives, in the work before us, the results of the observation and study of a quarter of a century, the substance of numerous clinical lectures, and the principal part of various communications which have been already published.

The work is divided into two parts. In the first part the disease—chronic rheumatic arthritis—is considered generally in five chapters: first, the history; secondly, the causes and symptoms; thirdly, the diagnosis and prognosis; fourthly, the anatomical characters; and fifthly, the treatment. In the second part it is considered specially in each joint, nine chapters being devoted to the disease in the hip, shoulder, elbow, knee, wrist and hand, ankle and foot, temporo-maxillary, sterno-clavicular, and acromio-clavicular articulations, and in the spine. A series of cases, and a very complete index, conclude the work.

This disease as observed among the labouring poor of Ireland differs from the condition observed among the wealthier classes in London, so well described by Sir B. Brodie in his observations "On chronic disease of the joints connected with gout and rheumatic gout." Dr. Adams has never met with layers of lithate of soda on the articular surfaces in any case, and he looks upon complete bony ankylosis as its result as extremely rare; the stiffness and immobility of the joints

arising from alterations in the form of the articular surfaces, not from the union. The chapter on the anatomical characters of the disease as observed in Dublin is by far the best and most accurate account which has hitherto appeared. It and the chapters on the disease in each joint, must be referred to by every surgeon who wishes to master the pathology of diseases of the joints. The following remarks on treatment are most judicious.

"There is one important question which the Medical attendant is frequently called upon to decide—namely, whether the patient should yield to his disorder, and condemn himself, as it were, to immobility for life; or whether he should contend against it, and persevere in walking, even though it proved painful and fatiguing. To this I would reply that, in the commencement of the disease, rest, cupping, the frequent use of leeches, confinement to a warm atmosphere, warm baths, and mercurials, combined with opium, seem to be the most rational means to resort to, with the expectation of arresting the progress of the affection in its early stages; but on the contrary, if chronic rheumatic arthritis has gone on to the destruction of articular surfaces, and the movement of the joint is followed rather by a stiffness of the limb than actual pain, in this case some walking exercise daily may not only be permitted, but recommended to the patient; his general health will be thereby improved, and the articular surfaces will be found to move more freely on each other, owing, most probably, to the exhumation of them, which we know to be induced by motion.

"If, however, upon the one hand, it be true that in the early stage of the disease exercise is likely to aggravate the symptoms, still, upon the other, it is important to have present to our minds the evils that result from the system of the articulations being kept for a great length of time in a state of perfect quietude; for my experience accords with that of Teissier and Bonnet, that prolonged and absolute repose of the joints, particularly in old persons, is calculated to determine serious alterations in the articular structures, such as effusion of a sero-sanguineous fluid into the synovial sacs, the formation of false membranes, erosion and thinning of the cartilages, etc."

Our only regret on closing the book is that the author has not enlarged more on treatment. The cases are very obstinate and troublesome, but much may be done to prevent, to check, and to alleviate by a variety of means that we should have been glad to have seen reviewed by so competent and practical a teacher as Dr. Adams. With the expression of this regret we have only to add the most unqualified approbation of the work. Its value is increased by admirable wood-cuts and lithographs; and it must be regarded not only as most creditable to the author, maintaining and enhancing his high reputation and that of the Dublin school; but as a real acquisition to the medical literature of the age.

*Handbook of the Science and Practice of Medicine.* By WILLIAM AITKEN, M.D. London: 1857. Pp. 786.

It would be a difficult task to attempt any analytical criticism of Dr. Aitken's Handbook, and the best general review of it is to say, that it is just what it professes to be, a Handbook of Medical Science and Practice. Whoever has it on his library shelf may rest assured that he will find in it an epitome of any Medical subject on which he may require the newest, and at the same time the best information.

In accordance with the general plan of works on practical medicine, the greater part of the book is made up of matters relating to the diagnosis and treatment of disease. In treating of the classification of diseases, the author adopts that of the Registrar-General; and inasmuch as this classification promises to become somewhat universal, and may not be thoroughly known to our readers, we may as well place it on our pages. The plan is from Dr. Farr, and will be found on the 3rd page of Dr. Aitken's text:—

**CLASS I. Zymotic Diseases. Zymotici.**

Order 1. Miasmatic diseases. Miasmatici.

" 2. Enthetic (implanted) diseases. Enthetici.

" 3. Dietic diseases. Dietici.

" 4. Parasitic diseases. Parasitici.

**CLASS II. Constitutional Diseases. Cathetici.** Sporadic diseases, affecting several organs, in which new morbid products are often deposited. Sometimes hereditary.

- Order 1. Diathetic diseases. Diathetici.  
 " 2. Tubercular diseases. Phthisici.
- CLASS III. Local Diseases. Monorganicici.  
 Order 1. Brain diseases. Cephalici.  
 " 2. Heart diseases. Cardiaci.  
 " 3. Lung diseases. Pneumonicici.  
 " 4. Bowel diseases. Enterici.  
 " 5. Kidney diseases. Nephritici.  
 " 6. Genetic diseases. Aidoici.  
 " 7. Bone and muscle diseases. Myostici.  
 " 8. Skin diseases. Chrotici.
- CLASS IV. Developmental Diseases. Metamorphici.  
 Order 1. Developmental diseases of children. Paidici.  
 " 2. " " women. Gyniaci.  
 " 3. " " old people. Geratici.  
 " 4. Diseases of nutrition. Atrophici.

Such is the general arrangement under this new nosology. Then follows the placing of special diseases under these several heads. Dr. Aitken sums up:—"The preceding classification of diseases into four groups is not given as a perfect system, but as a convenient grouping of diseases. By its use the student will be able to preserve uniformity in the recording of his cases; it furnishes him with a table of reference to aid him in naming diseases, and a system to guide him in acquiring a knowledge of his profession."—p. 8.

Under this arrangement Dr. Aitken teaches philosophical medicine in its broadest acceptance. There is, for instance, an admirable introduction on the science of medicine, and a final chapter on the geographical distribution of disease, each of which parts should be read by every student, young and old.

Dr. Aitken's style is excellent. He does not attempt the soft and flowing rhythm of Dr. Watson, for his book is rather encyclopædial than academic; but it is no dishonour to the last named distinguished physician and scholar to say, that this "Hand-book" in its deeply read and learned way, is an admirable companion to the classic "Lectures;" and that the practitioner who cannot afford the dearer volumes can find no better substitute for them than Dr. Aitken's Handbook.

*On Consumption; its Nature, Symptoms, and Treatment.* An Essay to which was awarded the Fothergillian Gold Medal of the Medical Society of London. By RICHARD PATTES Cotton, M.D., Physician to the Hospital for Consumption and Diseases of the Chest, Brompton. Second edition; pp. 302. London: 1858.

Dr. Cotton's essay on Consumption is now pretty well known to the Profession, and on the appearance of the first edition we expressed a very favourable opinion upon its merits. In the present edition Dr. Cotton has made use of the additional information and experience which he has acquired in the extensive field of research placed before him at the Brompton Hospital, to render his work as complete as possible. We must therefore again express our approbation of Dr. Cotton's volume.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### ON THE EMPLOYMENT OF COMPRESSED SPONGE.

By Dr. ROBERTS.

AT p. 459 of our last volume we gave an account of the great advantage Drs. Foster and Johnson of New York had derived from the employment of compressed sponge for the prevention and treatment of abscess of the breast. In the last number of the *New York Journal*, Dr. Roberts in a letter to Dr. Batchelder furnishes the results of his employment of it under other circumstances. He speaks highly of its utility in dispersing chronic mammary tumours. When employed as tents, formed by first dipping it in weak solution of gum water, and then winding thread tightly around it to obtain the suitable size and form, it proves a most useful application for deep sinuses. "I should be very loth to incise a sinus, until I had tried the effect of a compressed sponge tent introduced to its bottom. By its equal expansion in every direction, stimulating by its

pressure the bottom of the sinus, and laterally destroying the pus-secreting false membrane with which it is lined, and inducing in its walls a new and healthy action, the sinus speedily diminishes in depth, and progresses rapidly towards granulation and cicatrization." Great benefit has also been derived from the application of flat discs of sponge, compressed in the copying machine, to foul and fungous ulcers, the fungoid granulation being repressed, and a healthy sore established. Several unpromising and ill-conditioned ulcers have been healed by this means alone. Another circumstance under which Dr. Roberts has found the sponge useful, is ecchymosis from blows, as in the case of black eye, the discs being renewed night and morning. Again:—"I have several times satisfactorily and easily dilated with sponge the meatus auditorius externus when threatened with contraction after abscess; have succeeded in removing suppurative inflammation of its walls, and obtained an easy access for injections, and an opportunity of observing the tympanum, and thereby cauterizing an ulcerated spot, and once succeeding in the removal of a small polypus, attended with pain, deafness, and profuse discharge." Dr. Roberts has also employed the sponge with success as a tampon in threatened and existing uterine hæmorrhage, and in cases of warty excrescences and intractable ulceration. He recommends the tents as substitutes for the bougie in dilating the os uteri in dysmenorrhœa, the tents being usually passed much more easily, and effecting the dilatation far more rapidly. "Dilatation of the cavity and mouth of the womb also furnishes facilities for cauterising the lining membrane in cases of long-standing leucorrhœa, which often relieves otherwise incurable cases. A piece of fine sponge, between two and three inches long, and as thick as the forefinger, dipped in a thin solution of gum arabic, dried and compressed, by being wound round with fine twine, may be fashioned into a conical form, not much exceeding the size of the ordinary bougie, and passed usually with ease, in the grasp of a long bullet-forceps, into the os, and up into the cavity of the womb." He recommends Dr. Batchelder's plan of attaching a string to his tent, which is as follows:—"Pass a long needle, armed with a strong thread, into the base and through the whole length of the tent, and out at its point; then reverse it, entering at the point, and passing it out at the base. This leaves two threads running the whole length of the tent, doubling at its apex, and passing out at its base, where the two pendent threads may be twisted together, and form a strong cord by which the instrument may be withdrawn. Dr. Batchelder seldom allows the tent to remain in longer than eighteen or twenty hours. On no account should a sponge be passed up without a ligature attached, for it has happened to Dr. Roberts on two or three occasions to have the tent caught out of the grasp of the forceps by a species of spasmodic action, and retained in the uterus beyond the possibility of immediate reach—pain, fever, discharge, and anxiety being the consequences, until the body, in the course of some days, is discharged. "The great extent to which the os and cavity of the uterus can be easily dilated in the course of two or three applications of the sponge, will much gratify those who have not yet employed it in this way." Dr. Roberts believes that these tents constitute the simplest, surest, and speediest mode of inducing premature labour; and he cannot see, if the introduction be repeated sufficiently often, how dilatation of the os, followed by acute uterine contractions, can fail to be induced. Moreover, he is a strong advocate for judicious interference in the early stages of labour, with rigid, undilated, and undilatable os uteri and inefficient pains, a sponge tent being introduced, whether the membranes are or are not ruptured, and maintained there by a tampon in the vagina until dilatation is secured.—*New York Journal*, Nov. pp. 413–418.

#### REDUCIBLE HERNIA STRANGULATED BY TWISTING IN THE SAC.

By Dr. CABOT.

Dr. Cabot was called to see an elderly man who had had a reducible hernia, for which he had worn a truss. About 3 a.m., on getting out of bed, the hernia came down, but he fell asleep without reducing it. On again awaking, he found the tumour very large, and that he was unable to put it back. There was pain in the abdomen. Dr. Cabot saw him at half-past 1 p.m., and found him almost pulseless, and with oppressed breathing. The tumour, which was about the size of the head of a fetus at full term, was blue, cold, and oede-

matous, and there was an absence of gurgling. Above the tumour was a band quite tense. Dr. Cabot proceeded to operate, but found, after removing the tumour from all apparent constrictions, that he could not reduce it. On careful examination, he observed what appeared to be a portion of intestine stretched across, and apparently adherent to the lower part of the sac; and having slit up the whole sac from top to bottom, he found that the whole mass, consisting of a large amount of intestine, was twisted entirely round upon itself, the mesentery forming the band spoken of above, and producing complete strangulation, the portion below being of a deep moroon colour, almost black. The patient died before next morning.—*Boston Journal*, vol. lvii. p. 136.

## EXCERPTA MINORA.

**Arresting Hæmorrhage after resection of the Tonsils.**—In the case of a lad, whose tonsils M. Nélaton removed, with the loss of very little blood, profuse hæmorrhage occurred more than forty hours afterwards. On examining him some time afterwards, the hæmorrhage had ceased; but a small clot adhered to one of the tonsils, on the removal of which the bleeding would doubtless recur. M. Nélaton cautioned the lad against making the alternating movements of expiration and deglutition, which are almost intuitive after this operation, and which are the means of detaching coagula. The caution was well observed, and the bleeding did not return. These consecutive hæmorrhages are so rare, that M. Nélaton has only known of three other examples. If the hæmorrhage had returned in this case, he would have applied the perchloride of iron.—*Gaz. des Hôp.* 1867, No. 143.

**Chloroform in Poisoning by Strychnia.**—A lad, aged 15, swallowed by mistake a powder containing about two grains of strychnia. Dr. Jewett saw him thirty or forty minutes afterwards, and found him with a livid countenance, protruding and injected eyes, a full, strong, and irregular pulse, and his skin bathed in perspiration. Violent tetanic spasms, like the effect of shocks from an electrical battery, occurred in rapid succession. If they relaxed for a moment, the slightest touch of the surface, or presenting anything to the mouth brought them on again with redoubled violence. Chloroform, inhaled with difficulty at first, subdued the spasms in ten minutes, these returning whenever it was suspended. Partial anæsthesia was kept up for about four and a half hours, when it was finally discontinued. The recovery of the boy was rapid.—*Boston Journal*, vol. lvi. p. 491.

**Hereditary Hæmorrhagic Diathesis.**—Dr. Gould communicates a tabular view of the history of a family liable to hæmorrhagic diathesis. From this it results that all the male descendants of a family of "bleeders" for two generations, and many in a third—11 in number—had this constitutional peculiarity. Nearly all were more or less subject to rheumatism. None of the females of the family (although these were more numerous), suffered from hæmorrhages.—*Boston Journal*, vol. lvi. p. 509.

**Vomiting in Pregnancy.**—Dr. C. T. Quintard succeeded in checking obstinate vomiting in a pregnant woman by cauterizing the fauces freely, with a fifteen-grain solution of the nitrate of silver.—*Boston Journal*, vol. lvii. p. 28.

**Left Kidney situated in the Pelvis.**—Examining the body of a man who had died of phthisis, æt. 35, Dr. Isaacs found the left kidney located in the pelvis, its upper end being in contact with the bifurcation of the aorta, and its lower touching the posterior surface of the bladder, and lying on the fifth lumbar vertebra, and first, second, and third pieces of the sacrum. Its right edge was in contact with the rectum, and the left with the iliac portion of the brim of the pelvis. There were three renal arteries, one coming from the aorta, and two others from the right common iliac. The kidney was of the ordinary size, but the supra-renal capsule was twice its natural size, and of the shape of a fig-leaf, and it occupied its normal position in the lumbar region.—*New York Journ.* Nov. p. 340.

**ELECTION AT THE ACADEMIE DES SCIENCES.**—The vacancy in the chemical section made by the death of Baron Thénard, has just been filled by the election of M. Fremy, forty-five out of fifty-nine members voting for him. The other candidates were MM. Berthelot, Wurtz, and Saint-Claire Deville.

## GENERAL CORRESPONDENCE.

## POST-PARTUM HÆMORRHAGE.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your last Number there appears a case of hæmorrhage after the expulsion of the placenta, by Dr. J. R. Pretty, to which are appended some remarks contrasting his mode of treating post-partum flooding with that adopted by me in a case that I published in your Journal for October 6, 1855, and vaunting the superiority of his own method.

Dr. Pretty has, I presume, misunderstood, as he has certainly, by his comparison, misstated my case altogether; the only similarity between them being, that in both there was dangerous flooding. His was an ordinary instance of hæmorrhage after delivery, dependent on uterine inertia; mine was the last I have published of a series of fifteen rather uncommon cases, in which, although the uterus acted vigorously, and with great suffering after the expulsion of the placenta, still alarming hæmorrhage occurred. The cause of distress in all these cases was the retention of a coagulum within the uterus, which was rendered tough and firm by the pressure of the contracting fibres, and which adhered so tenaciously to the inner membrane that the uterus was not able to dislodge and expel it. All these cases were instantaneously relieved by the introduction of the hand and the removal of the extravasated mass, the violent pain as well as the sanguineous draining ceasing simultaneously. For the purpose of stimulating the uterus to contract, Dr. Pretty prefers pressure externally applied to the introduction of the hand within the cavity. I opine Dr. Pretty is by no means singular in this preference, provided only the pressure so employed were sufficient to effect the end proposed. Dr. Pretty quotes Drs. Murphy and Lee as his authorities on this head, the latter of whom says, "I am now convinced that the practice so often employed of passing the hand into the uterus, and pressing its inner surface with the closed fist round and round, to excite it to contract, or to compress the bleeding vessels like a tourniquet, is not only ineffectual for the purpose in the worst cases of this kind of flooding, but that it is attended with mischievous consequences after the flooding has been suppressed." I am as much opposed to any proceedings likely to inflict injury on the uterus as Dr. Lee or any other person can be; and in the cases I have detailed it would be impossible to move the closed fist round and round in the cavity by reason of the strength of the uterine contraction.

Dr. Pretty goes on to say, "Dr. Ramsbotham remarks, 'Nor is it probable that the hand will require to be introduced a second time,' and yet in the very case reported by him this became necessary." This is another erroneous statement of Dr. Pretty. The hand was not required to be introduced a second time for the purpose of staying the *after-hæmorrhage*; the hand was introduced once to remove the placenta, which was adherent, and again, more than four hours after that, to clear the cavity of the extravasated blood that had accumulated within it. My observation had an unmistakable reference to the necessity of a second introduction of the hand to empty the uterus of a fresh accumulation of blood; and, as a proof of the correctness of what I have advanced, in not one of the fifteen cases which I have detailed was that requisite.

Although I am a strong advocate for the application of external pressure upon the uterus in all cases of hæmorrhage after the birth of the placenta, as may be learned by reference to the subject in my work on "Obstetric Medicine," I have never yet seen any kind of compress equal to the grasping pressure of the attendant's hand. When the uterus has contracted pretty firmly, and the hæmorrhage has ceased, or become very much moderated, then a belt such as Dr. Pretty recommends is often of service in preventing fresh relaxation, and consequent return of the bleeding; but while hæmorrhage is going on to any extent, I would rely on no kind of pressure but that which the hand affords.

Dr. Pretty has also misunderstood and misrepresented what I have said regarding the Ergot. He has quoted a few words without the context, and thus made them to bear a signification which does not belong to them. After noticing the depressing influence of the drug, he says, "I disagree entirely with Dr. Ramsbotham that the action of the ergot is specific and that the uterus is not affected through any distur-

first set up in the arterial system." The whole sentence in my book runs thus. After speaking of ordinary stimulants given to excite increased uterine action, I say, "Various specific medicines have been recommended at different times to increase the parturient throes, and facilitate the child's birth; but I believe the whole of these substances, one only excepted, act upon the womb through the excitement produced in the nervous system. They first stimulate the nervous, then the arterial, and through the medium of those systems the uterus. Almost the only medicine now used as an uterine excitant is the ergot; and I have no hesitation in declaring my opinion that its action is specific, and that the uterus is not affected by any disturbance first set up in the arterial system." As the word "disturbance" follows so closely upon "excitement" it is evident that it refers to a state of increased action and not of depression; and it is equally clear, therefore, that Dr. Pretty has completely perverted my meaning. In another part of the same publication I say, "Dr. Hardy states that out of 48 cases which he made the subject of observation, in 19 of these the frequency of the mother's pulse was lessened; and that this effect continued several days.... Although I have known the maternal pulse depressed by the drug, I never knew that state continue for any length of time." So that I was not ignorant of the depressing influence sometimes exerted by that medicine on the heart's action.

In conclusion, I cannot help remarking, that when any one constitutes himself a critic and censor over the practice and opinions of another, the least thing he can do is duly to inform himself of the opinions entertained and the practice followed, and to report those opinions and that practice correctly.

I am, &c.

FRANCIS H. RAMSBOTHAM.

7, Portman-square, Dec. 22, 1857.

P.S.—In the second portion of his paper, Dr. Pretty has entered into the disputed question of the value of large doses of opium in floodings after delivery; and because in his case the uterus, for the first time, was found "unusually well contracted" more than five hours and a half after the removal of the placenta, and at least five hours after the exhibition of a drachm of laudanum with sal volatile, he believes "without it the patient's syncope would have been mortal." He says, "Its action as a stimulant was most decided, and for the time efficient," although she had swallowed "a full glass of brandy" just before she took the laudanum and sal volatile; although "gin-and-water had been continually given in teaspoonfuls" for about an hour and a quarter after the laudanum was administered; although at the end of that time a glass and a half of gin was given; and although in about half an hour subsequently an egg in a glass of gin, and soon after two eggs in a glass and a half of gin. I am at a loss to find out how the stimulant effect of the laudanum could be distinguished from the stimulant effect of the glass of brandy and the four glasses of gin that had been administered.

Notwithstanding Dr. Pretty's opinion to the contrary, I should think the opium did tend to paralyse the uterus in this instance, and that it added to the danger of the case, by preventing the necessary contractions taking place, so long as its influence continued to operate. As I cannot concede the position that "the contractions of the uterus are independent of all connexion with the nervous system," so I believe the effect of opium in full doses is to diminish its contractile powers; and consequently that in the cases under consideration it is only admissible for the purpose of lulling any undue excitability that may remain in the system after the uterus has become permanently contracted, and all danger of fresh hæmorrhage is for the present averted.

### ACTION OF THE HEART.

[To the Editor of the Medical Times and Gazette.]

In the *Medical Times and Gazette*, Nov. 21st, Dr. Pavy reports a case of Fissure of the Sternum, which, I think, ought to be an excellent test or proof of the truth of the systolic or diastolic theory of the heart's impulse. In examining the action and sounds of the heart the most minute accuracy of observation is requisite; and I am gratified to find, that Dr. Pavy concludes his statement with the words, "that the impulse of the heart occurs slightly before the rising of the swelling formed by the aorta."

The contraction of the apex portion of the heart dilates the base; the base then contracts and dilates the commencement of the aorta, causing the rising of the swelling at 'b'; I, therefore, positively and unhesitatingly assert, though I have not seen the man, that the second sound occurs after the impulse at 'a,' and precedes the impulse at 'b,' or, in other words, the impulse at 'b' occurs just at the termination, and not at the commencement of the second sound; consequently the second sound must be produced by the systole or contraction of the heart.

The walls of a living heart, at least of the apex portion, fully dilated, are exceedingly thin, scarcely thicker than a piece of pasteboard or thick brown paper; something of the sort may be seen occasionally in the dissecting room, when a heart has been neglected and left to grow mouldy and rotten. If physiologists wish to see the real action of the living heart, and not the mere spasms and contortions of a dead one, they must open the chest of a living animal, and to avoid unnecessary cruelty, they should use a little chloroform, as in surgical operations, but as little as possible, or else give the animal a gentle rap on the skull, just sufficient to produce insensibility, as I did successfully in my first experiment on a rabbit.

In conclusion, I may remark, that the impulse of the heart is synchronous with the pulse of the carotid; but Dr. Pavy, to my great gratification, kindly observes, "that the impulse of the heart occurs slightly before the rising of the swelling formed by the aorta."

I am, &c.

Bradford, Yorkshire,

ROBT. CARTWRIGHT, M.D.

Dec. 17th, 1857.

### TREATMENT OF UTERINE HÆMORRHAGE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I frequently read in Medical periodicals fatal, or nearly fatal cases of hæmorrhage after delivery. The treatment of many of these cases appears extraordinary. There is one such related in your last week's *Gazette*, by Dr. Pretty.

In the *Medical Times and Gazette* of April 14th, 1855, No. 260, appears a short letter from me "On Injections into the Uterus in Cases of Hæmorrhage after Delivery." If the treatment I there suggested had been followed I am convinced few cases would have succumbed. It is far superior to tournaquets, douches, or the more barbarous custom of passing the hand into the uterus to remove a clot. The force of the fluid injected into the uterus by the syringe will dissolve any clot, and stimulate the contraction of the organ as much as the application of the hand. Cold water, iced water, or vinegar, is easily thrown up. Let the forefinger of the left hand be passed into the os-uteri, and the tube of Weiss's syringe inserted and retained there, an assistant injecting with some force the requisite liquid. I have, within a short time, attended two cases of uterine hæmorrhage. One with Mr. Cooke, the tube was passed up as I directed, and vinegar and cold water injected, which almost immediately arrested the discharge, although symptoms of sinking were alarming. The patient rapidly recovered. The other case I attended with Dr. Lever—hæmorrhage had been going on for some days, and the usual remedies had been tried without effect. A solution of lunar caustic was injected into the uterus with perfect success, and the patient, although in a very reduced state, did well. It is my hope that every Medical man in midwifery practice, especially in the country, will go provided with a powerful syringe and tube.

I am, &c.

SEPTIMUS WRAY, M.D.

Tudor Lodge, Brixton, Dec. 21, 1857.

### AMPUTATION OF THE TONGUE.

[To the Editor of the Medical Times and Gazette.]

In your notice of Mr. Syme's case of amputation of the entire tongue, allow me to direct your attention to the two following circumstances:—

1. I have received a letter from an old friend, Mr. Lister, Mr. Syme's son-in-law, and Assistant-Surgeon to the Royal Infirmary, in which he writes:—"Mr. Syme's reason for removing the tongue bodily was not the extent of the disease, but the uniformly unfavourable result of operations, in which a portion of that organ is taken away."



2. That at page 39 of a little tract, entitled "Illustrations of the Pathology of Cancer," which Mr. Laurence published a year ago, I observe,—“It becomes a question whether complete removal of the tongue and lips, although an operation of extreme severity, would not be more in accordance with the principles of surgery, than any partial operation on those organs.”  
I am, etc. F.R.C.S.

### THE ARTIFICIAL TYMPANUM.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your Journal, at page 614, my treatment is thus decried by Mr. Toynbee. He says: “If Mr. Yearsley desires it, I will give him formally the name of a Physician who consulted me with symptoms of inflammation of the dura mater, from having the cotton wool pushed into the meatus by Mr. Yearsley’s own hands.” In my reply, at page 641, I contented myself with a simple denial of this bold assertion, and a promise to prove it untrue. Now to my proof.

To JOSEPH TOYNBEE, Esq.

SIR,—As I have never seen any accident or injury to my patients from the introduction of the wetted cotton, after many years’ experience, I will thank you, agreeably to your offer in the *Medical Times and Gazette* of this week, to give me the name of the Physician who you say consulted you, “with symptoms of inflammation of the dura mater, from having the cotton wool pushed into the meatus by Mr. Yearsley’s own hands.”

I am, Sir, your obedient Servant,  
15, Savile Row, Dec. 14. 1857. JAMES YEARSLEY.

Mr. Toynbee presents his compliments to Mr. Yearsley; and the physician’s name is Dr. ———, who wrote, Mr. Toynbee believes, on . . . . .  
18, Savile-row, Dec. 15th.

To DOCTOR ———

MY DEAR DOCTOR,—I am accused by Mr. Toynbee of having produced symptoms of inflammation of the dura mater, by introducing the wetted cotton into your ear, and thus endangering your life. Now, I am myself quite sure that this is a most unwarrantable exaggeration of the facts of the case, and I fully rely on your relieving me of such an imputation, and my simple, harmless remedy, of such serious results. After fifteen years’ extensive use of it, I have never seen it do harm, though occasionally a slight irritation, as stated in my pamphlet, attends its first adoption.

If I recollect rightly, you suffered this irritation, but never to any serious degree, nor sufficient to confine you to your chamber; and I believe after it had passed off we again introduced the cotton with success as regarded the otorrhoea which annoyed you.

I am, my dear Sir,  
Most truly yours,  
15, Savile-row, Dec. 17, 1857. JAMES YEARSLEY.

December 22nd, 1857.

MY DEAR YEARSLEY.—A few days before I left London at the time to which you refer, I had a visit from an old Medical friend, and when he found me almost deaf in both ears, and also that I had lost all hope of recovery, he most earnestly advised me to consult Mr. Toynbee before I returned to ———. I promised to do so, and more to please my friend than from any hope of benefit, I called once—and only once—on that individual. He examined me most minutely, and I answered the many questions he put to me. I may have told him that I had tried the cotton plug, and also that I had been obliged to give it up on account of the increase of pain, but to the best of my recollection I did not mention your name, and most certainly I did not say one word about symptoms of inflammation of the dura mater, because at that time I had not the slightest fear of any such result, neither had I the slightest fear that my life was in danger. I am quite sure that I did not say so to Mr. Toynbee, and if he says that I did, I can only consider it as a sad proof of the length to which some Medical men are willing to go when they wish to injure a successful rival in their Medical trade. Please to let me know when and to whom it was that Mr. Toynbee has brought me forward as an evil witness against one from whom

I have received so much kindness, and to whom I feel the greatest gratitude for benefits received.

Believe me, your sincere friend,  
To James Yearsley, Esq.

I make no comment, but leave your readers to draw their own conclusions from the foregoing correspondence.

I am, &c. JAS. YEARSLEY.  
15, Savile-row, Dec. 29, 1857.

### DIFFICULT LABOUR FROM STONE IN THE BLADDER.

[To the Editor of the Medical Times and Gazette.]

SIR,—The following case may be interesting to your readers, on account of its rarity and successful termination. I was sent for in March last by the midwife in attendance on a woman about 22 years old, in consequence of some obstruction to the progress of the labour. On examination I found a hard substance pressing on the superior surface of the vagina, and beyond it I could plainly distinguish the head of the child. After numerous inquiries, the girl confessed that nearly six years previously she had passed a hair-pin up the urethra, where it remained, causing her considerable pain and difficulty in micturition, the urine being occasionally bloody and thick.

The labour rapidly progressing, I raised the tumour, which was moveable, above the pubes, and the child was soon delivered. Immediately afterwards I passed a catheter and detected a stone.

On the 24th of May last, 57 days after delivery, Mr. Coulson having occasion to come into this neighbourhood, I asked him to examine the patient and to remove the calculus. The patient being placed under the influence of chloroform, two ounces of water were injected into the bladder. A litho-trite was introduced, but the blades could not be expanded sufficiently to embrace the stone. A pair of long narrow lithotomy forceps was then introduced, the stone was crushed without difficulty, and a considerable quantity of detritus was brought away. By successive introductions of these forceps the whole of the stone was crushed and brought away. The bladder was then washed out, and during this step a sound was heard, as if the catheter were rubbing against a metallic body. The bladder was then again examined, and a hair-pin was felt lying transversely along the floor of the bladder. Mr. Coulson experienced some difficulty in extricating the hair-pin, which had as it were to be turned in the bladder, so that its long axis might be brought in the direction of the urethra. The hair-pin was an ordinary double one, measuring two and a half inches in length, and was but slightly rusted or injured.

The stone, which was composed of phosphate of lime, weighed two ounces and a half.

Very little irritation followed the operation, and at the end of two months the girl was quite well. She has no pain in the bladder or difficulty in passing or retaining her urine; and on examination with a sound, nothing abnormal is detected, and she remains well up to the present date.

I am, &c. RICHD. RICKMAN SHILLITOR.  
Hitchin, Dec. 28, 1857.

### REPORTS OF SOCIETIES.

#### THE PATHOLOGICAL SOCIETY.

TUESDAY, DECEMBER 15.

Dr. WATSON, President, in the chair.

(Continued from page 645.)

#### Dr. WILKS exhibited a specimen of ULCERATED LARYNX IN TYPHOID FEVER, PRODUCING GENERAL EMPHYSEMA.

It was thought to exemplify an occasional complication of typhoid fever. The case was that of a boy who lately died under Dr. Addison’s care in Guy’s Hospital. About the 12th day of his illness, his neck was observed to be emphysema-

tous, and in a few hours the face, arms, and chest were in a like condition. This continued for ten days, when he died. Besides the usual affection of the ileum, there was found at the back part of the larynx a sloughing ulcer, which communicated with a space between the œsophagus and trachea; through this the air had penetrated into the mediastinum, and so to the general subcutaneous tissue of the body. Considering the rarity of emphysema from such a cause the case might be thought to be unique or accidental, but (Dr. W. believed) for various reasons it was probably not so. In the first place, emphysema had been alluded to by various writers as an occasional occurrence in typhoid fever, though the cause was unknown; and secondly, a peculiar disease of the larynx had been described by various pathologists as a part of typhoid fever: in all probability, then, these two affections stood in the relation of effect and cause; and, therefore, although this was the first case he had witnessed it appeared in all likelihood an explanation of an occurrence which rarely, though sometimes, happens in the course of typhoid fever.

Dr. WILKS also exhibited a

#### HEART CONTAINING A FEW CANCEROUS DEPOSITS,

and stated that such a specimen had occurred in his own experience only once in several hundred cases of carcinomatous disease. It was secondary, and the nodules of deposit were very small.

Also the

#### KIDNEYS, IN A CASE OF BRIGHT'S DISEASE,

which together weighed less than 1½ ounce. These were the smallest organs he had ever seen.

After a vote of thanks to the exhibitors, the meeting concluded.

At a former meeting of the Society, Dr. VAN DER BYL exhibited a specimen of

#### OBSTRUCTION OF THE CEREBRAL ARTERIES BY FIBRINOUS PLUGS, IN CONNEXION WITH VEGETATIONS ON THE AORTIC AND MITRAL VALVES.

This was an uncommonly well-marked case of obstruction of the cerebral arteries by fibrinous plugs, and occurred in a woman aged 44. On examining the vessels at the base of the brain, fibrinous plugs were discovered in the basilar artery, in the anterior, middle, and posterior cerebral arteries of the right side, and in the middle cerebral artery of the left side. The plugs were situated at the bifurcation of the basilar artery, and in the other vessels at points where large branches were given off. Beyond each plug, and more or less continuous with it, there was a coagulum, which extended some distance, and was partially decolorized; but these coagula were not so firm and white, as (what may be termed) the original plugs. On slicing the brain two patches of red softening, about the size of nuts, were observed, and these contained compound granular corpuscles. The heart was fatty: the aortic and mitral valves were covered with warty vegetations, which were very easily detached, and seemed peculiarly friable. On being examined with the microscope the fibrinous plugs in the cerebral arteries were found to be exactly similar in structure with the vegetation on the mitral valve, and both consisted of granular and molecular matter, along with cells resembling the white corpuscles of the blood. The kidneys and spleen contained large masses of fibrinous deposit. The uterus was enlarged, and its posterior lip thickened; it resembled the uterus of a person who had recently suffered a miscarriage. The history of this patient is briefly as follows:—About three months before death, when in good health, she was seized with giddiness, and fell down. She was unconscious for about ten minutes, and on regaining her intellect, found that she had lost the use of her left side, and that she had rather copious hæmorrhage from the womb. A week after this she was admitted into the Middlesex Hospital; the uterine hæmorrhage was still free, but there was no abdominal pain or tenderness. She was sensible, and could answer questions rationally, but there was total loss of power in the left arm and leg, and the face was drawn to the right side. The evacuations were passed involuntarily, and she was troubled with vomiting. In the course of three days the uterine

hæmorrhage gradually subsided, and she regained sufficient power over her left leg to draw it up, and to stand with assistance. The face was still drawn to the right, and the left arm powerless. The sickness now became more frequent; she was sensible of a disposition to evacuate the bowels, and could retain the motions for a short time; she could also evacuate the bladder. These symptoms continued with little alteration for a week, and until thirty-six hours before death she remained quite sensible. She then became suddenly worse; stertorous respiration came on, and she died comatose.

THE PATHOLOGICAL SOCIETY OF LONDON.—The following is the list of officers proposed for election for the year 1858. The gentlemen whose names are marked with an asterisk (\*) did not hold the same office during the preceding year.—*President*, Thomas Watson, M.D. *Vice-Presidents*, William John Little, M.D.; James Risdon Bennett, M.D.; \*Benjamin Guy Babington, M.D., F.R.S.; \*C. J. B. Williams, M.D., F.R.S.; James Moncreiff Arnott, Esq., F.R.S.; William Fergusson, Esq., F.R.S.; John Simon, Esq., F.R.S.; \*George Busk, Esq., F.R.S. *Treasurer*, Richard Quain, M.D. *Council*, William Baly, M.D., F.R.S.; John Syer Bristowe, M.D.; William Camps M.D.; Thomas Harrington, Tuke, M.D.; Theophilus Thompson, M.D., F.R.S.; Samuel Wilks, M.D.; \*Thomas Bevell Peacock, M.D.; \*John Clarke, L.R.C.P.; \*A. Whyte Barclay, M.D.; \*Lionel S. Beale, M.D., F.R.S.; John Morgan, Esq.; William Augustus Hillman, Esq.; Jonathan Hutchinson, Esq.; John Cooper Forster, Esq.; John Wood, Esq.; Thomas Blizard Curling, Esq., F.R.S.; \*Alexander Shaw, Esq.; \*George Critchett, Esq.; \*John James Purnell, Esq.; \*J. Charles Langmore, Esq. *Honorary Secretaries*, John William Ogle, M.D.; Mitchell Henry, Esq.

#### CHEMICAL SOCIETY.

At a recent meeting of this Society a paper was read by Dr. MARCET, on the

#### FATTY MATTERS OF HUMAN EXCREMENTS IN DISEASE.

It has often been noticed that excessive quantities of fats are voided by the motions in certain diseases; but no attempt having been made to separate these fatty substances from each other, and obtain them in the form of Immediate Principles, I have undertaken this task in one case, by adopting a method of investigation similar to that which I had made use of for the analysis of healthy excrements. The case in question is that of a man who was for a long time my patient at the Westminster Hospital, labouring apparently under disease of the kidneys. From his excessive emaciation, it was evident that the assimilation was very defective, and with the view of endeavouring to obtain some further insight into the nature of the disease, his fæces were submitted to examination. They had the consistence of putty, a yellow grey colour, and a strongly acid reaction. When boiled with alcohol, they formed an homogeneous mass, which, being squeezed in a muslin bag, yielded a turbid alcoholic fluid; this was now filtered through filtering paper, and the insoluble residue exhausted with boiling alcohol. On cooling, an abundant crystalline deposit, quite free from colouring matter, occurred in the solution. In order to analyse the deposit, it was collected on a filter, and the filtrate was left to evaporate spontaneously. I removed the deposit to a flask, and then treated it with ether, until nothing more was dissolved; by so doing, the crystalline mass was divided into a substance insoluble in ether, and one which was soluble in this fluid. The substance insoluble in ether dissolved in hot alcohol, but was sparingly soluble in cold alcohol; the solution had an acid reaction. The crystals were soluble in hot water; but the addition of cold water to the alcoholic solution induced the formation of a cloudy precipitate, and the fluid gradually became neutral. This compound fused at a temperature ranging between 100° and 103° C. When the aqueous solution was mixed with hydrochloric acid, the liquid deposited white flakes; these were collected on a filter, and the acid filtrate being evaporated to dryness, left a residue, which did not clear on the



application of a strong heat, and was found to consist of nothing but chloride of sodium. The white precipitate being washed with water till the washings ceased to give a precipitate in a solution of nitrate of silver, was treated with ether, when it dissolved, resuming its crystalline form by spontaneous evaporation; the crystals were also soluble in hot alcohol. They fused at  $66^{\circ}\text{C}$ . and reappeared at  $64^{\circ}\text{C}$ . When burnt on a platinum spatula, this substance charred, ignited, and left no residue. In short, there could be no doubt that it was stearic acid; consequently, it appeared very probable that the original compound insoluble in ether was the *bistearate* or the *stearate of soda*. The fact was placed beyond doubt by a quantitative analysis of the substance. For this purpose a sample of the compound, thoroughly exhausted with ether, was dried over sulphuric acid under the air-pump until it ceased to lose weight; it was then found to weigh 0.275 grammes. The substance was now dissolved in hot water (being insoluble in cold water), and decomposed with hydrochloric acid in excess, when an abundant flocculent precipitate of fatty acid occurred. The precipitate collected on a filter, and washed with distilled water (till the washing ceased to produce a haziness in a solution of nitrate of silver), was removed into a weighed watch-glass, to be dried over sulphuric acid under the air-pump. In order to avoid losing a trace of the fatty acid, the filter itself was treated with ether, and the solution evaporated to dryness in a weighed watch-glass, which, when dried under the air-pump, gave only 0.006 grammes of the substance. The whole weight of the perfectly dry fatty acid was 0.259; therefore, 0.275 grammes of the compound submitted to analysis consisted of

0.259 grammes of stearic acid,  
and 0.016 grammes of soda.

0.275

or, 100 parts contained

94.18 of stearic acid,  
and 5.82 of soda.

100.00

Chevreul found 100 parts of *bistearate of soda* to consist of

Stearic acid . . . 94.33  
Soda . . . . . 5.67

100.00

Consequently, the substance under examination was *bistearate of soda*.

It is the first time, I believe, that *bistearate of soda* has been extracted directly from the animal body, and, consequently, in the form of an Immediate Principle. Its separation from the other fatty acids is very easy, on account of the circumstance that this compound is insoluble in ether; and it is readily distinguished from the other soaps by its property of crystallising in a concentrated alcoholic solution as soon as the fluid has become cold, whilst the other compounds of fatty acid and soda solidify from their solution in alcohol, in the form of a gelatinous deposit, which crystallises on standing, after some time has elapsed. *Bistearate of soda* was first obtained by Chevreul by dissolving one part of stearate of soda in 2,000 or 3,000 parts of hot water, filtering the liquor when cold, washing the deposit, drying it and treating it with hot alcohol; the solution, when cold, deposited *bistearate of soda*. (a)

In no case have I detected this compound as an Immediate Principle of healthy human evacuations; it is, consequently, a morbid product, resulting, in all probability, from the action of abnormally large quantities of free acids in the intestinal canal: the very acid reaction of the excrements supports this view. Healthy human feces yield margarate of lime and margarate of magnesia; if they contain any soda or potash soda at all, it must be in very small quantities. Free fatty acids do not exist in healthy human evacuations, unless a comparatively large amount of vegetable food has been taken; and in these cases I have not detected the presence of any *bistearate*.

The excrements in the present instance yielded not only *bistearate of soda*, but a considerable quantity of free fatty acids, which most probably depended, as I shall presently

show, on the functions of the pancreas and liver being arrested.

The alcoholic filtrate from the *bistearate of soda*, gave on standing another crop of crystals, consisting of a mixture of *bistearate of soda* and of fatty acid. By treating these various deposits with ether, a substance was dissolved which crystallized by spontaneous evaporation, and proved to be a mixture of stearic and margaric acids, the former being in excess. The crystallised deposit possessed the following characters. The crystals occurred under the form of small white masses, exhibiting under the microscope groups of needles radiating from the centre to the periphery. They fused at a temperature of  $60^{\circ}\text{C}$ , which, according to Gottlieb, corresponds to a mixture of eighteen parts of stearic with ten parts of margaric acid; they were soluble in cold ether and in hot alcohol, and insoluble in water; the substance dissolved in potash and could be precipitated in this alkaline liquor by means of hydrochloric acid; when heated on the platina-knife, the crystals fused, ignited, and finally left no residue. These characters are precisely those of the above-mentioned fatty acids: the amount of the mixture at my disposal did not allow of the complete separation of these acids being effected.

The clear alcoholic fluid being allowed to stand undisturbed for twenty-four hours, yielded another crop of beautifully white glistening crystals. These were submitted to examination, and proved to be *margaric acid*, apparently free from stearic acid. These crystals dissolved in ether and hot alcohol, and crystallised from these solutions; the ethereal and alcoholic fluids had an acid reaction; the substance was insoluble in water, but dissolved in aqua potassæ. Hydrochloric acid induced its precipitation from the alkaline liquor. It fused at  $53^{\circ}\text{C}$ ., and crystallised, on cooling, at  $49^{\circ}$ , this low fusing point being due probably to the admixture of a small quantity of oleic acid; the crystals occurred in the form of small radiating masses peculiar to margaric acid; they burnt with a fuliginous flame, leaving no trace of ashes.

The occurrence of such quantities of fatty acids in this case being considered in connexion with the condition of the body of the patient, is of great interest, not only in a chemical but also in a physiological and pathological point of view. The pancreas of the patient was found at a post mortem examination entirely disorganised by malignant disease, and it apparently so compressed the duct of the gall-bladder that no bile could flow into the intestines. Consequently the two alkaline intestinal secretions were wanting, and the fatty acids contained in the alimentary canal could not be neutralised. This is an important fact in favour of Bernard's view respecting the properties of the pancreatic juice.

I avail myself with pleasure of this opportunity to acknowledge the valuable aid I have received from my assistant, Dr. Frederick Dupré, in these and other investigations.

## THE NEW MEDICAL CHARITIES BILL.

THE following is a short abstract of this Bill:—It is entitled—“A Bill to amend the Laws in force for the Relief of the Destitute Poor in Ireland, and to amend an Act of the 14th and 15th years of her Majesty, providing for the better Distribution, Support, and Management of Medical Charities in Ireland.”

The preamble sets forth that “It is expedient to amend the laws in force for the relief of the destitute poor in Ireland, and to amend an Act passed in the session holden in the 14th and 15th years of her Majesty, chap. 68, providing for the better distribution, support, and management of Medical Charities in Ireland.”

Clause 1 provides that lands and property heretofore vested in the Commissioners, shall be vested in Boards of Guardians, subject to the orders of the Commissioners; and also that Boards of Guardians “shall, for this purpose, as well as for other purposes set forth in the said Acts, be deemed Bodies Corporate, holding the said property, subject in all respects to the orders of the said Commissioners.”

Clause 2 extends in-door relief to persons not paupers. Here is the clause:—

“And whereas the guardians of the poor of unions in Ireland are empowered to admit into any building provided by them for a fever hospital, or into any part of the workhouse

(a). Recherches Chimiques sur les corps gras d'origine animale. Par M. L. Chevreul.

appropriated by them, with the consent of the Commissioners for that purpose, poor persons affected with fever, or other dangerous contagious disease, and it is expedient to extend such power: be it enacted, that it shall be lawful for such guardians to admit into the infirmary of the workhouse any poor persons requiring medical or surgical aid in hospital, and to provide for their treatment and maintenance therein, charging the expense thereof on the electoral division or union, as the case may be."

Clause 3 is a curious illustration of the self-supporting principle:—

"Every poor person who shall be so admitted into the infirmary of the workhouse, in pursuance of the authority in that behalf which is hereinbefore given, and every poor person who shall hereafter be admitted into any building provided by the guardians of any union for a fever hospital, or into any part of the workhouse appropriated as a fever hospital, who shall nevertheless be considered by the guardians to be of sufficient ability to pay the cost of his or her maintenance while in hospital, or some portion of such cost, shall be required to repay such proportion thereof as the guardians shall determine, provided that such proportion shall in no case exceed the average of the general cost of maintenance in such hospital or infirmary; and all such sums shall be recoverable from such poor persons, or from those liable by law to maintain them, by the same ways and means as the cost of relief given by way of loan is recoverable under the Acts in force for the relief of the destitute poor in Ireland."

The constabulary force is also to have the benefit of this provision for the medical care of the people, according to clause 4.

Clause 5 provides that persons taking the benefit of this 4th Clause shall not be disfranchised, as having received relief from the poor rates.

Clause 6 enables the Governors of General Hospitals and County Infirmarys to take cases from the poorhouses, "and to pay to the governor or governors of such hospital out of the rates of the union the cost of the maintenance and treatment in such hospital of the persons so sent as aforesaid, and the guardians may also pay out of the rates of the union the cost of the conveyance of such persons from the workhouse of the union to such hospital, and also the cost of the conveyance of such persons, when discharged from such hospital, to the said workhouse."

The 7th Clause is the only other one requiring notice at present. The measure, on the whole, is tolerably good.

"And whereas it has been found that the mortality among infant children admitted into workhouses without their mothers is very large, and that in other respects the workhouses are not well suited in all cases for the care and nurture of such children during infancy, and it is therefore expedient to extend the powers of Boards of Guardians for the relief of destitute poor children who are orphans, or who have been deserted by their parents: be it enacted, that it shall be lawful for the Board of Guardians to provide for the relief of any orphan or deserted child out of the workhouse, if they shall think fit to do so, by placing such child out at nurse, or otherwise, according to their discretion; provided, that no child shall continue to be so relieved after the age of five years."

## MEDICAL NEWS.

**ROYAL COLLEGE OF PHYSICIANS.**—At the usual quarterly meeting of the Comitia Majora held on Tuesday, the 22nd inst., the following gentlemen having undergone the necessary examinations, were admitted members of the College:—

Dr. WALLACE, 5, Green-terrace, Clerkenwell.

Dr. GATTON, St. Bartholomew's Hospital.

Dr. REED (an extra-licentiate), 46, Hertford-st., Mayfair.

Dr. CHAPMAN, 62, George-street, Portman-square.

Also, Dr. Mawer, late of Abbey-road, St. John's-wood, was admitted an Extra-Licentiate.

**ROYAL COLLEGE OF SURGEONS.**—The following Members of the College, having undergone the necessary examina-

tions, were admitted Fellows at the last Meeting of the Council:—

AUSTEN, JOHN COLMER, Ramsgate, diploma of membership dated April 21, 1845.

CUTCLIFFE, HENRY CHARLES, Dulwich, May 5, 1854.

HARRIS, WILLIAM, Waterford, March 10, 1854.

LAWSON, GEORGE, Park-st, Grosvenor-sq., Aug. 9, 1852.

The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 21st ult.:—

CHEYERS, CHARLES EDWARD, Jamaica.

CUTLER, HENRY, Droitwich, Worcestershire.

HARVEY, CHARLES HAMILTON, Clarendon-rd, Notting-hill.

HUGHES, RICHARD, Euston-square.

LONGMORE, CHARLES, Army.

NORTON, SELBY, West Malling, Kent.

O'DONOVAN, THOMAS PETER, Southend.

POUGNET, FRANCOIS VOLCT, Mauritius.

ROGERS, OWEN OSSIAN, Stonehouse, Plymouth.

WATTS, WILLIAM HENRY, Army.

WHITAKER, HENRY, Belfast.

WHITE, CHARLES WILLIAM, H.E.I.C.'s Service, Madras.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Dec. 24:—

BRUNTON, WILLIAM RIDDELL, East Indies.

DIVER, THOMAS, Hampstead.

EDMONDS, SHIRLEY, Woolmer.

EDWARDS, WILLIAM WATKIN, Keston.

ETTERMARCK, GEORGE, Guernsey.

HARRISON, JOHN, Gibraltar.

KEENE, ALFRED WILLIAM, Guildford, Surrey.

PAGE, EDWARD ARTHUR, Bedworth, Warwickshire.

PARKINSON, GEORGE, Grosvenor-street.

WHITE, GEORGE FARR, Park-terrace, Regent's-park.

## DEATHS.

**BAKER.**—On the 22nd ult., at Staines, James Baker, M.R.C.S., 1821; and L.S.A., 1828, in the 57th year of his age.

**FOSS.**—On the 29th November last, on board the Royal Mail Steamship Parana, on passage from Jamaica to England, Thomas Foss, 1st Class Staff Surgeon to the Forces.

**HAWES.**—On the 16th ult., William H. B. Hawes, M.R.C.S., Eng., 1835; Surgeon Royal Society of Musicians, and Roy. Hum. Society; second son of the late Wm. Hawes, Esq., of 7, Adelphi-terrace.

**LAYMAN.**—On the 24th ult., at Shefford, Beds, where he had been in extensive practice for 30 years, James Milner Layman, L.S.A., 1822, aged 55, formerly of the Spanish Legion.

**SULLIVAN.**—Of yellow fever, on the 1st of November, at the Naval Hospital, Jamaica, Daniel O'Connell O'Sullivan, Assistant-Surgeon in the Royal Navy, son of Dr. O'Sullivan, of Clane, County Kildare. Every tribute of respect was paid to his remains, not only by the crew of his own ship, but of every vessel in the harbour, affording abundant proof of the estimation in which he was held.

The following names appear in the last list of the killed and wounded in India:—Gualior Contingent, K. W. Kirk, M.D., Superintending Surgeon, 14th June. Mr. Sadler, Sub-assistant Surgeon, Kotah, 15th October. Mr. Neilson, Veterinary Surgeon, 10th August, throat cut from ear to ear by the mutineers of the 10th Cavalry. Dr. J. Graham, Superintending Surgeon. Dr. J. C. Graham, Medical Storekeeper, Sealkote, 9th July, shot dead by mutineers of the 9th light Cavalry, in their carriages, in presence of their female relatives. Veterinary Surgeon Phillips, Veterinary Surgeon Dawson, his wife and children, 3rd light Cavalry. Dr. Christie, 3rd light Cavalry, wounded at Meerut, 10th May. Dr. Hay, Bareilly Division, 31st May. Dr. Lyell, shot on the night of the 3rd July, Patna. Assist. Surgeon N. J. Grant, attached to Irregular Cavalry, wounded. At Rohnce, in the Southal Pergunnahs, 12th June. Assist. Surgeon H. S. Garner, 12th Irregular Cavalry, and Mrs. Garner and child killed:—the mutineers, after killing Major Holmes, proceeded to the

Doctor's bungalow, forced it open, murdered the doctor, his wife, and one child, and then set fire to it. One child, a little girl, escaped notice, and was taken care of by the Tehsildar, at Segowlee, July 23rd. At Lucknow, Royal Artillery, Assist. Surgeon Neale, wounded severely.

WE are happy to state that Dr. B. W. Richardson has just been elected an honorary member of the Literary and Philosophical Society of St. Andrews. He was proposed by Professor Day, who laid great stress on Dr. Richardson's double claim to this honour, both as one of the most successful experimental physiologists of the age, and as one of the most active promoters of Sanitary science. Dr. Richardson graduated at St. Andrews in 1854. Dr. Richardson was also elected, on Nov. 16, 1857, a corresponding member of the Society of Scientific Medicine of Berlin.

THE MURRAIN.—The following are the conclusions of Professor Simonds, appended to a most able and valuable report on the Cattle Plague, a copy of which we have just received, and shall notice more fully on some future occasion.

"1. That all the countries of Northern and Western Europe from which cattle are exported to England are perfectly free from the rinderpest; and that the only disease of an epizootic or destructive nature which prevails therein is the one known to us as pleuro-pneumonia—which disease has existed here since 1841.

2. That in the greater part of the official despatches and reports which have been forwarded to the Government, and by them transmitted to the Royal Agricultural Society of England, the rinderpest has been confounded with pleuro-pneumonia, "milzbrand," and other destructive maladies to which cattle are liable.

3. That the rinderpest is a disease which specially belongs to the Steppes of Russia, from which it frequently extends in the ordinary course of the cattle trade into Hungary, Austria, Galicia, Poland, &c.

4. That whenever circumstances have arisen which called for the movements of troops and consequently the transit of large numbers of cattle in Southern and Eastern Europe, and particularly when Russian troops have crossed the frontier of their territory, the disease has been spread over a far greater extent of country.

5. That the disease which has recently prevailed in Galicia—where it was specially investigated by ourselves—as well as in Poland, Austria, Hungary, the Danubian Provinces, Bessarabia, Turkey, &c., is the true rinderpest or Steppe Murrian of Russia.

6. That with the exception of a few places in the kingdom of Prussia and others in Moravia, near to the frontier of Galicia and Poland, the disease in its outbreaks of 1855, 1856, and 1857, did not extend to any country lying westward of a line drawn from Memel on the Baltic to Trieste on the Gulf of Venice.

7. That speaking in general terms rinderpest has not existed in Central and Western Europe for a period of forty-two years; its great prevalence at that time being due to the war which was being then carried on between the different continental kingdoms and states.

8. That all the facts connected with the history of its several outbreaks concur in proving that the malady does not spread from country to country as an ordinary epizootic. And that if it were a disease exclusively belonging to this class, the sanitary measures which are had recourse to throughout Europe would be inefficient in preventing its extension, and consequently, that in all probability we should long since have been both painfully and practically familiar with it in this country, as hundreds of our cattle would have succumbed to its destructive effects.

9. That it is one of the most infectious maladies of which we have any experience, and that it is capable of being conveyed from animal to animal by persons, and various articles of clothing, &c., which have come in contact with the diseased.

10. That the ox tribe is alone susceptible to the disease: and that the morbid matter on which it depends lies dormant in the system for a period of not less than seven days, and occasionally, according to some continental authorities, as long as twenty days before the symptoms declare themselves.

11. That an attack of the disease which has terminated

favourably renders the animal insusceptible to a second action of the *materies morbi* which gives origin to the pest.

12. That the deaths often amount to 90 per cent.

13. That the malady is one in which the blood is early, if not primary affected; and that subsequently the mucous membranes throughout the entire body become the principal seat of the morbid changes.

14. That the symptoms are in general well marked and quite characteristic of the affection.

15. That all varieties of medical treatment which have as yet been tried have failed in curing the disease; the recoveries which take place having for the most part depended on the *vis medicatrix nature*.

16. That no fear need be entertained that this destructive pest will reach our shores. Its present great distance from us would, of itself, afford a fair amount of security; but when we add to this that no cattle find their way from thence directly or indirectly to the English market, and also that in the event of the disease spreading from Galicia, it would have to break through hundreds of military cordons, one after the other, before it could possibly reach the *western side* of the German states; and, moreover, that for years past commerce has been unrestricted with regard to skins, hides, bones, &c., of cattle from Russia and elsewhere, all alarm, we believe, may cease with reference to its importation into the British Isles."

SCARLATINA IN SCOTLAND.—Scarlatina has been fatally prevalent in Perth, but is now on the decline there. It has broken out, however, in the Lochee Registration District of Dundee, to which it is at present nearly confined. It is worthy of being noticed, as showing the connexion between the progress of all epidemics, that the side of Dundee in which the disease has appeared is that through which the road from Perth passes.—*Northern Warder*.

REVACCINATION OF THE FRENCH ARMY AND NAVY.—A proposal, with this object in view, is now under the consideration of the Minister at War.

PRIZES AT THE ACADEMIE DE MÉDECINE FOR 1857.—The Academy prize of 1000 francs, the Portal prize of 1000 francs, the Lefevre prize of 1800 francs, and the Barbier prize of 3000 francs have neither of them been adjudged this year, either in consequence of want of candidates or of deficiency in merit in the essays offered. On the other hand, for the Argenteuil sexennial prize of 12,000 francs, for the greatest improvement in the treatment of stricture, during the period from 1850 to 1856, no less than 22 essays have been sent in, so that the committee is obliged to put off its report till next year. The Civrieux prize of 1600 francs, subject "Nervous vertigo," has been adjudged to M. Max Simon; the first Capuron prize of 1000 francs, subject, "Sudden death in the puerperal state," has been adjudged to M. Mordret; and the second Capuron prize, also of 1000 francs, subject, "Saline mineral waters," has been adjudged to MM. E. Petrequin and Socquet, both professors at Lyons.

At a meeting of the Medical Society of Christiania, held on the 16th of December last, Dr. W. D. Moore, of Dublin, was unanimously elected a Foreign (honorary) Member of the Society. This compliment has been well merited by Dr. Moore's zeal and interest in making the Medical literature of Norway known wherever the English language is read.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, December 26, 1857.

### BIRTHS.

Births of Boys, 769; Girls, 730; Total, 1499.  
Average of 10 corresponding weeks, 1847-56, 1409.

### METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	...	...	...	...	30.083 in
Mean temperature	...	...	...	...	47.1
Highest point of thermometer	...	...	...	...	55.4
Lowest point of thermometer	...	...	...	...	32.0
Mean dew-point temperature	...	...	...	...	48.5
General direction of wind	...	...	...	...	W.S.W.
Whole amount of rain in the week	...	...	...	...	0.10
Amount of horizontal movement of air in the week	...	...	...	...	1140 miles

## DEATHS.

	Males.	Females.	Total.
Deaths during the week ... ..	491	522	1013
Average of the ten years 1847-56 ... ..	..	..	1227
Average corrected to increased population	..	..	1350
Corrected average for corresponding week in ten years 1847-56 ... ..	624.4	602.7	1227.1
Deaths of people above 90 ... ..	3	1	4
Deaths in 13 General Hospitals ... ..	24	17	41

## DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Measles.	Scarlatina.	Whooping-Cough.	Diphtheria.	Cholera.	Typhus.
West ....	876,427	4	6	7	1	..	7
North ....	490,396	7	8	6	1	..	7
Central ....	393,256	4	2	6	3	..	3
East ....	485,522	17	11	10	4	..	4
South ....	616,535	9	3	8	3	..	9
Total...	3,862,286	41	30	37	12	..	30

## TO CORRESPONDENTS.

*M. P. S.*—As the patient becomes strong the testicles usually recover their former size.

*Mars.*—Fownes's Manual is the best.

*M. D.*—The Metropolitan Life Assurance Society have recently come to the decision to allow fees for replies to the inquiries addressed to the professional referees.

*Dr. M'Donnell.*—The case is marked for publication, but several others claim priority, having been much longer in our possession.

*An Associate of King's College, London.*—We shall be happy to publish the letter with the author's name, but it would not be fair to do so anonymously.

We have made inquiries respecting the card of the *L. R. C. P.*

*F. R. S.*—Chevreul certainly deserved the Copley medal. His investigations have taught us how to procure hard valuable fats from poor cheap oils, and thus opened up a new branch of profitable national industry.

*Meteorologist.*—It has been computed that on the 22nd of October last, 20,000,000 tons of rain-water fell on the 78,000 acres included in the Registrar-General's returns. This gives in one day more than a tenth of the entire annual rainfall.

*Naturalist.*—Government are about to send out an expedition to explore the Zambesi.

*Mr. S.*—As the case of alleged neglect at Bridgewater has terminated in the extraordinary verdict, "Died from Natural Causes," it seems unnecessary to comment on the details. Boards of Guardians must pay their Medical officers better, before they can insist upon more frequent attendance on paupers than is really necessary.

## THE POLYTECHNIC.

The Christmas entertainments at this Institution are remarkably good. The new bread-making machine of Mr. Stevens is shown; a number of ingenious railway signals, and other recent mechanical inventions. Views of the sites of the recent events in India are accompanied by an admirable descriptive lecture; and a curious lecture on natural magic lays bare the mystery of several of the best conjuring tricks. The place is well worth a visit.

## URINARY DEPOSITS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I was much surprised on having my attention directed to the report of a County court case which lately appeared in *The Times*. In it a Medical Gentleman of some standing is stated to have said "that it is quite impossible to determine the nature of certain deposits in the urine under twelve or fourteen hours at the very least." In refutation I beg to draw the attention of such of your readers as may take an interest in the matter, to a paper published in your Journal so far back as the 25th January, 1851, in which the author, Dr. Venables, has pointed out a means by which any of the sediments in the urine may be detected, and their nature ascertained by the microscope, in at most two or three seconds.

For the detail I refer to the paper, and beg to state that I have practised the method ever since, and have not failed or been disappointed in a single instance.

I am, &c.

B. W.

P.S.—As I have referred to the date you will find the paper in No. 30, new series, p. 86, et seq.

*Philologus.*—At the Arctic College at Irkutsk, a Russian imperial ukase has ordered that the study of German is to be discontinued, and that of English substituted.

## THE SALE OF POISONS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Another remarkable case of poisoning at Glasgow! The particulars of this horrible affair, as reported in to-day's *Times*, need not be repeated here; they will be read and commented on by the public generally. The case, however, in a Medical point of view, must possess unusual interest for your readers. I venture, therefore, to point out one circumstance connected with it to which too much importance cannot be attached, and which cannot gain too much publicity. I refer to the fact of the chemist having supplied the poison not only without sufficient inquiry as to the purpose for which it was purchased, but, as he himself admitted, with a doubt upon his mind as to the credibility of the answer given him to a very careless question on that point.

These facts being elicited on the trial, they called forth some severe remarks of censure from the Judge as to the moral responsibility of the chemist (or his assistant) in this matter.

Now this "moral responsibility" always attaches to the chemist under similar circumstances; but in how many cases does it influence them to be a whit more cautious? Very few, we should say, from the number of instances of poisoning that may be traced to carelessness in dispensing deadly drugs. I do not refer to the carelessness which causes mistakes, but to a want of proper caution, judgment, or discretion, in supplying persons with poisons under doubtful circumstances (as in the case now under our attention). Such cases will be frequent, unless chemists are placed under legal responsibility,—that is to say, they must be liable to arraignment as a culpable party, and be subjected to the decision of a verdict, if not in degree as severe as the principal actor concerned in these fearful tragedies, certainly such a penalty should be inflicted as may seem commensurate to the amount of culpability with which they play their part in these scenes of death.

Trusting that the forthcoming "Bill for restricting the Sale of Poisons" will contain some vigorous clause to the above effect,  
December 28. I am, &c. M. A. B.

## COMMUNICATIONS have been received from—

Dr. CONOLLY; Mr. TOYNBEE; Professor SIMONDS; Dr. G. JOHNSON; Dr. HARE; Mr. PAGET; Mr. WHITE COOPER; Dr. WILLIAMS; Dr. WEBSTER; Dr. JAMES ARNOTT; Mr. BRYANT; Dr. M'WILLIAM; ROY. J. BARLOW; Mr. MUNZIE; Mr. DUFF; Mr. COOPER; Dr. M'DERMOTT; Miss NEVILL; Mr. MARSHALL; Mr. BARKER; Dr. J. RYAN; M.P.S.; Dr. M'DONNELL; Mr. HART; Mr. SHILLTOE; Mr. REED; Mr. EDWARDS; Dr. LEMOINE; Mr. DALE; Mr. MILLARD; Dr. JAMESON; Mr. G. JOHNSTON; Mr. J. CLARKE; Mr. C. B. WILES; Mr. D. HARTLEY; Mr. H. DAYMAN; Mr. R. BATES; Mr. H. GRAVES; Mr. W. HINGESTON; Dr. VERHAEGHE; Mr. G. TOWNS; Mr. W. WOOD; Mr. W. FEW; Mr. R. F. SNAPE; Mr. J. PEARSON; Dr. SCHOLEFIELD; Mr. T. JAMES; Mr. J. TERREY; Mr. G. HOOD; Mr. J. KEAMS.

## APPOINTMENTS FOR THE WEEK.

## Jan. 2. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.

## 4. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopedic Hospital, 3 p.m.

ENTOMOLOGICAL SOCIETY, 8 p.m.

EPIDEMIOLOGICAL SOCIETY.—Mr. Johnson, of Bishop Wearmouth, "On the localized Causes which influence the Arrest or Spread of Cholera."

## 5. Tuesday.

Operations at Guy's, 1 p.m.

PATHOLOGICAL SOCIETY.—(Anniversary), 8 p.m.

## 6. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.

Orthopedic Hospital, 8 p.m.

PHARMACEUTICAL SOCIETY, 8 p.m.

GEOLOGICAL SOCIETY, 8 p.m.

ROYAL SOCIETY OF LITERATURE, 8½ p.m.

## 7. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 1½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

ROYAL SOCIETY, 8½ p.m.

ZOOLOGICAL SOCIETY, 3 p.m.

HARVEIAN SOCIETY, Dr. Sanderson, "On the Nosological Characters of Disease in 1857."

GROSVENOR PLACE SCHOOL MEDICAL SOCIETY, 7½ p.m.

## 8. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.

## EXPECTED OPERATIONS.

King's College Hospital.—The following operations are expected at this hospital to-day (Saturday), at 2 o'clock:—

Division of stricture (two cases), by Mr. Bowman.

Westminster Hospital.—The following operations will take place at this Hospital next Tuesday, at 2 o'clock:—

Stricture of urethra; necrosis of lower maxilla; polypus uteri; extensive growth from nymphae, by Mr. Holt.

Just published, price 3s. 6d., with 200 Descriptive Cases, and Illustrations in Chromo-Lithography.

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## Half-yearly Abstract of the Medical

SCIENCES; being a Practical and Analytical Digest of the Contents of the Principal British and Continental Medical Works published in the preceding half-year; together with a Critical Report of the Progress of Medicine and the Collateral Sciences during the same period. Edited by Dr. RANKING and Dr. RADCLIFFE.

London: John Churchill, New Burlington-street.

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By the Annual Report of 1853, it appeared that the number of Policies then in force was 3434, insuring £1,337,500, and yielding an income of £56,307.

At the SIXTEENTH ANNUAL MEETING, held on 26th November, 1857, it was shown that on the 30th June last:—

The Number of Policies in force was .. .. .	6255
The amount Insured was .. .. .	£2,917,598 13s. 10d.
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Two Bonuses have been declared (in 1848 and 1853), adding nearly Two per cent. per annum on the average to sums assured, and by which a Policy of £1000 issued in 1842 on a healthy life, is now increased to £1260.

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## Report of the Directors of the Clerical,

MEDICAL, and GENERAL LIFE ASSURANCE SOCIETY, presented at the Annual General Meeting, held at the Society's Office, No. 13, St. James's-square, London, Friday, November 27, 1857.

It will be in the recollection of the Proprietors, that, at Two Extraordinary General Meetings held on the 1st and 28th of January last, the period for holding the Annual Meetings was altered from March to November, in order that earlier publicity might be given to the state of the Society's affairs at the end of June, that being the period fixed by the Deed for the termination of each financial year. In consequence of this alteration no Meeting took place in March last, and it is therefore now the duty of the Directors to lay before this Meeting a statement of the transactions of the Society for the Two years ending June 30, 1857.

The number of New Policies issued within that period was £1097;

The amount of Assurances granted was £305,300; and

The New Premiums arising therefrom amount to £20,729 per annum.

The Assurance Fund, notwithstanding the payment in cash of £65,384 as Bonus, since the declaration in January, has increased during the two years by no less a sum than £55,678.

From these facts it will be readily perceived, that during the period under notice, the progress of the Society has been in no degree retarded by the effects of the war, by the state of the money market, or by the active competition which has existed amongst kindred Institutions.

After the full and comprehensive statements made at the Extraordinary Meeting in January last, when the SIXTH BONUS was declared, the Directors feel that there is little further now to communicate; but they cannot refrain from mentioning that the Bonus then divided, which averaged 46 per cent. in Reversion, and 27 per cent. in Cash, on the Premiums received since 1851, has given general satisfaction, and has tended materially to sustain and advance the high estimation in which the Society has been so long held by the Public.

An Account of the Proceedings at the last BONUS MEETING, setting forth the Assets and Liabilities of the Society, and also the FAVOURABLE POSITION IN WHICH PERSONS WHO NOW ASSURE will be placed, can be obtained on application.

GEORGE H. PINCKARD, Actuary.

GEORGE CUTCLIFFE, Assistant Actuary.

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N.B.—A Fee of ONE GUINEA is paid to the MEDICAL ATTENDANTS of all Persons proposing to Assure.

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The Directors hereby give notice to members whose Premiums fall due on the 5th of January next, that the same must be paid within 30 days from that date.

The Premiums are paid yearly, half-yearly, or quarterly, on the 5th of January, 5th of April, 5th of July, and 5th of October, either of which several days constitutes the commencement of the year to members. Persons, therefore, desirous of entering the Society as members on the 5th of January next, should appear or lodge their proposals at the office on or before that day.

This Society, for mutual and general assurance, appropriates the whole of its profits to the benefit of parties assuring their own lives for the whole term of life as members of the Society.

For the year ending 5th of April, 1858, an abatement of 51 per cent. has been declared on the premiums of all members of five years' standing and upwards.

The accumulated capital of the Society exceeds £800,000.

The annual premiums on existing policies are upwards of £100,000.

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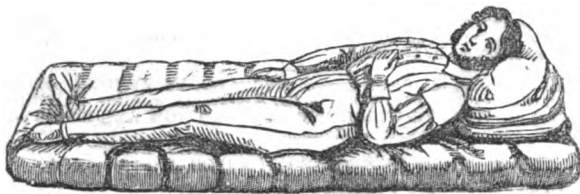
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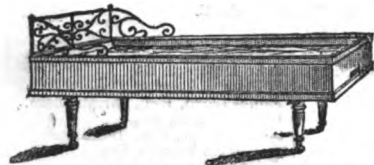
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6 & 8 oz., any shape, plain or graduated ..	8s. per gross.
3 & 4 oz., do. ..	7s. 6d. do.
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## Hypophosphites of Lime and Soda,

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Ferrins and Barnitt have likewise prepared a series of the Hypophosphites, including the Potassa, Ammonia, Baryta, Strontia, and Iron Salts for those of the Profession who may wish to test their therapeutic value.

In order to secure the use of pure Hypophosphites they would suggest the necessity of observing the fac-simile of their signature over the stopper of each bottle; this is the more necessary, as samples that have been forwarded to them for examination proved very impure.

PERRINS and BARNITT, Operative Chemists, 22, Conduit street, London, W.



## ORIGINAL LECTURES.

## LECTURES

ON

THE ANATOMY, INJURIES, AND DISEASES  
OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,

Professor of Anatomy and Surgery to the College.

## ON FRACTURES OF THE SKULL.

## LECTURE I.

IN these lectures it is my intention to divide the subject of fractures of the skull into two parts. 1st. Fractures of the vault; and, 2ndly, fractures of the base of the skull.

To such a subdivision some objections may, doubtless, be raised. It may be urged that some of the bones belong both to the vault and to the base; and, moreover, that all the bones of the skull are so intimately locked together, that, as a natural consequence, fractures of one of these regions frequently spread into the other region. But then, on the other hand, it may be said that some forms of fracture are, in many cases, and especially about the vault, altogether confined to the original seat of the injury, and that all questions of operative interference are, and must be, almost invariably limited to injuries of the upper and lateral parts of the skull. And these are, I think, good and sufficient grounds, in a practical point of view, for making the subdivision which I propose.

In the vault of the skull most of the fractures are direct; the bone, in fact, gives way at the spot where the blow was struck. The result of this giving way of the bone may, according to the nature of the accident, either be a simple splitting of the osseous tissue, or the bone may be broken into fragments of various sizes and shapes.

Produced generally by a diffused blow, the simple splitting, or crack-like fissure is most frequently not limited to the original seat of the injury; this is a most important point, and it will be well for us to bear in mind that, branching far and wide, this kind of fracture very commonly passes from the vault into the base.

The comminuted fracture, on the other hand, resulting from a more or less concentrated blow, is not so apt to spread from the original seat of the injury; one or more bones may, it is true, be smashed, but most commonly the injury is far less extensive.

In these comminuted fractures, the fragments may either still retain their proper level, or they may be displaced and driven inwards; but let us recollect, that in this in-driving of the fragments either one of the tables alone may be involved, or, as is much more commonly the case, the whole thickness of the bone.

The external table alone may, it is well known, be thus broken, and driven down in any part of the vault, and especially may this be the case in the parts corresponding to the frontal sinuses and mastoid cells, where extensive depressions often occur without any injury of the inner table.

And accurate observations teach us that the internal table alone may also be broken and depressed without any injury of the outer table. Such fractures are, it is true, very rare, but however rare, there is now no doubt as to their existence. But, if such cases are rare, instances of splintering and depression of the inner table, with some degree of injury of the outer plate, unaccompanied by depression, are not uncommonly met with.

In the vault of a skull belonging to the Museum of St. George's Hospital, is a well-marked instance of very extensive splintering and depression of the inner table, without any injury of a corresponding nature on the outer part. And there is also another well-marked specimen of the variety of this form of injury, which has been so much dwelt upon by the late Mr. Guthrie. A simple clean cut, of an inch long, through the outer layers of the bone, with splintering and depression of the inner plate alone.

In such instances it sometimes happens that a single frag-

ment of the inner table is detached, and lies loose on the dura mater; but it much more frequently happens, as in the specimen to which I have just alluded, that the fragments, driven down at the centre, still remain more or less connected by their circumference to the neighbouring parts of the bone.

Mr. Guthrie's remarks on this important subject chiefly relate to sabre-cuts; but such appearances about fractures of the skull are by no means uncommon in our Civil Hospitals. A fracture of this kind may happen when a smart blow is inflicted on the skull by a more or less pointed instrument, or by the corner of a brick, or angle of a tile. M. Denonvilliers showed a specimen of this kind to the Société de Chirurgie de Paris, in which the injury had been produced by a slate falling on the head. A case is also described by Mr. Benjamin Philipps, (a) in which a large fragment, about two inches and a half long, was found completely detached from the skull-cap, and sticking in the dura mater; in the outer table was a clean cut, made by a flat iron or shovel. Another case occurred in the practice of Samuel Cooper, the accident being caused by a nail projecting from a door which had fallen on the patient. In the specimen which I have just shown you, the boy had fallen out of a cart, and no doubt the bone was cut by some sharp stone lying in the road, along which he had been dragged.

In all these cases the inner table was much more extensively broken than the outer one; and so it is in all ordinary cases of fracture with depression.

The appearance just referred to, that is, the splintering and depression of the inner plate, is usually attributed to its greater density, and consequent brittleness. There is no doubt, however, that the direction in which the force acts tends in some measure to produce these effects; and if we observe them so much more generally about the inner than the outer parts of the skull, it is that the force generally acts from without inwards. But let the force act in the opposite direction, and then the common order of appearances becomes reversed; we shall, in fact, find that the outer table is now more extensively splintered than the inner one. Of this Mr. Erichsen mentions a well-marked example. A man committed suicide by firing a pistol into his mouth. The ball, passing through the vault of the skull, struck the inner plate, and then the outer one; the latter was much more extensively splintered than the former. The same fact is shown in some other specimens in the different museums of our London Hospitals.

Fractures with displacement present some varieties deserving of notice. There may be, as in a specimen in the museum of St. George's Hospital, a single line of fracture extending some distance, with a great and an extensive over-riding of one side of the fracture. This, however, is not a common form of injury. But a very common form of fracture with depression is that in which an oval piece of bone is driven down, the broken piece being more or less split longitudinally, with its centre much more depressed than the circumference, so that the fragments slant towards each other. Such a fracture, presenting externally but two fragments, may have a tolerably smooth surface; but internally, the plate is broken into several fragments, with large, projecting, and irregular points, several of which may wound the dura mater. A specimen in St. George's Hospital museum affords a strongly marked instance of this form of fracture, which I have repeatedly met with in various parts of the vault. The accident is most commonly produced by some heavy body with a sharp margin applied with great force, such, for instance, as a quoit or a horse's shoe. In the numerous instances which I have met with, this form of fracture did not spread beyond the point which was struck. Let me not, however, be understood to say that it never does so. But perhaps the most ordinary form of fracture with depression is that in which several fragments, more or less of a triangular shape, have their points extensively driven down, and firmly wedged into each other, whilst their bases still remain on a level with the neighbouring bone. Taken as a whole, the broken portion is here, too, almost always of an oval shape, and cracks and fissures involving only the outer table are frequently found disposed around the depressed piece. And here, too, whatever be the extent of the injury in the outer part of the bone, that on the inner side is more extensive still.

It will be of use for us to recollect that fractures with depression, when produced by a heavy blow acting on a large

(a) Med. Gaz. vol. xxxiii. 1844, p. 129.

surface, are oftentimes accompanied by fissures extending in various directions, and reaching to distant parts of the skull, even into the base not unfrequently.

Can a depression take place without a fracture? In young children, when the bones are still pliant, such an accident might possibly occur; but even here, in a well-marked depression, some of the bony fibres give way, so that the case cannot, in truth, be likened to an indentation of a metal. Such being the case in early childhood, what is to be thought of those instances of this form of injury which are reported to have occurred in adult life? Why that, doubtless, from some accidental cause, the nature of which was not sufficiently taken into account, such reports are founded on error. If such an accident could possibly occur, it ought, by this time, to have been clearly demonstrated by some preparation or other; and, until such a preparation be brought forward, the existence of this form of injury ought certainly not to be admitted.

A wound of the integument leading down to the bone may accompany every variety of fracture of the vault. And let us ever bear in mind that in these compound fractures the breaking of the bone is very much more frequently strictly confined to the seat of the injury than it is in cases of simple fracture. Thus, in examining twenty cases of compound fracture of the vault, I found that the injury to the bones was thus strictly limited to the original seat of the blow in eight cases, whereas in fifty-six cases of simple fracture, this strict limitation existed only in one single instance. It was not that the injury in the compound fractures was caused by sharp instruments; such instruments were the cause of the injury in two cases only; in the other six it followed heavy blows, either from falls or from blunt instruments. In the single case of simple fracture in which the fracture was limited, the patient having fallen off his coach-box, had struck his head against the ground.

And here let me, for one moment, call your attention to the two cases where the fracture was caused by sharp instruments, as the appearances observed in these cases were somewhat peculiar. A piece involving the whole thickness of the skull having been detached on three sides, was bent upwards, and thus raised two or three lines above the level of the skull; the fragment was, however, immovable, as it was still connected at one side to the surrounding bone, the external table of which was at this part only partially fractured—in fact, the appearances may be said to have resembled a box with its lid open. In one instance the injury had been produced by a chisel falling from a great height on the head; in the other, the patient having fallen from a great height with his head upon some iron railings, one of the spikes had penetrated through the bones. And well do I recollect that in both instances, the surrounding parts being extensively infiltrated with blood, the appearances which I have just described were by several mistaken for fractures with depression.

All the varieties of fracture of the vault which I have thus far described are those commonly seen in our civil hospitals; but in military practice fractures of a very different kind are most frequently met with in this region. I allude to that form of fracture produced by horizontal sword-cuts, in which large pieces of bone are often sliced off. In such cases as these, as the instrument is generally a sharp one, and the blow well dealt, the injury is strictly limited to the spot which was struck; there are none of those extensive fissures so commonly met with in our civil hospitals, and this it is which gives such a peculiar feature to fractures of the vault in military surgery. Look into the various Museums in London, and you will there find many specimens of extensive sword-cuts slicing off large pieces of bone, after which the patients lived some time, the fracture being more or less well healed; but how few preparations, comparatively speaking, of extensive fractures of the vault healed will you find from our civil hospitals!

Are there any signs by which we can in all cases recognise the existence of a fracture of the vault? No. Daily experience teaches us that the signs, so much dwelt upon even by our immediate predecessors, are not of the slightest value. In the dead-houses of our Metropolitan Hospitals, fissures involving the whole of the vault of the skull are to be constantly seen, the existence of which was never even suspected during life. Even an extensive and a comminuted fracture, with great depression of the fragments, may, and often does, escape notice, when the broken bone lies hidden under the temporal muscle, or when a large extravasation of blood masks the state of the parts below. On the other hand, these extravasations

of blood sometimes so strongly resemble fractures with depression, that errors in diagnosis may very easily be committed. Of this you will recollect that I brought forward, in the preceding lecture, several examples in which Surgeons of the greatest experience had thus been misled. Again, we may chance upon a case with an abnormal condition of the skull in which extensive depression exists. You will find several such cases described as congenital malformations. Platner, for example, mentions the case of a man who, having a large congenital depression of the bones of the vault, narrowly escaped being trepanned, after a fall from a great height, which had rendered him perfectly insensible for some time. Such depressions of the skull are not very uncommon. A gentleman who has been attending these lectures has since called my attention to two extensive depressions of the skull, which have been there ever since the time of his birth. And then the fact, now well known, of depressions being produced in the skulls of elderly persons by the absorption of the diploë, and thinning of the tables, is well worthy of being borne in mind.

Accompanied, however, by a wound leading down to the bone, fractures of the vault are, in general, easy of detection. But, even here, where we have all the advantages of being able by sight and by touch accurately to examine the bone, we are liable at times to be led into error by the appearances which we find. Many examples are on record where sutures or vascular grooves have been mistaken for fissures, and where, in by-gone days, the patient narrowly escaped perforation of the skull. In some of these cases, no doubt, the error arose from the carelessness of the Surgeon; but, in other instances, an abnormal disposition of a suture has misled even the most attentive. Let us recollect also that in compound fractures with depression, the condition, whatever that may be, of the outer plate of the bone is not always a guide as to the exact condition of its inner plate. Recal to mind, for instance, the extensive splintering of the inner plate, which exists in some forms of fracture, without any corresponding injury on the outer parts; and the depression of the outer plate without any injury of the inner one, especially about the frontal sinuses. There is, however, one sign indicative of fracture of the skull, about which one would have thought that there could not possibly have occurred any mistake. I allude to the escape of cerebral matter. But even here, strange to say, *Maréchal* (a) mentions a case in which the inspissated secretion of the frontal sinuses was mistaken for brain-substance thought to be oozing out of a fracture in this region.

There is also on record a singular instance of the appearances which may lead to an error in diagnosis as to a compound fracture of the skull.

A woman was admitted into the *Hôtel Dieu*, with a wound in the temporal region, accompanied by much bleeding. A fragment of bone, several lines in length, was found deep in the wound, and quite loose; this was removed, and the finger then passed through an opening, the circumference of which was unyielding. The case was at once thought to be one of compound fracture of the skull, with separation of some fragments. But it was soon remarked by a by-stander that the fragment of bone which had been removed was dry, and quite white, as if it had been macerated. This led to a more careful examination of the wound, and it was discovered that the supposed hole in the skull was nothing but a laceration of the temporal fascia, and the fragment, the innocent cause of the error, turned out to be simply a piece of bone which, lying on the ground, had been driven into the temple when the patient fell. (b)

I proceed now to the treatment of fractures of the vault of the skull, a subject in which are involved, even in the present day, as we shall find, some of the nicest and most litigated points in the practice of surgery.

Every variety of fracture of the vault of the skull may, it is well known, exist without symptoms: the bone may be battered in—the brain protrude, and all this without a single symptom. On the other hand, every variety of fracture, even the narrowest fissure, may lead to mischief of a deadly nature; and the symptoms denoting this mischief may appear at once, that is, upon the receipt of the injury, or some time afterwards. The primary symptoms depend upon compression, caused either by an extravasation of blood, or by de-

(a) *Mém. de l'Acad. de Chir.* vol. i. p. 247.

(b) *Denonvilliers. Thèse de l'Applicat. du Trépan sur les Os du Crane*, p. 16.



pression of bone. The secondary symptoms are connected with irritation or inflammation of the parts within the cranium, and here again we may have compression of the brain, from inflammatory effusions.

Already have we examined, in one of the preceding lectures, all that belongs to extravasation of blood; now, therefore, we have to deal only with the mischief already produced by, or likely to arise from, the fracture itself.

And, first, as to lineary fracture or fissure. Clear, indeed, and universally recognised, in the present day, are the principles by which we are to be guided in this case. A simple fissure, unaccompanied by symptoms, passes altogether unnoticed. If there be a wound, by which alone we can recognise the existence of the fissure, that wound we are to treat as we should any simple scalp-wound. And, should any symptoms arise subsequently, we must act according to circumstances.

Now and then, we find these cases of fissure of the skull, either simple or compound, following exactly the same course as those of scalp-wound and confusion of the bone which I brought before your notice some time back. The injury gives rise to suppuration between the bone and the dura mater, and then follows the train of symptoms I dwelt upon at some length.

(To be continued.)

## ORIGINAL COMMUNICATIONS.

### ON THE SUBCUTANEOUS DIVISION OF THE TENDO-ACHILLIS,

AND THE PROCESS OF REPAIR.

By HOLMES COOTE, F.R.C.S.

Assistant Surgeon to St. Bartholomew's and to the Royal Orthopædic Hospital, &c.

I have lately had the opportunity, through the kindness of my colleague Mr. Tamplin, of examining two specimens of subcutaneously divided tendo-achillis, taken from the same subject, the one operated on three months, the other rather less than two months, before the death of the patient.

**Case 1.**—An undersized man, æt. 38, suffering from lateral curvature of the spine and talipes equinus of both limbs, a cripple, unable to put his feet to the ground, was admitted in the month of August, 1857, into the Royal Orthopædic Hospital under Mr. Tamplin. The right tendo-achillis was divided August 27; the left, Sept. 30. Scarpa's shoe was applied to both feet, and the heels were well brought down by the end of the present month (November). On the 23rd Nov., the influenza being then prevalent, he was seized with cough and cold. Pneumonia of both lungs rapidly ensued; he lay restlessly upon the right side until the 26th, when he rapidly sunk, and expired about 6 in the afternoon.

The examination of the body, which was performed by Mr. Pocklington, detected consolidation of the right lung, and a great amount of secretion in the bronchial and pulmonary tubes of the left. With these post mortem appearances, however, I do not wish to interfere. The divided tendons, with the newly formed connecting tissues, were removed, and to these attention was particularly directed, inasmuch as no instance is, I believe, at present on record of the examination of such parts, as seen in the adult, two or three months after operation.

The right tendo-achillis was adherent to its sheath.

It presented the usual pearly white colour. The surrounding vessels, especially the veins, were full and tortuous. The external fibrous investment was complete and of usual appearance; but between the two extremities of the tendon there was a compressed portion two inches in length, the transverse measure of which, as compared to the obviously normal part, was as two-eighths to three-eighths of an inch. A longitudinal incision through the tendon showed an interval of just two inches between the divided ends of the normal tendo-achillis, which were united by a light grey semi-transparent structure, through which were traced well-formed opaque pearly white fibres, passing from one extremity to the other of the cut tendon. The new tissue was clearly defined

from the old, being of a totally different colour, the opaque white hue of the normal structure standing out in strongly marked relief. After drying for a short time the new tissue acquired a rosy tint, obviously due to the blood contained in numerous capillaries.

The interval between the cut extremities of the left tendon did not exceed one and a half inch. The transverse measurement was the same as in the preceding specimen; but along the sheath there were numerous patches of extravasated blood. The opaque white fibres of the original tendon were separated in parts at their junction with the newly formed tissue, which appeared in the interspaces, and were dovetailed. Towards the lower end of the connecting medium, near its junction with the calcaneal portion of the tendo-achillis, there was an oval cyst half an inch in length, containing dark fluid blood.

The examination of the newly formed tissue under the microscope exhibited some points of interest. It contained a large proportion of oil globules intimately mingled with the firmer and more fibrous material. The latter consisted of granular matter, and of newly formed fibres of ill-defined contour; yet exhibiting in many situations the appearance of being formed of elongated nuclei, for at the broken edge of the specimen numerous loose nuclei were seen floating about free, or united in linear series of three or more. There were some whiter and more opaque parts among the newly formed tissues; these closely resembled, but did not quite equal in clearness or in contour, the normal white fibrous tissue of histologists.

The specimens here described are interesting as contrasted with others, of equal value, presented by Mr. Tamplin to the museum of the Royal College of Surgeons. These were the tendo-achillis, and the tendons of the tibialis posticus and anticus muscles of a child nine months old, in whom, at the age of five months, these tendons had been divided for congenital varus. The child had perfect use of its feet before death, and when it died, no trace of an operation could be detected even by microscopical examination.

The question here suggests itself, Does the absence of abnormal appearances in the tendons of the infant arise from the gradual conversion of the connecting medium into white fibrous tissue? or does the connecting tissue contract so as ultimately to approximate the ends of the divided tendon, and form a "linear cicatrix"?

I must confess that in the specimens before me there is the very faintest approximation of normal appearances in the connecting tissue. The divided ends of the tendo-achillis seem imbedded in a soft pulpy mass of quite different consistence and colour. The absorption of the oily and soft material would have reduced this structure to at least one-third its present bulk; and it would have acquired the appearance of a narrow cord. I am not, therefore, prepared to acknowledge that the newly formed tissue gradually acquires so much of the properties and of the external characters of tendon as to be with difficulty distinguishable. On the contrary, it would rather seem that a slow process of approximation is effected between the cut ends, and that this is combined with an altered sphere of muscular action.

It may be urged in opposition to this view, that the interval between the cut extremities of the first divided, and consequently more completely repaired tendon, was longer than that of the opposite. It must be remembered, however, that no great length of time had elapsed since the operation—scarcely three months; and that in all probability twelve months would be required for the completion of all the processes of repair in an adult.

The cyst of blood at the lower extremity of the connecting tissue in the left leg, due to some slight excess of the extending force, shows the necessity of proceeding with care in the re-adjustment of the distorted parts. One of the principal laws in the practice of Orthopædic Surgery is to proceed slowly, that tissues may yield and not tear. The specimens here quoted illustrate the importance of the remark.

I should conclude that when specimens are examined in which no trace of the division of the tendon can be found, the divided ends have become approximated so as to constitute a close linear cicatrix. But that when the connecting tissue has been elongated it always preserves some of its distinctive characters, either as regards its bulk or its minute structure. "I am of opinion," observes Mr. Tamplin in his work on Deformities, "that the new substance will and does admit of

sufficient extension to compensate for the greatest amount of shortening met with in any deformity; for I have repeatedly, in cases of talipes equinus, found the new connecting medium full two inches in length, within three or four weeks following the operation, especially in those cases where there is no resistance in the joint, and where the foot admits of being rapidly brought into its normal position."

## ON DISLOCATION OF THE CRYSTALLINE LENS.

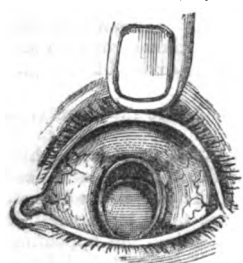
By W. WHITE COOPER, F.R.C.S.  
Ophthalmic Surgeon to St. Mary's Hospital, &c.

(Continued from page 7.)

It has been remarked that displacement downwards, as the immediate effect of a blow, occasionally occurs. I am not now referring to the simple dislocation of the lens into the anterior chamber, but to the more formidable bursting of the eye from a blow, the lens being driven down, whilst the rupture is above. A case of this kind is now under my observation.

*Partial dislocation downwards of lens.*—In December, 1856, Apps, an umbrella-maker, was struck violently on the left eye with a shoemaker's hammer. His face was rather turned from the man, so that the force of the blow fell partly on the eye and partly on the lower edge of the orbit near the nose, where a wound was inflicted. Such was the force of the blow, and such its effects, that the poor fellow remained nearly unconscious for a week, and is said to have lost a considerable quantity of blood at the time of the injury. He was laid up, unable to work for eight months, suffering great pain over the brow and head.

When I examined him on the 8th November, the condition was as follows:—The globe tense, and somewhat conoidal; the upper and outer third of the sclerotic discoloured, inclined to be staphylomatous, and there is the mark of a



cicatrix just at the margin of the cornea. The cornea is somewhat projecting; of the iris merely a narrow strip remains, and this is wanting at the upper and the outer part; the lens is luxated, and tilted downwards and forwards, the lower edge pressing the iris against the inferior border of the cornea.

The lens is somewhat flattened, doubtless by absorption, the margin is semi-transparent, the nucleus is

opaque. Sight is entirely extinct in that eye, and impaired in the right eye to such an extent as to prevent his following his work.

This appeared to me a proper case for excision of the globe to preserve the other eye from blindness. The patient withheld his consent for a time, but finding his right eye become more dim, and suffering from neuralgia of the left brow and temple, he yielded, and the operation was performed at St. Mary's, on the 9th December. The canthus was not divided, but the globe was removed with great facility, the tendon of each muscle being taken up with a strabismus hook and cut through, then passing my fingers into the orbit I drew the globe forward, and with a couple of strokes of curved scissors the separation was completed. Not an ounce of blood was lost, and the patient recovered rapidly, an artificial eye being inserted on the ninth day after the operation.

Fifteen minutes after removal, the eye was examined by my colleagues, Dr. Sieveking, Dr. Handfield Jones, and myself. The outline was altered, there being a staphylomatous fulness at the upper portion. The globe generally was dark brown, from thinning of the sclerotic: there was indication of a cicatrix near the upper and outer margin of the cornea, and some old extravasated blood still lay under the conjunctiva.

On cutting through the globe transversely, the vitreous humour was found to be perfectly fluid; the retina as nearly as possible transparent, no yellow spot discernible. Choroid very pale, and general absence of pigment; under the micro-

scope, particles like disorganised blood corpuscles were scattered over the external surface of the cornea.

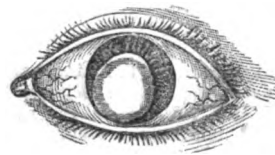
The lens lay between the iris and the ciliary processes, which completely encircled it posteriorly. At the upper part, corresponding with the cicatrix, was a pouch-like appearance of these processes, as if a rupture had taken place.

The question had presented itself to my mind, whether removal of the luxated lens would be the proper step, but I decided in favour of excision of the eye, from the conviction that that alone would fully answer the object of saving the right eye. The thorough disorganization of the vitreous humour and the peculiar nipping of the lens between the iris and ciliary processes, to which it appeared to be firmly attached, rendering its removal extremely difficult and at the risk of emptying the globe, confirmed me in my decision.

Simple dislocation of the lens into the anterior chamber is far from uncommon. A sudden, unexpected blow is generally the cause, and the displaced lens having burst its capsule, speedily loses transparency. It is unnecessary to narrate ordinary cases of this description, but I will give a short history of four which present points of interest.

*Dislocation of lens; absence of irritation.*—An Irishwoman presented herself among the out-patients at St. Mary's in 1855 for my advice, and the first glance discovered an opaque lens lying in the anterior chamber. Not doubting that her application had reference to this, I told her that an operation would be necessary for its removal; rather to my surprise, she intimated that it was by no means her wish to have the lens interfered with, as it had been in its present position two years (having been displaced during a little difficulty with her husband), but that there was a bladder on her eye which was painful, and for that she sought advice.

The precise condition of the eye was as follows:—There was slight congestion of the conjunctiva, none of the sclerotic; the anterior chamber was more than half-filled with an opaque lens, which concealed the pupil, and rendered the iris concave.



The iris itself was slightly altered in colour, but gave no indication of having been the seat of acute inflammation; on the cornea was a transparent vesicle the size of half a pea, which was exquisitely sensitive. On being punctured this collapsed, and the

eye immediately became easy. The patient was desired to use a solution of nitrate of silver, and at the expiration of a week the eye was well, so far as the vesicle was concerned. She assured me that all pain ceased in the eye a few days after the blow which blinded it, and even the prospect of regaining sight would not tempt her to submit to the removal of the lens.

*Opaque lens in the anterior chamber; absence of irritation.*—In October last I was consulted by Mr. B., a gentleman from the West of England, who gave the following history:—Twenty-two years ago he suddenly lost the sight of his left eye, and came to town for advice. Two of the leading authorities failed to discover any sufficient cause for his blindness, and he left much disappointed. Shortly afterwards he consulted Dr. Butter at Plymouth, who at once detected cataract. Nothing had been done to the eye, which he assured me had for two years borne the appearance it presented when I saw him. In the anterior chamber lay a yellowish-opaque body, apparently the nucleus of the lens, and around it there floated small flocculi detached from it. The iris was not altered in colour, nor the consistence of the globe diminished. There was no indication of inflammatory action past or present, and this gentleman assured me that though formerly he had had some pain, he had long been free from it. A portion of the pupil was clear, but there was no sight. He was exceedingly nervous and excitable, and had the strongest objection to any operation; palliative measures, therefore, could only be prescribed. (a)

When we reflect on the extreme irritation often caused by the presence of a small fragment of cataract thrown into the anterior chamber by the needle, it is surprising that so bulky a mass as the entire lens should remain in this novel position without lighting up acute inflammation; these cases are, how-

(a) I have since heard that this eye has become the seat of irritation.

ever, exceptional, the two following presenting the ordinary characteristics.

*Dislocation of lens; neuralgia.*—Jane Webb, a servant, applied at St. Mary's, February 10, 1857. Two days previously, while coughing violently, she felt something give way in her left eye, and at once lost the sight. As she entered the Out-patients' Room my notice was attracted by her peculiar gait. Her head was thrown far back, and her eyes were nearly closed. On examination of the affected eye, a large densely-opaque, yellowish-white lens lay in the anterior chamber, completely shutting up the pupil. The iris was slightly discoloured, and the iritic zone was becoming marked. The girl complained of intense frontal pain, extending over the side of the head, depriving her of rest at night; she could not bear the light, nor could she carry her head in any other position than that mentioned, without increase of pain.

I decided on removing the lens, and proposed chloroform, to which she objected; this rendered extraction extremely difficult, as the eye was powerfully thrown upwards and outwards: at length a section was made, the lens being divided by the knife; on making pressure, one portion escaped through the wound, the other retreated through the pupil and passed out of sight. The anterior chamber being thus freed, the eye was bound up, and so little irritation followed that the patient left the Hospital on the third day.

The patient protested she had never had any affection of the sight or of the eye before the fit of coughing, but I have grave doubts of the correctness of her statement, the globe being decidedly soft and the vitreous humour disorganized.

*Dislocation of lens of twelve weeks' duration.*—James Housego was admitted into St. Mary's Hospital, March 23, 1855. Twelve weeks prior to his admission some dirt dropped into his eye; he rubbed it violently, and the sight at once became very indistinct, without material pain. It remained in the same state for fourteen days, when inflammation set in and the eye became worse and worse; blisters were applied to the temple and lotions used, but as no relief was gained he applied to the Hospital. On the 24th I found the eye presenting every indication of long-continued acute inflammation. The conjunctiva injected and chemosed; sclerotic intensely inflamed; iris discoloured; the pupil was widely distended by the opaque lens, which projected through it, and partially filled the anterior chamber. There was no question as to the course to be pursued, and I at once proceeded to extract the lens: the patient being placed under chloroform, I made the lower section, and with the scoop of the curette easily removed the lens. The pupil however did not contract. The lids were closed with a strip of plaster and cold water dressing applied. The extraction of the lens at once relieved the suffering, and the patient rapidly recovered from the operation; the iris however did not recover its contractility, nor had the pupil regained its normal size or its activity two months after the patient had left the Hospital.

We have seen two forms in which the displaced lens presents itself, namely, with its transparency retained, and as an opaque cataract; there is yet a third condition in which it is found,—where osseous degeneration has been superadded to the simple opacity. When the lens continues clear, we may conclude, not only that its capsule retains its integrity, but that the conditions of nutritive supply are not seriously impaired. In the second class of cases, the attachments may be severed, or the supply may be so far interrupted as to give rise to the death and opacity of the lens. The third form, the ossified lens, always represents a long-standing condition of disease. The ossific change is slow, but for it to take place, it is necessary that the sources of supply should not be arrested otherwise the interchange of particles cannot take place; as in those beautiful specimens of fossilized wood from Antigua, where the ligneous molecules are slowly disintegrated and as slowly replaced by silex; so here, though in a less regular and perfect manner, the ossific material is laid down in place of the normal lens structure. That this may closely resemble the structure of true bone is proved by a specimen described and figured in the sixth volume of the *Transactions of the Pathological Society*.

We are indebted to Mr. France for the narration of an interesting case of true ossification of the lens, which presented itself under the form of dislocation. A groom, aged 44, had received a blow on his right eye twenty years before, and the sight was completely extinguished by the severe subsequent

inflammation. He met with no fresh violence; but on rising one morning, three or four months before his admission into Guy's Hospital, he observed for the first time a white substance in the eye, which continuing permanently, excited constant pain and inflammation of variable severity. On his admission, there was visible at the bottom of the anterior chamber, occupying about three-fourths of the cavity, an oblong light straw-coloured opaque body, separated by a space from the cornea, but in contact with the iris.

Mr Morgan extracted this on the 10th of May, 1847. The case did well; the wound healed, and the patient was speedily convalescent, though the eye was amaurotic.

On examination, the lens proved to be in chief part hard and calcareous, resisting compression between the finger and thumb, or puncture with a knife, and tinkling when shaken in a phial. On chemical examination, it was found to be composed of carbonate and phosphate of lime, three proportions, cemented by two proportions of animal matter.

The irritation caused by such a hard and heavy mass shaking in the anterior chamber may well be imagined.

An interesting case of osseous dislocated lens has been recorded by Dr. Stoeber, of Strasburg. A stone-cutter, aged 49, had lost the sight of his left eye in infancy, from some unknown cause; but in 1832 he accidentally received a blow upon that eye from a clod of earth. This was followed by violent inflammation which never disappeared, the eye remaining irritable and especially susceptible to atmospheric influences.

In May, 1838, he consulted Dr. Stoeber, who saw the opaque lens lying in the anterior chamber, and proceeded to remove it. This he found no easy matter; for in making the section the knife grated as it touched the lens, showing that it was ossified. A hook was then introduced, which slipped without seizing the body, which was adherent to the iris. With some further difficulty the lens was detached by means of a needle, and removed. It was found to be hard, and to give the sound of a piece of flint when dropped on a slab of marble; it was, in fact, thoroughly calcareous. The patient recovered in eight days.

A not less interesting case has been published by Dr. Robert Taylor, and a third occurred in the practice of Dr. Warlomont, of Brussels. There are others noted, but these possess especial interest.

A few words now remain to be said as to the treatment proper for cases of dislocated lens.

When an opaque lens lies in the anterior chamber, it can only be regarded in the light of a foreign body, and the safest course will be to extract it. Instances have been mentioned where little irritation has been caused, but these are exceptional, and it must be borne in mind that inflammation may be lighted up at any moment—the vibration of a railway, the shaking of horse exercise, or a multitude of other circumstances, may give rise to it. According to my experience the operation of extraction in such cases is attended with little risk, and by its performance the eye is relieved from a great and constantly impending peril. Undoubtedly the consent of the patient may be withheld, and then we can only adopt palliative measures if inflammation exists, or precautionary measures if the patient has the good fortune to escape it. If the patient be very young—and Mr. Walton mentions a case of dislocated lens in an infant of three months old—absorption may take place without the necessity for an operation.

In proceeding to extract opaque lenses, I give the preference to the lower section; this enables the lens to escape at once if free, or if adherent to the iris, the connexion can be separated with facility. We should remember, when dealing with a spontaneously displaced lens (especially if the lens be osseous), that the vitreous humour is almost certainly fluid, and that, therefore, the gentlest handling will be necessary. If the hard lens is behind the iris and attached to it, the pupil will probably be so rigid as to make it exceedingly difficult for the lens to pass through; under these circumstances it is far better to slit the margin of the pupil with a pair of scissors, and so to enlarge it, than to endeavour to force the lens out; for the vitreous humour will escape, though the lens will not, and so the globe may be emptied to a serious extent.

Though not an advocate for the use of chloroform in ordinary extractions, I consider it of the greatest value when dislocated and osseous lenses have to be removed. Adhesions may exist; the operation is then necessarily prolonged, and

requires extreme care and delicacy in its performance. Without chloroform the eye becomes restless and irritable, retreating from every touch, while the lids spasmodically close. The anæsthetic, then, is a great boon to the operator, and a still greater to the patient, sparing much suffering while under the Surgeon's hands, warding off secondary neuralgic pain and irritation, and thereby hastening convalescence.

19, Berkeley-square.

### THREE CASES OF PUERPERAL CONVULSIONS.

ONE OF THEM FATAL, AND POST-MORTEM OF THE SAME.

By WILLIAM DALE, Esq.

*Case 1.*—Ann Pearse, aged 42, a spare woman, but enormously swollen over the whole body from œdema. She supposed she had exceeded the full period of pregnancy by at least a fortnight. She complained of head-ache on the morning of May 28th, for which aperient medicine was given; and in the evening she was seized with convulsions. The "fits" came on every half-hour, and lasted three or four minutes. They were very severe. There was foaming at the mouth, and they were succeeded by stertorous breathing; but between some of them she was sensible, and could be made to answer questions. There were no labour-pains, and the os uteri was not at all dilated. Countenance injected and almost purple; head very hot; pulse 90 and moderately full.

*Treatment.*—One dozen leeches to the temples; the head covered with wet rags; purgative and stimulant enemata; but as these afforded no relief, at midnight I took thirty ounces of blood from the arm, and with apparent benefit, as she only had two fits afterwards.

*May 29.*—Comatose; cannot be roused. To have two grains of calomel laid on the tongue three times a-day. Continue enemata night and morning, and apply a large blister to the nape of the neck. About noon this day the child was expelled by an easy and natural labour. It was dead and discoloured, as if it had been beaten with a stick.

*30th.*—Coma not quite so intense as yesterday. Continue remedia omnia. Shave the head, and apply linimentum hydragryi twice a-day.

After the above date, the patient gradually recovered her consciousness; but the powers of the mind were much impaired, and there supervened a state very similar to puerperal mania, which continued a week or ten days, and then she slowly but perfectly recovered, the œdema passing away with the other symptoms. The calomel was discontinued in three or four days, and as she became very weak and low, spir. ammon. aromat. in camphor julep was given, with port wine and arrow-root or sago as diet; and afterwards, all the medicine she required was an anodyne to procure rest, and an aperient to regulate the bowels.

*Case 2.*—Jane Sivey, æt. 20, unmarried, and in the fifth or sixth month of her first pregnancy. She was a short, stout woman, and in this case likewise there was much serous effusion, more especially in the legs, and about the neck and face. She had complained of head-ache for a day or two, and had taken opening medicine from a druggist. She was seized with convulsions on the morning of September 10, 1856. The paroxysms were very severe and frequent, with frothing at the mouth, and in the intervals, stertorous breathing. I thought she was not perfectly unconscious between the paroxysms, for she seemed to pay some attention if loudly spoken to, and to feel some pain, which was probably that of commencing labour. Pulse somewhat feeble; pupils natural, but conjunctiva greatly injected. Face, pale. I gave her ten grains of calomel, and one drop of croton oil, and then threw up a turpentine enema; and Dr. Jago, who saw her with me, succeeded with difficulty (because of the œdema) in taking about  $\text{ʒviij}$  of blood from the arm. As there was slight uterine hæmorrhage, and seemed to be regular labour pains, the os uteri was examined several times before midnight, and was found tense and unyielding, barely admitting the point of the finger. The pulse being now more feeble than at the commencement of the attack, the vagina was plugged to prevent further loss of blood. There were few, if any, fits after bleeding from the arm, but she remained in a state of semi-coma, as she had been between

them. About six o'clock next morning the fœtus came away with the membranes entire, and scarcely any blood was lost; but this produced no favourable change in the case, and she died at 11 a.m.

*Secio Cadaveris twenty-eight hours after death.*—The body was still œdematous. The brain and its membranes were healthy and natural, with the exception of a slightly increased fulness of the vessels on the upper surface of the hemispheres, scarcely amounting, I think, to turgidity. The right side of the heart was full of dark coagulated blood; the left side was empty. The lungs and all the abdominal viscera were healthy. The only fact, indeed, disclosed by the post-mortem was that an abnormal amount of serous fluid existed in the skull, in the chest, and in the pericardium. In the skull (at the base of brain), say two ounces; in the chest, twenty ounces; in the pericardium, from four to six ounces.

*Case 3.*—Elizabeth Battar, aged 22, a strong robust woman, was taken in labour with her first child on Friday morning, October 10. I was called to attend her the same day at 8 p.m. The os uteri was then dilated to the size of a crown-piece; the head presenting; the pains were regular, but recurring at long intervals; and I looked for an easy and natural termination to the case. At the end of three or four hours, finding no progress had been made, I gave secal. cornut. This produced considerable increase of pain, but no benefit to the labour, and at the end of eight hours, as there was not the least alteration in the state of things, I left the house. She was seen by my pupil on October 11, and again on the morning of the 12th, and he was waiting with her through nearly all that night; but at four o'clock on the morning of October 13th, he wished me to see her, as the head of the child did not seem to him to descend into the pelvis, and she was very restless and irritable. I found, however, on my arrival, that the os was fully dilated, the head was passing through the pelvis, and the membranes pressing on the perinæum. I hoped to be speedily released by the birth of the child, and thinking there might be an unusual quantity of liquor amnii, I ruptured the membranes; very little, however, came away. She now complained of headache, and fell into a heavy sleep, from which she was roused with difficulty; and at seven o'clock she had a terrible convulsion, which lasted three or four minutes. I immediately took about twenty-eight ounces of blood from the arm, and then tried to introduce the short forceps, which I had with me, but without success, as there was no room for the blades to pass. The bleeding did not produce much depression, for, having lost all control over the mind, she got out of bed, and abused the women around her and myself, in a regular Billingsgate way. At this stage of the case I thought it was desirable to have a consultation, and therefore sent for Dr. Freeman, who kindly came at once. He considered she ought to be delivered if possible, and therefore tried to introduce the forceps, but neither could he succeed for want of space; and as she was very unruly we desisted from the attempt to deliver with instruments, and decided to leave the case to nature for a few hours, especially as there was no return of the convulsions, and we judged that the system was not suffering to any great extent from the head of the child pressing upon the soft parts. The pains, which had in a great measure ceased for some hours, now came on with great strength and regularity, and the patient became quieter; and about nine a.m. she was delivered, without instrumental aid, of a living male child, having the most extraordinary head for length that I have ever seen, and which had evidently been forced through a very strait pelvis. To make this difficult case more trying and complicated, the placenta was retained from abnormal adhesion, and after waiting an hour and a half, it was necessary to introduce the hand into the uterus and separate it, which was not done without considerable trouble. After delivery, and until the placenta was removed, she lost a considerable quantity of blood, and required stimulants for some hours. I saw her again the same evening at seven o'clock. The faintness had passed, the pulse was 130; and in other respects she was going on favourably. I ordered forty drops of laudanum at bed-time, and enjoined quietude.

*Oct. 14th.*—Pulse 90. Tongue slightly furred, but moist; has passed urine twice, and slept most of the night. The mind is in a great measure restored.

*15th.*—Pulse 110; but in other respects the case is doing well. The mind is fully restored. To have gruel and bread diet.

*16th.*—Pulse 120. There is some cough and bronchial

symptoms. Does not feel so well as yesterday. Bowels moved by castor-oil. To have mist. salin. and small doses of ant. tart.

17th.—Pulse 120. Cough is better, and the patient is improving and gathering strength; but she did not send for the medicine, and seems to have done very well without it. To have better diet, mutton, etc. She was seen twice after the above date, and then, as she had no complaint to make, and was recovering most favourably, I struck her off my visiting list. The quickness of pulse persisted, but was probably owing to the loss of blood which had been sustained.

*Remarks.*—In two of the above cases, it will be observed, the women had considerable serous effusion into the cellular tissue, and in one of them (the fatal one), as proved by the post-mortem, into all the visceral cavities, as skull, pericardium, etc. Now, as effusion at the base of the brain is believed to be a centric cause of these terrible convulsions, and the poisoned state of the blood, which we are told always exists with this effusion during pregnancy, is said to be a sufficient cause itself; it is probable that in these cases the convulsions were produced by their united operation: but of course the effusion, if it existed in both cases, by causing pressure on the pons and medulla was an all-sufficient cause. In thinking over the other case since it occurred, I am disposed to attribute the one solitary paroxysm to anxiety on account of the prolonged labour, and our not being able to afford relief; for the patient was very impatient and irritable. As regards the treatment adopted, I am inclined to think that bleeding saved the lives of the two patients who recovered. The mercurial treatment is recommended by some writers, but I have no experience of its utility. It might help the case in which it was used by stimulating the absorbents as in ordinary dropsy. In the fatal case, I think the patient ought to have been bled more freely; and it is probable she also would have been saved, if the feeble pulse (perhaps masked by the œdema) had been disregarded.

Plymouth, Devon.

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THE LONDON  
PRACTICE OF MEDICINE AND SURGERY.

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THE ROYAL LONDON OPHTHALMIC  
HOSPITAL.

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THE NEW OPERATION FOR GLAUCOMA.

THE readers of the Statistical Reports of operations at the Ophthalmic Hospital, which have recently appeared in this Journal, will have noticed frequent mention of "Excisions of portions of the Iris in cases of Glaucoma." To the uninitiated the mention of such a procedure must have caused considerable astonishment, as indeed it appears to have done in more than one quarter where better information might have been expected. The new operation in question, and which we may remark, *en passant*, that we described about six months ago, is one originated by M. Graefe of Berlin, and practised by him on a very extensive scale. Its principle, however, as we shall have to show, have not been wholly overlooked by former ophthalmic Surgeons, though none certainly ever proposed so bold a manner for its carrying out. It has long been well known that in certain forms of ophthalmia, some chronic and others very rapid in their course, the globe coincidentally with intense pain, and loss of sight, becomes very hard, its humours meanwhile undergoing a peculiar loss of translucency. In these cases it is evident that there is increased tension from increase of the fluid contents of the strongly encapsuled globe. To relieve this tension by paracentesis has long been acknowledged to be an important aim in their treatment, though now in looking back on actual practice it must be acknowledged as strange that so palpable an indication was very rarely carried out. It had, however, its strenuous advocates. Without stopping to inquire in what tissue of the eye the primary inflammation occurred, it will be sufficient for our present purpose to state that the increased tension of the whole globe was an amply abundant explanation of the loss of vision, without supposing any actual disorganization of the retina. The disease we allude to has been

known, for want of a better, by the name of glaucoma, acute or chronic, as the case might be, the acute often destroying sight in a few days, the chronic requiring as many months.

Now it is in these cases that Graefe had advised the bold measure of a free incision into the eye, the evacuation of the whole of the aqueous humour, and the removal of from a fifth to a third of the iris. In explaining its good effects as due to relief of tension, we beg to be understood as offering what has appeared to English observers the most probable; not as representing its originator's views. The mode in which Graefe performs the operation is by passing a Beer's cataract knife into the sclerotic, about a line's distance from the margin of the cornea on the outer side, and having directed it forwards into the anterior chamber, cutting upwards so as to make an incision nearly half an inch in length. Through this the iris readily prolapses, or if it do not, is easily drawn by forceps, and a portion of it, varying from a fifth to a third of its whole, is cut away. The remains of the prolapsed iris is left in the wound. This is a fair description of the operation, as we have repeatedly seen it performed by Mr. Bowman, who was, we believe, the first to adopt it in this country. Mr. Bowman, however, prefers, instead of operating on the outer side of the eye, to cut obliquely upwards. This secures that a portion of the large unshapely pupil shall be concealed under the upper lid. Mr. Critchett has endeavoured to carry out what he believes to be the principle of Graefe's, by a somewhat simpler procedure. He merely punctures the cornea, and draws out a portion of iris, performing, in fact, an operation for a large artificial pupil. He leaves the iris in the wound, holding that so left it secures a certain amount of draining away of the aqueous humour, acting as a sort of tent in preventing the healing of the wound.

Of operations of this class, performed more or less exactly after one or other of the methods described, probably not fewer than twenty have been done at the Moorfields Hospital during the past nine months. Both Mr. Critchett and Mr. Bowman have also, we believe, repeatedly operated in private in the same manner. Of the Hospital cases careful notes have been preserved, and will no doubt be brought before the Profession in due time. Meanwhile, as regards results, we believe we may state that in cases of acute glaucoma, those, for example, in which the sight has been very seriously damaged, in the course of twelve hours, or at most a few days, the operation is of the greatest possible benefit. Its introduction into practice is to be hailed the more gladly, because it is generally acknowledged that in this affection constitutional treatment is of very little avail. The only expedient really efficient for its relief formerly known was paracentesis of the globe, and of this, if not repeated at frequent intervals, the benefits, as might be expected, were too often only temporary. It did not secure a sufficient permanent escape of fluid from the over-distended globe. In all the cases of acute glaucoma in which we have seen it practised, the relief to pain has been prompt and complete, whilst in most the sight has been much improved. It would appear that improvement in vision may be expected to continue for two or three weeks afterwards, when if the case have done well it becomes stationary and permanent. Of the advantage of the operation in cases of chronic glaucoma, by far the larger class, we must speak much more cautiously. Some cases have seemed to derive benefit, others not. The matter is yet *sub judice*. Enough has, however, certainly been proved in favour of the operation to merit for it a patient trial from British Ophthalmic Surgeons. The disease, be it remembered, is one otherwise hopeless, or nearly so.

One acute case in which Mr. Critchett operated made a deep impression upon us, as demonstrating that the defective vision does really in a large measure depend upon over-distension, and that upon the escape of fluid depends the relief obtained. A healthy looking man, of about 35, had lost the left eye from an injury some years ago. His sight with the right had been perfect until within a few days of his admission, when intense pain suddenly set in, and he rapidly became almost blind. The surgeon whom he consulted pushed a rapid course of mercury to slight ptyalism, but without benefit, and then sent him to Mr. Critchett. The globe was then tender, very hard, intensely painful, and all its humours looked muddy and of a greenish yellow. He was at once placed under chloroform, the lost eye excised, and inflamed one operated on after the manner described. The restoration of transparency to the humours was immediate



on the escape of the aqueous, a slight film on the capsule of the lens, however, still remaining. All pain was relieved, and during the next three weeks the man's sight continued steadily to improve.

Mr. Bowman states, that he has noticed almost invariably, even in chronic cases, that mobility is restored to the pupil by the operation, where it has been lost before.

Here for the present we leave this interesting subject, hoping soon to see from the pen of one or other of the surgeons mentioned, an authentic, and detailed account of their experience respecting it.

## HOSPITAL NOTES.

### STRICTURE OF THE URETHRAL ORIFICE, FOLLOWING AMPUTATION OF THE PENIS.

A very instructive case has recently left Mr. Erichsen's wards in University College Hospital, illustrating the necessity for the care which Surgeons devote to prevent the urethra from contracting after amputation of the penis. We have often had occasion to allude to the different expedients;—free removal of integument; cutting through the corpora cavernosa, higher up than the corpus spongiosum; introduction of a seton, etc.—which are adopted by different Surgeons with this object in view. In the case alluded to, the penis had been amputated six years ago for cancer, and the man, now aged 73, came under Mr. Erichsen's care in November last, on account of a stricture at the orifice which had resulted, and as the consequence of which extravasation of urine had occurred. There were no fewer than seven fistulæ in the perineum, and much adjacent induration and thickening. All attempts to cure the fistulæ by dilating the constricted orifice having failed, perineal section was performed, with the intention of securing a single direct and central false passage. The man recovered well, and has been very greatly relieved by the measures adopted, most of the old fistulæ having already closed, and the irritation subsided.

### BICHROMATE OF POTASH AS AN ASTRINGENT.

Mr. Lloyd, in some remarks to his class the other day in his Syphilitic Ward at St. Bartholomew's, spoke very highly of the good effects which he had obtained from solutions of the bichromate of potash used in cases requiring astringents. We understand that the same remedy is much employed at the Liverpool Infirmary, for the removal of fætor from sloughing wounds, etc. The power of the solution as a preservative fluid is well known. Mr. Lloyd stated that he had begun with five grains to the ounce, but increased it to a drachm. In one case of very chronic leucorrhœa, in which the lips of the os uteri were swollen and spongy, it had effected a complete cure, after many other remedies had wholly failed. It is being used at St. Bartholomew's as an application to warts, etc.

### REMOVAL BY LITHOTRITY OF A PORTION OF GUTTA PERCHA BOUGIE, BROKEN INTO THE BLADDER.

We recorded, about a year ago, a series of cases in which portions of gutta-percha bougie and other foreign bodies, had been removed from the bladder. In several cases lithotomy had been performed for their extraction, but in one or two the fragment had escaped spontaneously. Our conclusion was that lithotomy ought never to be hastily had recourse to, but that whilst no ill symptoms were set up, the surgeon should be content to wait, and should meanwhile endeavour, by dilating the urethra and injecting the bladder, to render the spontaneous passage of the foreign body more likely to occur. There are two events, either of which ought to induce the surgeon to at once resort to a radical measure of relief; and these are, 1st, the existence of severe vesical irritation; and, 2nd, the formation of a calculus around the foreign body. So long as a bit of gutta-percha, etc. remain smooth, there is hope both that it will not irritate, and that it may at some happy moment get its end pushed into the urethra; but if, on the contrary, there be evidence of its having become encrusted, the chance of favourable progress without interference is vastly diminished. We make these remarks apropos of an instructive case recently treated by Mr. Birkett, in Guy's Hospital. The patient, a young and

healthy man, was admitted a month after having broken a gutta-percha bougie into his bladder, about two inches having been retained. On using a sound Mr. Birkett easily detected the fragment, which was already encrusted over. An attempt was made to extract it by means of the lithotrite, but failing, on account of its shape (having probably been seized crosswise) it was simply crushed. The lithotrite was used again a week afterwards, and following each employment of it, fragments of calculus and portions of the bougie came away. A good deal of irritation was caused, but not such as to prevent a third repetition of the crushing, ten days after the second. After the third operation he was for three weeks very ill, with inflammatory disturbance and abdominal pain, which only terminated when one evening he passed a calculus by the urethra, which was followed by the flow of three or four ounces of well-formed pus. After this the man made a rapid recovery, and all urinary symptoms ended. It was quite evident that there had been an abscess in the parietes of the bladder at some part, probably near or in the prostate. Whether the calculus had been lodged in the abscess cavity, or whether, in being roughly forced over its surface, it had merely been the means of rupturing it, must be left to conjecture.

### TRACHEOTOMY IN CANCER OF THE LARYNX.

Amongst the more interesting of the specimens brought before the Pathological Society on Tuesday evening, were two specimens of cancer of the larynx, in the first of which the patient had been allowed to die unrelieved, and in the second life had been prolonged for upwards of a year by tracheotomy. The principle is an important one to establish in practice, that whenever death is in prospect from mechanical occlusion of the larynx, the operation should be had recourse to without regard to the exact nature of the cause. Its being cancer, or, what is more usually the case, its being suspected to be cancer, ought not in anywise to prevent this being done. A remarkable case is brought to our memory, which we witnessed some years ago, under Mr. Hilton's care, at Guy's, which bears on this point. The disease was not cancer of the larynx itself, but of one tonsil, involving the pharynx pressing down upon the larynx, and threatening complete occlusion. A portion of the growth had been excised for microscopic examination, and had been declared to be cancer. Suffocation being, however, imminent, Mr. Hilton performed tracheotomy, and the man, who recovered well, ever after wore the tube. The singular feature in the case now followed. The growth gradually diminished, and finally disappeared wholly. The man could now breathe through the natural passage, and used to wear the tube covered; he, however, refused to have the tube taken away. It was thought that the diagnosis had been erroneous, and that inflammatory swelling had been mistaken for cancer, but that it was probably not so seemed likely when we last saw the man. After the enjoyment of about a year's good health he presented himself to Mr. Hilton at the City Hospital for Chest Diseases, with numerous scattered tubercles in the skin. Some of these were of large size, and their aspect was exceedingly similar to that of examples of multiple cutaneous cancer. Mr. Hilton advised him to come into Guy's, to have one at least of the tumours excised for examination, but this he declined, and we shortly afterwards lost sight of him.

### TURPENTINE AS A DETERGENT.

We noticed in use the other day at the Dreadnought the oil of turpentine as a wash for stumps, etc., which may have got coated with plaister or other adhesive material. It is, we believe, also used at several other hospitals for the same purpose. The part is freely washed with tow dipped in turpentine. It does not appear to unduly irritate, but restores a healthy glow to the cutaneous surface, and the patients describe its effects as being pleasant rather than otherwise.

### DEATH FROM SYPHILIS.

Cases in which death from syphilis actually occurs are known to be rare. Mr. Chippendale, one of the House-Surgeons at St. Bartholomew's, mentioned to us the other day the particulars of the following instance of it which had just happened. The patient was a man aged 27, who had been repeatedly an in-patient during the last three years, suffering from various forms of tertiary symptoms. He had

taken iodide of potassium most largely, and often with temporary benefit. There had been very extensive destruction of the pharynx and soft palate, and a large portion of the upper maxilla had necrosed and come away. He had ulcerated nodes in various parts. His voice had for long been hoarse, and finally, in conjunction with those of pulmonary phthisis, symptoms of laryngeal ulceration manifested themselves. Under this combination he at length sank exhausted. At the autopsy the lungs were not allowed to be examined, but most extensive disease of the larynx was ascertained to exist. In an abscess on one side a portion of loose cartilage was found. The case furnishes us with an example of a class of cases, now fortunately very small, in which constitutional syphilis resists all the usual specific remedies, or if it do not wholly prove intractable, relapses occur so frequently and are of such severity, that the result practically amounts to a successful resistance. It is in such as these that the fumigation plan sometimes displays its advantages.

#### NOTE ON THE LONG-CONTINUED USE OF BELLADONNA.

A class of cases in which these solutions are exceedingly useful are those in which either a central opacity of the cornea exists, or the iris is tied down by adhesions, and the pupil partially obliterated. Under either of these circumstances, artificial dilatation of the pupil often suffices to afford to the patient vastly improved vision. These objects the solution of belladonna or of atropine will accomplish for any length of time. The fact is well vouched for by writers, and is frequently confirmed in practice, that habit does not diminish its influence. We have known patients continue its employment for ten years or more, its activity being just as apparent at the end of the time as at first, and no increase in the strength of the solution having been required. It may, perhaps, be deemed rather clumsy practice to set a man to put drops into his eye every day for the rest of his life, when a simple operation for artificial pupil might at once secure the object desired; but still there are circumstances, and those not of unfrequent occurrence, in which the former practice is preferable to the latter. The one requires a skilled operator, whilst the other is devoid of the slightest risk, and open to the adoption of any one. At any rate it is to be regretted that the efficiency of the plan by the permanent use of belladonna is not more widely appreciated than it is. The cases scattered up and down the country are probably not a few in which great benefit would be derived from its adoption.

#### HOSPITAL PHARMACOPEIA.

We extracted last week from the Pharmacopœia of the Moorfields Ophthalmic Hospital a formula for atropine drops. It may perhaps suit our readers' convenience if we group together such other formulæ as may seem suitable for quotation which have reference to this specialty. The following are from the Pharmacopœia of the Hospital referred to.

##### BELLADONNA DROPS.

These consist of twenty minims of the liquor belladonnæ to an ounce of distilled water. Atropine solutions are far more cleanly applications, and, as they keep better, their efficiency is more to be relied on. Atropine may not, however, be obtainable under all circumstances, and recourse must then be had to belladonna.

##### HYDROCYANIC ACID DROPS.

Very little efficiency is, we believe, thought to belong to hydrocyanic acid as a topical application to the eye. A formula, however, for drops containing it stands in the Pharmacopœia. It is one drachm of the dilute acid (Ph. Lond.) to seven of water. It is used in cases of irritable ophthalmia, but is rarely ordered.

##### SULPHATE OF COPPER DROPS.

The chief use of the sulphate of copper is as an application to granular lids, and for this purpose the crystal is employed. In this form, we believe, we may write that it still maintains its old reputation, as superior to all of the very numerous caustics which have been recommended in the treatment of this troublesome affection. After touching the lining membrane of the lids with the copper it is a good plan to smear the integument of the lid with a moistened stick of nitrate of

silver. The strength of the sulphate of copper drops, which are employed in certain cases of thickened conjunctiva, &c., is two grains to the ounce. These drops are, however, not nearly so frequently used as those of either the nitrate of silver or the sulphate of zinc.

##### BICHLORIDE DROPS.

These are, like the following, used chiefly in cases of corneal opacity, after the subsidence of all inflammatory symptoms, and with the intention of promoting absorption. Their strength is one-eighth of a grain of the bichloride of mercury to an ounce of distilled water.

##### IODIDE OF POTASSIUM DROPS.

The strength of these is three grains to the ounce. Their reputation is, we believe, about equal to that of the above, and respecting the efficiency of neither is a very confident opinion entertained.

##### NITRATE OF SILVER DROPS.

One grain to the ounce of distilled water is the strength of nitrate of silver drops employed at this Hospital. These drops are held to be an absolute specific in cases of catarrhal ophthalmia, but are very rarely used in any other form. They will cure also the purulent form, but against it the alum is equally, if not still more efficient. With these two exceptions there is scarcely a form of acute inflammation of the eye in which the Surgeons to this Hospital do not strongly disapprove of the use of topical stimulants. In cases of catarrhal ophthalmia, on the contrary, so marked is the effect of the nitrate that constitutional measures are hardly ever thought of. The cure is held to be likely to occupy about the same time that the disease had previously existed, the latter being much more quickly curable if it come under the proper measure in an early stage.

##### ALUM LOTION.

The strength of this lotion is eight grains to the ounce. It is specific against the purulent ophthalmia of infants if properly and freely used. It is also occasionally ordered in other forms of muco-purulent inflammation of the conjunctiva. A stronger alum lotion (lotio aluminis fortior) has a scruple to the ounce.

##### VINEGAR LOTION.

This lotion is almost exclusively employed to remove lime from the eye. Its strength is half a drachm of distilled vinegar to an ounce of water. Of course the sooner it is resorted to after the accident the better. It should also be very freely used, the lids being everted, and well washed.

##### LEAD LOTION.

Two grains of the acetate of lead, dissolved in an ounce of distilled water, is the formula for this invaluable lotion. It may be used with the happiest effects in many forms of conjunctival inflammation in which stimulants would be injurious. Very frequently after other lotions have effected a certain amount of benefit, but their good influence appears to have ceased, the use of lead will serve a most opportune purpose. Although the importance of the accident has, we believe, been much exaggerated, yet it is of course desirable to avoid the employment of this salt in all cases in which the cornea is actually ulcerated, for fear of its deposition in the cicatrix. It is to be observed, however, that as a lotion it is not intended to be actually dropped into the eye, but only applied to the lids. This Pharmacopœia does not contain any formula for drops in which lead is an ingredient.

##### LEAD AND OPIUM LOTION.

This consists of three minims of tincture of opium to an ounce of the above-mentioned solution of the acetate of lead.

##### LOTION AND DROPS OF THE SULPHATE OF ZINC

The strength of this lotion, as of nitrate of silver drops, is one grain to the ounce. It is employed in cases of weak eyes, with relaxed conjunctiva, and in those of inflamed lids. At this strength it is a milder stimulant than either the alum lotion or the nitrate of silver drops. When directed to be used as drops, the strength of the sulphate of zinc solution is two grains to the ounce.

##### OINTMENTS FOR TINEA TARSI.

Almost the sole use for ointments in ophthalmic practice is against tinea of the lids. For the treatment of this most



troublesome disease, several formulæ are contained in the Moorfields Pharmacopœia, most of them having some form of mercurial as their active ingredient. We have the unguent. hydrarg. nitr. dil., the strength of which is half a drachm of the nitrate of mercury ointment to seven drachms of lard; the unguent hydrarg. mitius, which is a drachm of the nitrate of mercury ointment to nine of lard; the ung. hydrarg. nitrico-oxyd. dil., which consists of a drachm and a half of the ointment of the nitric oxide to six and a half of lard. Of those not containing mercury the compound zinc ointment is the only one; its formula is equal parts of the zinc and compound lead ointments; it is, we believe, very rarely used. The dilute nitrate of mercury ointment is the one which enjoys by far the largest amount of confidence.

Very little, indeed, of special pharmacy is required in the treatment of diseases of the eye. The drugs in more frequent use are very few in number, and its dispensing is mostly very inexpensive. Tonics, indeed, constitute almost the only costly ones required, and of these, by the Surgeon who thoroughly understands the use of opium, turpentine, iron, and nux vomica, the more expensive may be almost wholly avoided. It is indeed almost only after extractions, in certain forms of strumous ophthalmia in children, and in others of pain in the eyeball, associated with neuralgia in adults, that quinine becomes absolutely indispensable. In the very numerous class of cases in which failing sight is dependent either upon chlorosis, asthenia lactantium, or other source of debility, more may be done by steel and nux vomica, than even with bark. There is nothing in the list of tonics, alteratives, or stomachics in use at this Hospital, which is peculiar, and which may not be well deferred for consideration to another place. We find, however, in the Pharmacopœia a formula for a

#### TINCTURE OF STRYCHNIA,

which we may here introduce. It consists of a grain of strychnia, to an ounce of tincture of orange peel. It may be questioned, however, whether this tincture is so efficient in all respects as that of the nux vomica itself, and is certainly not more convenient in use, while much more expensive.

Great praise is due to the Medical officers of the Moorfields Hospital, on account of their steady adherence to simplicity in prescribing. Of the formulæ in their Pharmacopœia very few, indeed, contain more than two active ingredients, most of them possessing but one; and very rarely, indeed, do the patients' letters exhibit any complicated prescriptions. When opiates are required, the liquor opii sedativus is usually preferred, as being at once more efficient, and less likely to disagree with the stomach than any other. This drug is largely used in cases of strumous ophthalmia in children, properly reduced in dose, being not more prone to disagree, while much more reliable than either tincture of hyoscyamus or paregoric. Diarrhoea is held to be one of the main indications for its use, and if the bowels are constipated it is never given, at least until free purgation, by scammony and calomel, has been first effected. In cases in which the intolerance of light is great, the bowels irritable, and the child very restless, a full opiate at night, with bark in the day, is often very quickly effectual. The form of bark usually prescribed to children is the liquor cinchonæ, prepared by Battley, but for adults quinine itself is held to be much more efficient. The chlorate of potash in full doses, as an alterative saline, in certain cases of pustulo-strumous ophthalmia, has recently come into much favour. A detailed examination is, however, being made as to its merits, and as to the class of cases for which it is best suited, and at present it would be premature to speak dogmatically.

#### A SUMMARY REPORT ON BLOODLETTING IN EPILEPSY.

—The following is the entire report presented by the chairman of a special committee of the Indiana State Medical Society, appointed to consider the question of "The Effects of Bloodletting in Epilepsy, Convulsions, etc.:"—"Having examined the literature of the subject, I find that none of our recent authorities have any confidence in bloodletting as a remedy for epilepsy, but, on the contrary, an opposite treatment is advised—the disease being one of debility, instead of plethora. The question being altogether a negative one, and unsuitable for a report, I wish to be discharged from further duty."

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## Medical Times & Gazette.

SATURDAY, JANUARY 9.

#### THE ENGLESHAM POISONING CASE.

THE case of poisoning by prussic acid which has been recently tried on the Glasgow Winter Circuit, and has ended in a conviction for murder, presents some features of interest in reference to the circumstantial and medical proofs of death from this poison. We will first deal with the general evidence, as by this the administration of poison appears to have been as clearly traced to the prisoner as if the act had been proved by the testimony of an eye-witness.

The deceased, Agnes Montgomery, was 27 years of age, an active woman of good health, and never subject to fits or convulsions. She was seen by her sister in her usual health about half-past four o'clock p.m. on the 13th of September, 1857. Soon after five o'clock, in consequence of hearing a moaning noise, the witness entered her room, and found her sitting in a chair insensible, with her head leaning on a table, her right hand hanging down, and her left hand in her lap. Her eyes were prominent, fixed, and staring, and a thick "slavery froth" tinged with blood was issuing from her mouth. Her face was bluish red, and swollen,—there was difficulty of breathing,—she gave heavy sighs, with occasional sobs; got worse and died. It was twenty minutes past five when her sister entered the room, and the deceased died about six o'clock, thus making the duration of the case, so far as it was witnessed, forty minutes; but the deceased had probably taken the poison from five to ten minutes before she was seen by her sister. A Medical man saw deceased about half-past five. His evidence as to her condition confirmed that of the non-professional witness. The eyes were staring and motionless, and the pupils dilated; she breathed slowly, and with difficulty, and the respirations were rather deep (heaving); the pulse was between seventy and eighty; there was coldness of the skin, with spasmodic contraction of the jaw. She had bitten her tongue, and this had occasioned the bloody appearance of the froth which issued from her mouth. This witness appears to have had no suspicion of poisoning, and observed very little; for while it was clearly proved that the right hand of deceased was firmly clenched, and the left foot quite stiff, he did not observe, and could not speak to the condition of the feet and hands. He admitted he was told that the deceased was quite well at five o'clock, i.e. within half an hour of the time at which he saw her in this dying condition. He certified that she had died of *apoplexy*, and gave no notice to the authorities of this very sudden and suspicious death. Upon this medical certificate the deceased was buried on the 17th September, but in consequence of some rumours, the body was exhumed and inspected on the 30th, i.e. seventeen days after death.

The inspection was made by Dr. Mackinlay, of Paisley.

The body was much decomposed, the face swollen and black, the fingers of the right hand were firmly bent inwards, the lungs were shrunk, the heart normal and empty. The liver, spleen, and kidneys presented no unusual appearance; they were decomposed.

On opening the stomach, there was an odour resembling that of prussic acid. The inner coat was reddish coloured, and the stomach was quite empty. The intestines, with the exception of slight redness externally, were in a normal condition.

The chemical evidence rested upon the experiments of Dr. Mackinlay and Dr. Douglas MacLagan, of Edinburgh. Dr. Mackinlay stated at the trial, that the stomach was treated by several tests (not mentioned in the report), and the conclusion which he and his son (another witness) drew, was that prussic acid was present in the stomach. Portions of the liver, heart, kidneys, spleen, and contents of the intestines were tested; but the results obtained were not such as to warrant a positive opinion that prussic acid was present in any of them. This analysis appears to have been made during the first week in October. Parts of the viscera were submitted to Dr. MacLagan on the 8th of October, and the first report of his analysis is dated the 10th. His attention was specially directed to the detection of prussic acid as the suspected cause of death. The bottles were sealed and labelled. In that containing one half of the stomach, there was no odour of prussic acid, the smell being merely that of sour semi-putrescent animal matter. The vapour evolved contained none of the poison, and it was only by distillation and by the aid of one test (that which is called the sulphur test) that an exceedingly minute trace of prussic acid was detected. The other tests for the poison gave no reliable results. There were 350 grains of liver, from which about a drachm of blood was obtained and tested. The blood gave with only one test (the sulphur test) a trace of the poison, but the experiment was too unsatisfactory to be depended on alone. The liver itself was not tested. On the 10th November, i.e. about a month afterwards, Dr. MacLagan examined one half of the heart, one half of the spleen, one half of the kidney, and one and a half inch of the duodenum with about ten inches of the small and four inches of the large intestines. There was no odour of prussic acid in any of these parts. The sulphur-test applied to the vapour issuing from the spleen produced results furnishing an unequivocal proof of the presence of prussic acid; the other tests failed to show its presence in the spleen, and in none of the other organs could any trace of the poison be found.

The accused was connected with the act by the following circumstances. On the 12th of September he caused a purchase of prussic acid (two drachms) to be made by a carrier on false pretences; this was delivered to him on the morning of the day on which the deceased died (the 13th). He was with one of the witnesses until ten minutes before five in the afternoon. He went towards the deceased's room; some beer was procured by his order—a noise, as of some one falling and being dragged along the floor, was afterwards heard in deceased's room, and shortly after this, i.e. a little after five o'clock, and after this noise had been heard, prisoner was seen leaving the deceased's room, and heard to lock the door after him. He took the key, which was subsequently found in a spot where he had had an opportunity of placing it; and some broken glass was found (the glass of a phial) in a garden-path adjoining. He gave untrue statements of his proceedings, and no satisfactory account of what had become of the prussic acid which he had caused to be purchased. There was an eye-witness to the act of administration, but, as this was a child of only three years of age, her evidence could not be received. With the facts thus placed

before them, the jury could, as we think, come to no other conclusion than that the prisoner was *guilty*.

The learned judge, in charging the jury, said "There had been a great deal of medical theory relied on in this case, but the jury, as men trusting to their general knowledge, would feel that that which they had to attend to were the actual facts of the case. And if they were satisfied that those facts led to a conclusion against the prisoner, neither the theory of the absence of motive, nor any medical speculations, could alter or prevent them from falling back on the actual facts." There was wisdom in these observations, and they no doubt had their proper effect in directing the jury to a just verdict.

The symptoms described by the witnesses who saw the deceased are in accordance with those which prussic acid is known to produce:—they are unlike those of apoplexy or epilepsy, irrespective of the consideration that these diseases do not commonly attack persons of the age of the deceased at once, without leaving well-marked appearances on the body, or without warning, and they do not destroy life so rapidly. The deceased is in her usual health about five o'clock, and is dead at six o'clock, without any appearance in the body to explain this sudden death in a healthy person. We think that without any chemical evidence at all, there was enough in the "actual facts" of the case to justify the verdict of the jury.

The chemical evidence was in some respects conflicting. The two witnesses who examined one part of the stomach deposed to the smell of prussic acid and to the discovery of this poison in the organ, but they could not detect it in the spleen or other viscera. A few days afterwards the remainder of the stomach was examined by an experienced chemist, who could not perceive any odour in it, and who could procure by one test only, an exceedingly minute trace of the poison. An analysis of one half of the spleen by the same gentleman five weeks after the disinterment of the body showed the presence of prussic acid, while the other half, which was analysed immediately after the exhumation by the witnesses who made the inspection, yielded results which could not be relied on. These differences were of course dwelt upon in the defence, and would have afforded, no doubt, a wide field for chemical discussion and dispute had the circumstances of the case and the social position of the poisoner been favourable to such a gladiatorial exhibition. There was no accord even on the strength of the prussic acid with which the deceased was supposed to have been poisoned; for while Dr. Mackinlay gave its strength at four per cent., Dr. MacLagan made it about two and a half per cent. of anhydrous acid. Dr. Penny was called to explain, and if possible to reconcile these chemical differences; but in spite of his evidence the fact still remained, that if prussic acid was found in one half of the spleen five weeks after the exhumation of the body, it ought to have been clearly and distinctly found by those who examined it immediately after the body was exhumed. It was suggested by defendant's counsel, that if not then found in the spleen, what reliance could be placed on its alleged discovery in the stomach, in which Dr. MacLagan, analysing one half about the same period, could scarcely speak to a trace, and that only by the use of one most delicate test?

We do not advert to these scientific differences because we entertain any doubt about the sufficiency of the evidence for conviction, but rather because they gave to the counsel for the defence the opportunity of pressing upon the jury Orfila's view, that prussic acid in small quantity may be spontaneously generated by decomposition in the dead body. At the trial of Tawell at Aylesbury, in 1845, Sir Fitzroy Kelly took a wider basis, upon the advice of the chemists retained for the defence of that criminal. He assumed the presence of

a sufficient number of apple-pips in the stomach of Sarah Hart to make up one grain of anhydrous prussic acid! Here the counsel for the prisoner, who, we are bound to say, acted with great discretion and propriety, had to deal only with traces of prussic acid, and the theory of Orfila naturally presented itself to his mind when the two halves of the spleen gave such conflicting results; the prussic acid only manifesting itself in an unequivocal manner in this organ more than a month after the first analysis had failed to reveal it! We have been induced to look at what Orfila says on the subject, and we can find nothing satisfactory. This alleged spontaneous generation of prussic acid in the dead is a mere speculation without a shadow of proof or even probability. In the last edition of his excellent work on Toxicology, Orfila puts his proposition in an evasive and negative form. Thus, he says, "It is *not* proved that prussic acid may not be produced in the body at a certain stage of putrefaction." It is not customary to prove negatives of this kind, and the same proposition might be as safely put regarding arsenic, phosphorus, and other poisons! He does not mention a single fact which renders his theory even probable, and he takes away the whole force of its application to the Glasgow case by the remark, that he does not intend this doctrine to be applied to the denial in all cases of poisoning by prussic acid, for the *symptoms* and *appearances* may be such as prussic acid would produce, etc. We may, therefore, safely wait until some probability has been given to this theory by actual observations. Dr. MacLagan justly observed, that if it were true, analysts would be frequently meeting with prussic acid in the dead body, whereas it is never found excepting in those cases in which circumstances concur to show that it must have been taken and caused death.

We shall only further remark of this case, that the facts as recorded throw some light on certain disputed points connected with poisoning by prussic acid. Putrefaction was not retarded, but, in the short period of a fortnight, had evidently gone on to a great extent. There were appearances of tetanic spasms affecting one hand and foot, and continuing even in the grave for a period of seventeen days, in spite of putrefaction. Among the symptoms there was no "death-shriek!" Our readers may remember that Sir F. Kelly insisted upon the absence of this as a proof of the innocence of the culprit Tawell, and to show that his victim, Sarah Hart, had died a natural death! There was no medical quibbling there about the condition of the heart, the cavities of which were quite empty—or of the spinal marrow, which was not examined, and no medico-legal quibbling about the amount of poison found in the body. In Tawell's case, a grain of anhydrous prussic acid was contained in the stomach. This was proved, not by one, but by all the tests in an unequivocal manner. It was contended, however, in defence, that no one had died from so small a dose as this, and that no person could die from less than that which had been known to prove fatal. Hence it was argued, It is not enough to find prussic acid; you must produce from a dead stomach a sufficient quantity to prove fatal to another adult! In the Glasgow case, the witnesses spoke to the presence of traces only, and the counsel for the prisoner had the good sense to know that the quantity found was immaterial, provided it was clearly detected.

There was no shedding of tears by the counsel in defence, as at the memorable trial of Tawell; no asseveration of the innocence of his "unhappy and persecuted client"—the prisoner—as in some other remarkable cases; but a very proper and sensible appeal to the jury, to which no medical witness could take exception. From these facts we draw one of two conclusions: either that Scotch barristers who defend criminals are better informed on questions of poisoning, than certain

members of the English bar; or that they have less professional duplicity, and feel it a disgrace to deal with a defence upon grounds which are at once repugnant to common sense and opposed to a safe administration of the criminal law.

### THE WEEK.

From additional particulars which have reached us in reference to the late proceedings instituted at Bridgewater against Mr. Henry Symes, we are compelled, however reluctantly, to allude to the subject more fully than we had intended to do. It appears to us that that gentleman has been made the victim of a very cruel persecution, and it will be no novelty to our readers to be informed that Mr. Symes's persecutors are the Guardians of the Poor-law Union, of which he is one of the Medical officers; nor will it excite much surprise that the agents of the Poor-law Board have joined the Guardians in their crusade against him: but it will excite both surprise and regret to be informed that two of the chief witnesses arrayed against him were Medical practitioners, living in the same town with himself. He has been exposed to two judicial investigations; one before a Coroner's jury, by which he has been entirely exculpated; and another before an Inspector, sent down by the Poor-law Board to investigate the same case. The circumstances under which Mr. Symes has been dragged, almost as a criminal, before a Coroner's jury, are so extraordinary, that if similar proceedings should become common no Medical man's character will ever be safe. It appears that he received an order, in April last, to attend a pauper patient, of dissipated character and very irregular habits, who was suffering from hypertrophy of the heart and valvular disease, but who was nevertheless able, like many patients similarly afflicted, to walk about from place to place, and who accordingly came as an out-door patient to Mr. Symes's house. That gentleman appears to have treated the case in a very appropriate manner, as far as we can perceive, and to have enjoined the observance of strict repose; in spite of which the man is stated to have pursued his usual loose and erratic habits, and it is actually deposed, in evidence, that while under treatment he entered himself as a sailor on board a coasting vessel, and in that capacity assisted in unloading ten thousand bricks. Under these circumstances it cannot astonish any one that a man labouring under hypertrophy of the heart, with valvular disease and general dropsy, should get worse under any treatment, however judicious; and we accordingly find that he was at last admitted into the Infirmary of the Workhouse in a state of general disease, under which he rapidly sunk. In this brief history there seems nothing whatever to fix upon any practitioner a charge of unskilfulness or neglect; yet we find a Coroner's jury solemnly assembled to investigate the cause of the man's death, and in effect almost to try Mr. Symes for manslaughter! The evidence directed to this object, however, entirely broke down, and a verdict of "Death from Natural Causes" was returned. Not satisfied with this result, the Guardians, assisted by the two Medical gentlemen to whom we have alluded, now solicit and obtain an investigation against Mr. Symes on the part of the Poor-law Board; the whole case is, tried over again, and the decision at present rests with the authorities at Whitehall. In addition to the case of the man who died of the diseased heart, another case was trumped up against Mr. Symes before the Poor-law Commissioner. In the latter instance, Mr. Symes was charged with neglecting a pauper who was suffering from some chronic inflammation of the knee-joint; but although an attempt was made to prove that the man was visited only twice in seven weeks, it was distinctly shown that Mr. Symes repeatedly went to the man's house, *but was re-*

*forced admission by his wife*, who had pawned some article belonging to one of Mr. Symes's servants, and who was afraid of detection. Of the treatment pursued in this latter case by Mr. Symes, his two Medical opponents have expressed an unfavourable opinion; but it is a curious circumstance that when the patient came under the treatment of one of these adverse witnesses, precisely the same treatment was pursued as that which was adopted by Mr. Symes. The whole affair has thrown great discredit upon the state of Professional feeling at least in two quarters, in the town of Bridgewater. Whatever may be the cause of animosity existing in the minds of the general public against a Medical Practitioner, it does not become any of his Professional brethren to join the outcry against him, and we hope that the proceedings to which we have now alluded may form only a rare exception to the general good feeling which ought to characterise the legitimate practitioners of medicine. Even in the case of an erring brother, it is not for any of our body to cast the first stone against him; and in the instance of Mr. Symes, we cannot perceive that he has committed any error.

It is more than six years since we called the attention of our readers to an endeavour to establish a Children's Hospital in London. The experiment seemed to have been maturely considered, and was supported by a goodly array of Medical names. It has been quietly worked in Great Ormond-street since February 1852; with abundant success, as far as the poor are concerned, but with a comparatively slender support from the public. We regret to find that the Dinner in aid of its funds, at which Mr. Dickens is to preside on February 9th, is intended not for the increase of its usefulness only, but even to ensure the existence of the Charity. We must heartily commend the Children's Hospital to the help and good word of all members of our Profession, as an honest endeavour to supply a want which we all are conscious of, and to furnish the student in medicine with opportunities for acquiring a knowledge of an important class of diseases such as no other institution in London affords.

After three weeks' study, the Committee of the General Lying-in Hospital have prepared a reply to Dr. Rigby's letter to the President, and to our own article of the 12th ult. This reply will be found in another column. So far as it affects Dr. Rigby's letter, we shall leave that gentleman to show how far the statements and arguments of the Committee are correct. The only remarks we feel called upon to make are, that our assertion, as to the ventilation having been carried out irregularly since May 1855, is borne out by the fact that Dr. Rigby himself, in order to attempt to reduce the expenditure of coal to the minimum consistent with thorough ventilation, had brought it too low at times, so that the draught of air through the shaft was not kept up. We may add, that the Committee, according to their own letter, appear to be ignorant of the working of the system of ventilation in their own Hospital. The air is obtained from without, at the highest point of the building, and is brought down a shaft to the chamber from whence it is distributed over the building, and any pollution of the air in the chamber by the emanation from drains is purely imaginary. This subject is of such great practical importance, and the facts brought forward by Dr. Rigby are so singularly illustrative of the causes of Hospital mortality, that we trust no personal feeling will check a full discussion and fair examination of the evidence adduced.

At the meeting of the Epidemiological Society last Monday a paper was read on the Cholera in Sunderland, which we

trust will lead to some practical good. The importance of the sanitary inspection of shipping was well brought out by the author, as well as Dr. Waller Jones and Dr. McWilliam, in the discussion which followed the paper. Mr. Spencer Wells then urged the importance of such inspection, especially upon vessels arriving in this country from foreign ports where cholera was epidemic, showing how easy it would be to have buildings in healthy situations on shore, to which patients suffering from, or threatened with, cholera could be removed, and kept from endangering a healthy population; and it was agreed that at the next meeting of Council a motion should be brought forward for an early representation to Government in the name of the Society in favour of such special inspection. We have so often insisted upon the necessity of such a measure, and pointed out the unnecessary danger to which the people of this country are exposed by the apathy of Government, that we trust the Epidemiological Society will act heartily in the cause.

The proposed amalgamation between the Odontological Society and the College of Dentists is likely to be set aside by what appears to us to be a very trivial and unimportant difference. It is proposed that the united body should be recognised hereafter as "*The Institute of British Dentists*;" but to this the College object, and hold to the term *College*, many country members seeming to think that there is some charm or *prestige* in the word *College* which there is not in the word *Institute*. If we are to judge by the French acceptation of the term, this is a great mistake. The other point reminds one of the man and wife who had been married thirty years without children, and separated upon a difference as to the name of a son, should one be born to them. One body proposes that the College of Surgeons should be urged to grant special dental diplomas, but in the event of their refusing to do so that the united body—Institute or College, as the case may be—shall grant the diplomas. "Surely," say certain gentlemen, "the united body are as competent to grant diplomas as the College of Surgeons! We won't ask for diplomas as Surgeons. We don't know whether we shall get them if we do ask, but rather than ask we refuse to amalgamate, and thus unite together in one great body the Dentists of Great Britain." Such conduct is very much to be regretted.

## REVIEWS.

*Correspondence and Statements regarding the Teaching of Clinical Medicine in the University of Edinburgh, etc.* By T. LAYCOCK, M.D., Professor of the Practice of Medicine, etc. 8vo. Pp. 70. Edinburgh: 1858.

We have seldom perused a document which has given us so much pain as the "*Correspondence and Statements*" just published by Dr. Laycock, the Professor of Medicine at the University of Edinburgh.

We have no wish to enter into the details of this entangled skein of bitter, unworthy, and highly unprofessional feeling, still less to pronounce any opinion as to what is right and fair, or what is wrong and unfair in the case; but what we feel bound to notice and deprecate is the *spirit* in which this sad affair has been conducted—the mean quibbling, the continued non-adherence to previous statements, the unworthy subterfuges, and, lastly, the positive deviations from truth and their consequent painful exposure.

We have no personal interest, and are in nowise partisans in this matter; indeed, we look upon the original cause of the dispute as of secondary importance in comparison with the results to which it has given rise. We, in common with the Profession in general, entertain the highest respect for Dr. Christison's great talents and valuable works; but if these statements of Dr. Laycock be correct, (and it is impossible to imagine that he could have deliberately invented

correspondence and statements by wholesale,) what can we say to the painful exposures to which they have given rise?

We will mention but one circumstance which has struck us with peculiar force. The following passage occurs in a letter from Dr. Christison to Mr. Douglas, dated December 1, 1857, and published at page 62 of Dr. Laycock's pamphlet:—

"I hereby declare, therefore, that I heard Mr. Syme read, as the arrangement, acceded to by Drs. Bennett and Laycock for the future teaching of Clinical Medicine, the three short clauses contained in Dr. Laycock's pamphlet, page 27: That Dr. Laycock and Dr. Simpson were both present; that these gentlemen, as well as the other members of the Faculty, concurred in the arrangements."

Yet, at a meeting of the College Committee, Dr. Laycock says—

"Dr. Christison felt obliged to avow that he had not heard Mr. Syme read the three short clauses (*ante*, p. 27)."

Dr. Christison was allowed to withdraw his letter, he says to correct it, but we do not see that the corrections alter the case, which is complicated in the most extraordinary manner by direct assertions and positive contradictions, and we feel bound to ask, Is this the right mode of conducting a discussion or dispute between gentlemen and men of distinguished scientific position? Even supposing, for argument sake, that Dr. Laycock has been unfair and grasping in his demands, and discontented with every equitable arrangement, does this, or anything else, justify such conduct? One of Dr. Laycock's concluding sentences gives a melancholy picture of the spirit in which disputes are carried on in Edinburgh. "It has been my great good fortune, it is true, to be able to rebut these painful attempts to injure me in the estimation of the patrons, the University, and the public, by the publication of documents of which the accuracy is unquestionable; but let it be supposed that I had lost or destroyed the letters in question, or that I had continually to make "corrections," what would then have been my position? I must have been inevitably borne down by hardihood of assertion, and have suffered irretrievable injury to my character and prospects."—p. 69.

Are our professional brethren of Edinburgh always to live in an atmosphere of intrigue and hatred one towards another? We know that there are many bright and honourable examples to the contrary; but it is a fact, no less sad than notorious, that the Edinburgh University has been for years the scene of constant and bitter feuds, not less discreditable to the parties than injurious to the University, and it requires no peculiar foresight to prognosticate that such a state of things must bring ruin upon themselves, and the good old alma mater.

*The Enlarged Prostate, its Pathology and Treatment.* With Observations on the Relation of this Complaint to Stone in the Bladder. By HENRY THOMPSON, F.R.C.S., etc. London: 1857. 8vo, pp. 320.

In this work Mr. Thompson brings before the Profession the conclusions he has arrived at after not less than "seventy original dissections," an extended examination of the metropolitan museums, and considerable clinical experience.

In the first chapter he describes the anatomy of the prostate very fully, giving good grounds for rejecting for the future the term "third" or "middle lobe," and adopting the more correct phrase, "posterior median portion."

In the second chapter the analogy between the enlargements and tumours of the prostate and those of the uterus is discussed. Mr. Thompson lays great stress on the fact that organic muscular fibre constitutes the bulk of both organs, and that tumours of the two organs are identical both in external and histological characters.

The alleged causes of enlargement of the prostate are examined in the third chapter. The views advocated by the author are novel, and demand investigation. He argues that neither inflammation, nor stricture and calculus, nor venous stasis, nor gout, rheumatism, and syphilis, can cause the enlargement. In cases where enlarged prostate occurs in persons who have suffered from any of the preceding affections, he looks upon the relation as merely casual. The frequency of enlarged prostate in gouty patients, however, would lead us to doubt the general correctness of this view. Mr. Thompson does not speak with confidence as to the effect of sexual excesses on the prostate. He insists that prostatic enlargement is "not analogous to glandular hypertrophy, nor to hypertrophy of other muscular organs depending on increased

function," but that enlargements of the prostate and uterus are identical in nature, and probably depend on their common structure. "The origin of hypertrophy being thus attributed to a necessity of structure, no doubt all circumstances which tend to induce active determination of blood to this locality may aid in its development."—P. 65.

In the fourth chapter the symptoms of enlarged prostate are carefully described, from the phenomena first noticed to the last stage; and in the succeeding chapter the effects of the enlargement are described in relation to retention and incontinence of urine.

The sixth chapter, on the diagnosis of prostatic and other obstructions at the neck of the bladder, is full of useful practical hints. In the seventh, we come to the treatment of senile enlargement of the prostate, and the chronic cystitis and irritability of bladder connected with it. The author speaks highly of benzoic acid as a means of "producing acid in the place of alkaline urine," after all other means have failed. In one case he relates he gave it in scruple doses every six hours, dissolved in a drachm and a half of spirits of wine. We have seen similar good effects from much smaller doses than this, viz. five grains three times a day.

As to the treatment directed against the enlargement itself, Mr. Thompson expresses the hope that iodine and bromine may prove to have some remedial power. "The influence of these agents over simple enlargements of the uterus is undoubted, and a certain analogy between uterine and prostatic enlargements has already been pointed out." The hope was confirmed by a visit to Kreuznach, and inquiry into the action of the water there, which is so highly charged with iodine and bromine. The following observations are so good, that we extract them:—

"I am of opinion, then, that it is certainly worth while to attempt the reduction of enlarged prostate, especially if it be an example which is ascertained to constitute a pretty uniform tumour in the rectum. If the patient enjoys a fair share of health, there is nothing to contra-indicate it; the treatment may be pursued without exhausting the constitution, or deranging the digestive functions.

"The plan which I have pursued in a few cases is the following:—

"Tepid hip-baths, daily, of water to which the bitter or mother-lye of the Kreuznach springs has been added, in varied proportions, beginning with half a pint, or pound, according to the form in which it is obtained (see note below (a),) to four gallons of plain water, at a temperature of

(a) "The principal spring at Kreuznach employed for medical purposes is the Elizabeth-Quelle. Its temperature is 54½° Fahr., and it contains about 90 grains of solids in the 16 ounces, with about 5 cubic inches of carbonic acid gas.

"The following is one of the most recent analyses, by Bauer:—

Chloride of sodium . . . . .	72.92
" potassium . . . . .	0.97
" magnesium . . . . .	0.25
" calcium . . . . .	12.98
Carbonate of magnesia . . . . .	1.57
" lime . . . . .	0.27
" iron . . . . .	0.20
Bromide of sodium . . . . .	0.30
Minute quantities of iodine, manganese, and some earthy bases with chlorine . . . . .	1.47

90.93 grs. in 16 oss.

In this form it is administered internally in small quantities.

"But for topical applications, the water of this spring is strengthened in saline constituents by the addition of the mother-lye after the elimination of the chloride of sodium at the Salt Works, which exist on a very large scale close by the town, at other saline springs. This mother-lye, of which the specific gravity is between 1.3 and 1.4, contains no less than between 2000 and 3000 grains of solids in 16 ounces. A late analysis gave the following result:—

"In 16 ounces of the mother-lye there were 2484.16 grains of salts, constituting about a third part of the mixture.

Chloride of calcium . . . . .	1789.97
" sodium . . . . .	226.37
" potassium . . . . .	168.31
" magnesium . . . . .	230.81
" aluminium . . . . .	1.56
" lithium . . . . .	7.95
Bromide of sodium . . . . .	59.14
Iodide of sodium . . . . .	0.05

2484.16 grains.

"This fluid being evaporated, the saline matters have for some time past been imported to this country for medicinal use; but the result is considered somewhat inferior as a therapeutic agent both here and at Kreuznach, to the original mother-lye, while it is certainly somewhat less convenient for use. More recently this has been imported, by Messrs. Schacht, of 38, Houndsditch; from whom my patients have obtained it in any quantity required, at a very reasonable rate."

90° to 94°, or warmer, if preferred; in this the patient should be seated for twenty minutes every morning.

"Local application may be made either by enema or suppository; if by the former method, the following formula may be depended upon as not too irritating to the rectum. It should be retained there as long as the patient can conveniently do so. The best instrument for injecting it is an india-rubber bottle with ivory tube, as the constituents of the Kreuznach water will rapidly injure metallic apparatus.

R. Potass. iodidi, gr. v.

Kreuznacher bitter, ʒij.

Dec. hordei vel lini, ʒiij.

Misce pro enema, quotidie utendum.

"To this a little opium may be added if necessary, in order to enable the bowel to retain it.

"The suppository, which, on the whole, is perhaps more easily administered and borne than the enema, may be used after the following form:—

R. Potass. iodidi, gr. ii.—v.

vel Potass. iodidi.

Potass. bromidi, ʒā, gr. ii.—iii.

Cerati, gr. viii.

Misce, fiat suppositorium.

"This should be employed at the time of going to bed, and may be repeated every night for a considerable period.

"The Kreuznach water itself, from the Elizabeth-Quelle, is now obtainable in this country, but is probably less useful than the bromide and iodide of potassium, given internally. I must confess I am disposed to believe less in the value of internal remedies than in that of the topical means described. At most, I would employ only small doses of the bromide and iodide of potassium conjoined, in some suitable vehicle; these are more likely to be useful, and are much better borne by the stomach than the natural water, with its large proportion of chloride of sodium. From three up to ten grains of the bromide with, at most, one of the iodide, twice a day, is the quantity I have employed. It is scarcely necessary to say that this course must be persevered in for a considerable period of time, during which the dose may be gradually increased.

"Of the application of these irritants in any form or degree to the surface of the sensitive mucous membrane of the urethra I wholly disapprove. Nothing is easier than to pass down to the prostatic part a small portion of ointment impregnated with some chemical agent, and project it into the urethra there. But that it can remain there in any quantity, or for any time, adequate to the absorption of a part of the salt introduced, I do not believe: the greater part, if not the whole, is speedily removed to the bladder, and the utmost which can be expected to result is an amount of irritation corresponding to the quantity of the agent employed, an effect which, in any degree, is positively injurious.

"Now, although I think we may by perseverance in this line of treatment, aided by those other appliances, and by an appropriate regimen, which are necessary, and have been already described, attain some improvement in the condition of the prostate, or, perhaps, be able to retard its increase, I do not think we are warranted in expecting to reduce the bulk of a considerably enlarged prostate of long standing by the means described. They are, however, simple, easily employed, and unattended with any danger to the patient: and they certainly hold out more promise than any other therapeutic agents with which we are acquainted. They can be tried by the patient himself for a considerable period of time (and without perseverance for some few months it would not be desirable to commence their use), with but the occasional superintendence of his medical attendant, when once instructed at the outset. All the advantages which the natural springs possess are now attainable at home, since the treatment, mainly consisting as it does of external applications, is pursued with precisely the same elements as at Kreuznach, in no respect altered by their transmission here; while for internal remedies, the artificial product of the chemist is preferable to the crude salt water of the native springs.

"Under these circumstances I am induced to conclude that we shall act judiciously in advising most patients whose health is good, and in whom the complaint is not considerably advanced, to make trial of the treatment in question."—Pp. 151—154.

It will be observed that Mr. Thompson only speaks of the

effects of this treatment conjecturally. He does not seem to have tried it, but it is certainly worth trial. Our own experience teaches us to believe more in the value of the bromide of potassium administered internally than Mr. Thompson appears to do by the above passage. We have long been in the habit of giving it and the muriated tincture of iron alternately week by week—a week of the bromide and a week of the iron—for several months, and have no doubt whatever that enlarged prostates have diminished very considerably in size under the course. The dose has been from half a drachm to a drachm of the bromide daily, and the same quantity of the iron tincture. Mr. Thompson has contrived a very useful modification of Dr. Arnott's stricture dilator by fluid pressure, with the view of compressing the prostate by dilating the prostatic urethra. The instrument is figured at page 159, and will doubtless come into general use.

The treatment of retention of urine from enlarged prostate.—The enlargement of the prostate from inflammation as distinguished from hypertrophy, are the subjects of two following chapters. The tenth chapter treats on malignant disease of the prostate, which the author shows is almost invariably encephaloid. Tubercular disease and cysts of the prostate fall under review in the next chapter. Tubercle is rare in the prostate, and is almost invariably associated with tuberculous kidney or testicle.

The twelfth chapter on the bar at the neck of the bladder is a very interesting essay on this important subject. The following are the author's conclusions:

"First,—That in the great majority of cases in which there exists an organic obstruction, having more or less the form of a ridge or barrier, situated at the posterior border of the neck of the bladder, this unnatural elevation is constituted by an outgrowth arising from the posterior median portion ("middle lobe") of the prostate.

"Secondly,—That an organic obstruction may exist at the neck of the bladder, when there is no enlargement of the posterior median portion of the prostate.

"Thirdly,—That in this case it most commonly consists of an undue elevation of the uvula, associated with hypertrophy of the muscular elements of the bladder, particularly of the muscles leading from the orifices of the ureters to the urethra—originating in long-continued irritability of the viscus, and generally occasioned by stricture of the urethra, or calculus of the bladder.

"Fourthly,—That much less commonly it consists of a fold of mucous membrane and submucous tissue drawn upwards by enlarged lateral lobes of the prostate, the posterior median portion being slightly, if at all, affected.

"Fifthly,—That, very rarely, such a barrier exists in the absence of any known cause for its formation, in which case it appears to consist, as in the preceding, of a simple elevation or fold of the tissues which form the posterior border of the urethro-vesical orifice, no enlargement of the prostate being present."—Pp. 250, 251.

Our limits forbid us following Mr. Thompson through what will probably be considered by his readers the most interesting chapter in his book—the concluding observations on the relation between enlarged prostate and stone in the bladder, and the best mode of applying lithotripsy for the removal of the stone. This chapter—like the other portions of the book, and everything else which Mr. Thompson has written—shows careful research, much thought, power of accurate observation, great practical tact, and sound judgment. His book should be read by every surgeon who treats or hopes to treat cases of diseased prostate.

A BAD END.—On Saturday, a coroner's jury assembled at the residence of a lady, No. 2, Mortimer-street, Cavendish-square, to inquire into the death of Mr. C. Brook Hunter, aged 28. In July last deceased, who was a Medical student, arrived in town from Norfolk, for the purpose of passing his examination; instead of which, however, it is said, he plunged into the follies and extravagance of the metropolis, in which career he continued up to the time of his decease. On a friend calling upon him, and going to his room, deceased was found in bed dead and cold, with an empty phial which had contained laudanum by his side.—Verdict, "That deceased destroyed himself by taking laudanum, but what state of mind he was in at the time there was no evidence to show."



## PROGRESS OF MEDICAL SCIENCE.

## Selections from Foreign Journals.

## REPORT ON CROSS-PRESENTATIONS.

By PROFESSOR SPAETH.

AMONG the 12, 523 births which came under Professor Spaeth's observation while he held the post of assistant accoucheur at the General Hospital, Vienna, 93 cross-births occurred. Cross-presentations were also, besides these, very frequently diagnosed in pregnant women with exactitude, which on the commencement of labour were converted spontaneously into presentations of the long axis of the body. In primary cross-presentations, i.e. before the rupture of the presented, although in some instances the back or the abdomen membranes, the lateral portion of the child's body usually was found turned towards the os uteri. In the latter cases the extremities were generally found presenting, and in one instance, both the lower extremities and one of the upper were felt within the os, while the axis of the child's trunk lay completely parallel to the transverse diameter of the uterus. In secondary cross-presentations, i.e. the waters being discharged, the foetus, when normally developed, always presented with its shoulder; of 56 exactly indicated cases, in which the lateral part of the body or the shoulder presented, in 39 the back of the child was placed forward (24 times with its pelvic end towards the left-side, and 15 times towards the right side), and in 17 it was placed backwards (11 times with its pelvic end to the left, and 6 times to the right side).

The following may be enumerated as causes of cross-presentations.

1. *Twin births.* Among the 157 instances of those that occurred, the second child was found in the cross-position 13 times—therefore 1 in 12. The first child was always found in the long presentation.
2. *Maceration of the child.* Among 176 macerated children, 7, i.e. 1 in 25, presented cross-wise.
3. *Premature birth.* Of 656 children, born between the fifth and ninth month, and not in a macerated condition, 16 presented cross-wise—1 in 40.
4. *Placenta prævia.* In 13 cases of this, cross-presentation occurred 3 times. In these 3 cases the placenta was always so placed as to entirely cover the os uteri, while this was only found to be the case in 1 out of the other 10 cases.
5. *Relaxation of the walls of the uterus.* Scanzoni correctly considers unusual relaxation of the parietes of the uterus as one of the most essential circumstances in the production of cross-positions; and it is on this ground that the more frequent occurrence of the position in women who have borne several children is to be explained. Thus of the 93 cases in question, only 20, or of 52 cases not included in the above categories only 10, were primiparæ. Moreover, in the bulk of the great number of cross-positions ascertained to exist during pregnancy, but which were spontaneously converted at the onset of labour into long-presentations, presented this condition of relaxation, the rectification taking place apparently because the contractions of commencing labour obliged the hitherto relaxed organ to assume its natural form, thereby removing one cause of the faulty position.
6. *Abundant liq. amnii.* This was also often observed in pregnant women exhibiting cross-position. With the great mobility of the foetus which exists in such cases, it is quite a matter of chance whether the foetus during labour is not found in the cross-position. Among the 93 cases such excess of fluid was observed in 10, and certainly occurred yet oftener, in certain of the cases brought to the hospital only after the membranes were broken.
7. *The pear-shaped shape of the uterus, i.e. a slight degree of the uterus bicornis.* This was observed in one case only, but this was an example of the recurrence of the position in three pregnancies. Braun relates a similar case; and there is hardly any doubt that this deformity of the uterus, which is as perceptible after the birth of the child as before its expulsion, is a cause of habitual cross-position.
8. *Eventration of the abdominal viscera* was observed in 2 cases by the author, once at the hospital and once in private practice, the child being at about the 7th month in each case.

The course and treatment of the 93 cases were as follow:—

A. *Spontaneous Turning.*—This occurred in one case, that of a woman, aged 24, pregnant for the second time. At 8 a.m., 11th June, the waters were unexpectedly discharged.

The os uteri was found relaxed, and the ribs of the child could be plainly felt through it. On external examination, the back of the child was found to be turned forwards, its pelvic extremity lying nearer to the entrance of the pelvis than its head, which lay towards the right side. The uterus was soft, and slight contractions only occurred at long intervals. The patient was kept lying in bed on her left side, and strong pains only came on in the afternoon of the 13th. Under their influence, the pelvic end of the fetus passed spontaneously through the os, the uterus assuming its normal longish-round form. At 5 p.m. the living child was born with ease.

B. *Spontaneous Delivery in Shoulder Presentation.*—This occurred in five instances, and these consisted in a foetus of five months, one of six, two of seven months, and one at full time. The six months' foetus and one of those at seven months were in a macerated condition, and the others died during labour. The first of these cases, on account of the smallness of the child, was left to itself, while the others only came under observation after repeated unsuccessful efforts at turning had been made. The mechanism was the same in all these cases. The shoulder, under the influence of strong pains, was gradually pressed deeper into the pelvis, while the head advanced more and more forwards from the side of the mother towards which it was turned, until at last it lay exactly over the symphysis pubis. At the same time the trunk moved towards the sacro-iliac symphysis on its side, and was, through the pressure excited upon the buttocks by the fundus uteri, forced down the sacral hollow behind the head, so that first the presenting shoulder, then the under part of the thorax, the buttocks, and the feet passed out, and then finally the head was expelled. The complete extrusion of the shoulder, while the head remained at the entrance of the pelvis, was, however, only rendered possible by means of excessive extension of the neck. Two of the mothers suffered from slight peritonitis, but all recovered.

C. *Turning.*—This was effected in 86 cases.

a. *Cephalic Turning.*—Besides the very numerous cases of oblique cranial position in which the head deviating to one side or the other, was directed by manipulation into the pelvic entry, this procedure was put into force in six instances of cross-presentation, the manipulation being external in 2, and internal in 4 of the cases. In the two former, the membranes were as yet unruptured, the uterine walls were relaxed, and the pains infrequent, while the child was sufficiently moveable, without the liq. amnii being in excessive quantity. The woman having been laid on her back, one hand was placed above the child's head and the other beneath its pelvis, and by simultaneous pressure the one was directed towards the aperture of the pelvis and the other towards the fundus uteri. As soon as the head had somewhat approached the aperture, its further progress was much favoured by laying the woman upon the side corresponding to that towards which it had lain. The children in both these cases were born alive. In the four cases treated by internal manipulation, the membranes were still entire, and the hand corresponding to the side on which the head lay was, during an interval of the pains, passed sufficiently high between the uterine wall and the head to enable it to seize the head and draw it towards the pelvic aperture. This manoeuvre was assisted by the other hand, placed externally, either pushing the buttocks up towards the fundus, or aiding in thrusting the head downwards. All the children were born living.

b. *Turning by the Buttocks* was executed by external manipulation in one instance, the child being born living.

c. *Turning by one or both Feet.*—This was performed 78 times under the following different circumstances:—

1. *Prior to the rupture of the membranes* in 39, ten being examples of twin-births. The author places the woman on her back, with the pelvis somewhat raised, and introduces the hand corresponding to the side to which the child's feet are directed, when this can be ascertained. But before the waters are discharged it is indifferent to an experienced practitioner which hand he employs. With the exception of two cases, in which hæmorrhage from placenta prævia occurred, full dilatation of the os uteri was always waited for; and the membranes were preserved entire, when possible, until the hand had reached the spot where the feet were expected to be found. They were then broken, and where rapid delivery was required, as in placenta prævia, both feet were brought



down, otherwise only one. In the latter case the labour was then left, for self-completion, unless the state of the pulsation of the funis or other dangerous circumstances called for haste. In all cases, however, the delivery of the head had to be assisted, viz. in 37 by manual interference, (a modification of Smellie's method) and in 2 by the forceps. In the 37 cases, there were born 28 living (3 being still-born but soon restored), 4 dead and 5 macerated children. Of the 4 dead children, in 2 the birth had been preceded and accompanied by severe hæmorrhage, in one there was eventration, and one had to be extracted from want of pains. Of the two children delivered by the forceps one was born alive and the other in a macerated condition. As unfavourable complications, there were two instances of narrow pelvis and three of placenta prævia.

2. *After the discharge of the liquor amnii.*—These cases were also thirty-nine in number. The operation was rendered much easier by choosing the hand which corresponds to the side of the mother to which the feet are directed, and which when the waters are discharged could always be ascertained. In part of the cases it was introduced in the German method, by passing its volar surface over the abdomen of the child to the feet. In others, the French method was adapted, by which the presenting lateral parts are pushed farther away, and the hands carried over the buttocks to the feet. From the former none of the ill effects said to result from compression of the funis or abdomen were found to arise. In difficult cases great are the effects of a proper position of the woman and choice of the hand, together with carefulness and steadiness in its introduction. By observation of these points the experienced accoucheur will often succeed after many failures on the part of others. Still, there are cases in which the observation of every precaution is not followed by success, as when the uterus becomes so closely bound round the child by continuous, tetanic contraction, as to forbid the passage even of a quill between them. There are cases, too, in which vain attempts at turning have so excited the uterus as to have aroused the most vehement pains, which follow one after the other in rapid succession. Who, in attempting, under such circumstances, to turn the fast-locked fœtus, would not have the terror of rupture of the uterus before his eyes! It is in such cases that chloroform, or a mixture of chloroform and ether, is of unequalled utility, rectification often becoming possible during anaesthesia, when decapitation would be otherwise unavoidable.

1. Among these 39 cases of secondary cross-positions there were 19 cases in which turning took place immediately after the rupture of the membranes. Of these, (1.) There were 8 accompanied by unfavourable complications, viz. 2 with hæmorrhage, one child living, the other dying; 3 with prolapse of the funis, 2 living and 1 dying; 1 with the induction of premature labour at the end of the 8th month, the child dying; 1 with very rigid genitals in a primipara, the child living; and 1 with a large headed child, which lived. (2.) The other 8 cases were uncomplicated, and all the children were born living. Altogether in the 19 cases, 10 of the children were born living, 4 came still-born, one of these dying, and 2 were born dead. (b.) Cases in which turning was performed within the first half hour after the rupture of the membranes. These were six in number, in one of which only the child died. (c) Cases in which it took place at a later period, either because the patient came late under observation, or that the waters were discharged prior to the commencement of labour. Of these 7 cases, turning was executed in 4 in one hour, in 1 two hours, in 1 five hours, and in 1 twelve hours afterwards. Two of the children died. (d) In 7 cases the membranes were ruptured before the commencement of the pains. In these cases turning was accomplished after 9, 10, 23, 29, 37, and 64 hours, and in one case the exact time was not known, the child being dead when the patient was admitted. Among all these cases turning was not attended with any difficulty except in the first one. The cases under (c) and (d) sufficiently prove that nature usually leaves space enough after the discharge of the waters to admit of turning with success and without much difficulty, providing always that unsuccessful attempts have not excited the impetuous action of the uterus, which leads either to the death of the fœtus, or renders turning exceedingly difficult or impossible. (e) Cases in which turning was accomplished after prior unsuccessful efforts. Of these there were three, and the author relates two others which occurred in his private prac-

tice. Chloroform was employed in three of these, and turning would probably have been impossible without its aid. All the children were dead.

Summing up the results of the 85 cross-presentations treated by turning, we find that 66 children were born living (of these 9 were still-born, 8 recovering, and 1 dying), 13 dead, and 6 in a macerated state. Separating the macerated children, as already dead before the commencement of labour, the proportion of dead to the living children was 1 in 5. Of the mothers, 69 were in good health, 6 recovered after short illnesses, 1 was transferred to the hospital on account of metastasis, and 9 died. It is to be remarked, however, that the confinement of some of the fatal cases took place at a time when a bad form of puerperal disease prevailed. Of the entire number of 12,523 confinements which furnished these 85 cases, 546 women died of puerperal disease, and 73 were removed to the hospital on account of metastasis, eclampsia, &c. Hence the proportion of mortality in the whole was at least 1 in 22.

D. *Decapitation.*—This was performed in two instances, which are related, the children being dead, and the shoulder being so much forced down, and the child so closely compressed by the uterus as to render attempts at turning dangerous. Braun's modification of Smellie's hook was employed.—*Wien Wochenschrift.* 1857. Nos. 8, 9, 10.

### ON LESIONS OF THE EPIGLOTTIS.

By Professor HORACE GREEN.

The following are the conclusions of a paper recently read before the New York Academy of Medicine:—1. The epiglottic cartilage is subject to serious alterations of structure, which, it is believed, have not received that attention in practical medicine which their importance demands. These lesions, which are ordinarily the results of inflammation, are erosions of the mucous membrane of the epiglottis, ulceration of the membrane and its glands, and œdema of its areolar tissue. Both erosions and ulcerations, although occasionally found associated with tuberculosis, are often found to exist as primary disease, being the antecedent, and, in many instances, the exciting cause of other grave affections. 3. Erosions occur much more frequently than ulcerations, and differ from the latter in being much more superficial, as they are confined to the mucous membrane, and ordinarily to its epithelial layer. 4. Primary ulcerations of the epiglottis are alterations of structure, differing essentially from erosions. They originate apparently in the follicles of the mucous membrane, which soften and ulcerate, and, penetrating the fibro-cartilage, ultimately destroy a portion of the epiglottis, and, if not arrested, prove the cause of much more serious disease. 5. (Edema of this cartilage is a lesion of somewhat frequent occurrence, the result, ordinarily, of catarrhal inflammation. It is attended generally with loss of voice and difficulty of deglutition, and is occasionally complicated with ulcerations of the cartilage, by which, in some instances, the epiglottis has been completely destroyed. 6. The epiglottis, which is almost insensible in its normal state, becomes when diseased frequently the source of great irritation to the more sensitive adjacent parts. The presence of this cartilage is not indispensably necessary to secure deglutition. It is necessary, however, to render this act perfect. But its most important function is to cover over and protect that exquisitely sensitive portion of mucous membrane which occupies the supra-glottal space, and which is the true sentinel at the glottic opening. 7. But the most important practical conclusion found in these propositions is, that some of the lesions which have now been described are often, it is believed, not only among the earliest manifestations of thoracic disease, but are themselves, in many instances, the true exciting causes of these affections; and, furthermore, this postulate once established, that we have it in our power, by timely topical medication, to positively arrest cases of disease which otherwise would, and in many instances do, terminate fatally.—*New York Journal*, November, p. 348.

### EXCERPTA MINORA.

*Treatment of Frostbite by the Esquimaux.*—An Esquimaux had his leg frozen above the knee, stiff, colourless, and to all appearance lifeless. He was placed in a snow-house, at a temperature of 20° below zero. The parts were bathed with ice-cold water for about two hours, and then enveloped in furs for three or four hours. Then frictions were used, first

with the feathery side of a bird-skin, then with snow, alternately wrapping the limb in furs, and rubbing it for nearly twenty-four hours. It was next carefully wrapped up, and the temperature of the snow-house raised by lamps above zero. On the third day the patient was taken to his house (where there is often a temperature of 70° or 80°), and in seventy hours he was walking about, with only a slight frost-bite on one of his toes.

*Dr. Hays in Boston Journal*, vol. lvii. p. 48.

**Treatment of Acute Rheumatism.**—Dr. Gordon states that after trying the various remedies for this disease, he finds the following treatment that which is best adapted for preventing its passing into a lingering state:—"After having procured free evacuation by means of senna and salts, I begin the administration of equal parts of vin. colch. and spt. tereb. in doses of 10 drops every two or three hours. After a day or two, I give in connexion with these (only at different intervals, say of five hours each), tr. ferri chlor. 10 drops, using as much opium as may be necessary to quiet pain. I also allow a free use of infusion of coffee, of average strength. If the patient's appetite remain I allow a moderate use of his usual food at the customary intervals."

*Boston Journal*, vol. lvii. p. 70.

**Chloroform as an Antidote to Strychnia.**—A statement in the American journals having come under the notice of the Austrian Minister of the Interior, to the effect that chloroform acted as an effectual antidote to strychnia, he directed Professor Pilwax, of the Veterinary Institute, to investigate the subject. Accordingly, four dogs were poisoned by strychnia, and when the symptoms had become obviously developed, they were submitted to the influence of chloroform, and the results proved that the chloroform was worthless as an antidote.—*Wien Wochenschrift*, 1857, Nos. 6, 7.

**Singular Case of Triplets.**—Dr. Macgregor relates that, on the 10th of August, 1856, Mrs. G. was delivered of a still-born child; twenty-one days afterwards she gave birth to a second; and the same length of time thereafter to a third. The last two lived about six hours each. The mother is doing well, and is again pregnant.—*Boston Journal*, vol. lvii. p. 128.

**Nitrate of Silver in Asthma.**—Dr. Bowditch stated, at the Boston Medical Society, that he had found the application of the solution of the nitrate to the larynx, as suggested by Dr. H. Green, of marked utility in this distressing affection. He mentioned also, as an important practical point, that if the solution be applied immediately after a full inspiration, and just at the commencement of expiration, the latter being performed slowly, little or no inconvenience is produced. Dr. Jackson also related a case in which this application had proved of decided efficacy.—*Boston Journal*, vol. lvii. p. 159.

## FOREIGN CORRESPONDENCE.

### FRANCE.

PARIS, January 3, 1858.

Is it necessary to employ any mode of treatment in cases of cephalhematoma? This is a question which has been debated lately at the Société de Chirurgie. M. Guersant thought it was well to give issue to the blood; Chassaignac and Cozeaux stated that they had always seen the disease come spontaneously to a cure. Giraldès admits the constancy of spontaneous cures, but he thinks that the patients get rid of the affection quicker after frequently repeated punctures with a cataract needle.

In a discussion, at the Société de Chirurgie, on the chances of reproduction of cancer, M. Cloquet mentioned the curious case of a woman who, during twenty-two years, had been operated fifteen times for a cancer which had originated on the left cheek. There was a long cicatrix extending from the cheek, along the left face and neck, towards the left mamma. For a year there had been no re-appearance of the disease, but it came again a short time before M. Cloquet saw the patient, and he extirpated the tumour. The cicatrization was rapid and easy, and six months after there had been no return of the affection.

Three interesting cases of fracture have been reported at the Société de Chirurgie, by Baron Larrey, to prove the

facility of the production of fractures in paralysed limbs. In one of the cases there was incomplete paraplegia of the lower limbs, with increased sensibility. During a moment of great suffering the patient tried to put one of his legs upon the other, while he pressed upon the thigh with his hands, and the femur broke at about the middle of its length. Although simple the fracture was very long in being cured, and the patient died from the progress of his paralysis. In a second case there was also paraplegia besides amaurosis. While making an effort to put on a boot the patient (who was only thirty years old) broke the femur in its lower part. The fracture was complicated with a laceration of the skin, through which the upper fragment of the broken bone protruded. The synovial membrane of the knee-joint had been wounded, and there was blood effused in the cavity of the joint. Spasmodic movements prevented the contact of the two fragments, but nevertheless consolidation took place irregularly. After various complications, however, the patient died. In a third case there was also incomplete paraplegia, with exaltation of sensibility, in an officer forty years old. During an effort to take off a boot the patient broke his thigh-bone. The fracture was at the inferior part of the bone, simple, and a little oblique. It has not yet been consolidated, although it took place more than ten months ago.

The annual distribution of prizes has taken place at the Académie de Médecine. A prize on nervous vertigo was awarded to M. Max Simon; another prize, on sudden death in the puerperal state, was awarded to Dr. Mordret; a third prize, on the saline mineral waters, was given to a distinguished surgeon, M. Petrequin, of Lyons, and to a chemist, M. Socquet. Besides, the Academy has awarded several prizes and lower rewards or medals for services rendered by Physicians attached to vaccination-offices, to mineral springs establishments, etc. The award of the great prize of 12,000 francs (£480), is postponed to the next year. It is on the best treatment of stricture of the urethra. The Academy has received papers from twenty-two competitors.

We are surprised that British Physicians or Surgeons do not compete for the prizes of the Académie de Médecine. Every body in the world may compete for them. It is necessary only to write in French or in Latin. The papers with a motto and a sealed letter, containing the name and address of the author, must be sent to the Academy before the first of March. The questions proposed are the following:—Prize of the Academy, "History of the application of the microscope to the study of pathological anatomy, to the diagnosis and the treatment of diseases; point out the services that this instrument may have rendered to medicine, and those that it probably may still render, and give a warning of the errors to which it may lead." This prize will be of 1000 francs (£40). Papers to be sent before the first of March, 1858. Baron Portal's prize, on pathological anatomy of cysts of the ovary, 600 francs (£25). Civrieux's prize, on the differences between neuralgia and neuritis, not only according to recorded facts, but after experiments on the inflammation of nerves, 1500 francs (£60). Capuron's prize, on the death of the child during delivery, 1000 francs (£40). Barbier's prize, on the means of treatment of so-called incurable diseases, such as hydrophobia, cancer, epilepsy, scrofula, typhus, cholera, etc., 2000 francs (£80). For all these prizes the paper must reach the Academy before the 1st of March, 1858. For the following prizes the papers shall have to reach it before the 1st of March, 1859. The Academy's prize, on the therapeutical action of perchloride of iron, internally and externally, 1000 francs (£40). Portal's prize—pathological anatomy of strangulated hernia, 1000 francs (£40). Civrieux's prize, on nervous affections due to a syphilitic diathesis, 1500 francs (£60). Capuron's prize, on the retroversion of the uterus during pregnancy, 1000 francs (£40).

M. Collongues wrote last year to the Académie des Sciences, that there is a peculiar sound originating from all parts of the body during life. Now he writes again to propose to make use of the absence of this sound as a sign of death. By auscultation immediately after death the sound is distinctly heard; it lasts from five to ten or even fifteen hours, and its diminution is gradual, the parts most distant from the heart being the first in which it disappears. According to M. Collongues, the complete absence of the sound all over the body is a positive sign of death. In an am-

puted limb the sound exists for a few minutes, and disappears first in the parts most distant from the trunk.

Dr. Brown-Séquard presented lately a paper to the Académie des Sciences, in which he tried to prove the two following propositions: 1st. That arterial or venous blood, from an animal of any one of the four classes of Vertebrata, containing oxygen in a sufficient quantity to be scarlet, may be injected, without danger, into the veins of a vertebrate animal of any one of the four classes, provided that the amount of injected blood be not too considerable. 2nd. Arterial or venous blood of any vertebrate animal, being sufficiently rich in carbonic acid to be almost black (noirâtre) cannot be injected in the veins of a warm-blooded animal, without producing phenomena of asphyxia and most frequently death, after violent convulsions, provided that the quantity of injected blood be not below one five-hundredth of the weight of the animal, and also that the injection be made not too slowly. Dr. Brown-Séquard states that he has transfused in the jugular vein of dogs without any ill effect, blood of rabbits, guinea-pigs, cats, cocks, hens, pigeons, ducks, turtles and tortoises, frogs and eels. In rabbits and birds he has also transfused blood of other animals without any marked bad effect. He attributes chiefly to carbonic acid the phenomena which had been considered as due to differences in the blood of various species. In many communications to the Société de Biologie the same physiologist has related facts to prove that in the experiments of Blundell, of Dieffenbach, and of Prevost and Dumas, there were many causes of failure unknown to these experimenters, which have prevented them from re-establishing life permanently in dogs bled to death and transfused with blood from animals of another species. These causes of failure were, 1st, that too much blood was transfused at once—2nd, that the blood was not fresh—3d, that it did not contain oxygen enough, and contained too much carbonic acid. Dr. Brown-Séquard has ascertained that even the blood of birds, defibrinated and rich in oxygen, has been able to reestablish full and durable life in dogs, weighing from fifteen to twenty pounds, and having lost more than sixteen ounces of arterial blood, i. e. more blood than the dogs of Blundell had lost. From thirty to forty-eight grammes of bird's blood (one to one-and-a-half ounce) have been sufficient in many cases to restore full life.

## GENERAL CORRESPONDENCE.

### VENTILATION AND MORTALITY AT THE GENERAL LYING-IN HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am directed by the Committee of the General Lying-in Hospital, to forward to you the following remarks in reply to an attack made on them by Dr. Rigby, in a letter addressed to Lord Galloway, and published and commented on by you in your Journal of the 12th Dec. last.

Whatever necessity there may be in the case of other Hospitals for maintaining intelligent Medical authority, and checking ignorant lay interference, by giving to Medical officers full power over their internal arrangements, in the case of the General Lying-in Hospital there needs no change, for its Medical officers are in practice members of the Committee of management, and their advice has invariably been followed. In regard to Dr. Reid's ventilation, Dr. Rigby unfortunately differed from his colleagues Sir C. Locock, Dr. Cape, the late Dr. James Reid, of Brook-street, Grosvenor-square, and Dr. Hutton; but the Committee have felt themselves bound to follow the opinion of the majority of their Medical staff, which was in concurrence with their own.

The vote of censure complained of by Dr. Rigby was passed, not because he had called in Dr. Odling, but because he had done so without the slightest communication with the Committee or with any one of his colleagues, the Medical Officers of the Hospital.

Dr. Rigby, in his letter to Lord Galloway, alleges that after the opening of the Hospital in April, 1842, by the determined opposition of the present matron and nurses under her, the ventilation was rendered worse than useless, the valves were regularly closed the moment his back was

turned, and from April, 1842, to March, 1843, inclusive, nineteen women died; that the following April, two of his own pupils from St. Bartholomew's became House Surgeons, and resolutely carried the ventilation into full activity, and the mortality instantly ceased. The Committee regret that Dr. Rigby should pertinaciously repeat statements so utterly unfounded and so often refuted.

In the first place, the mortality of 1842-3, though accurately stated as to numbers, is most unfairly represented as spread over a year, whereas out of the nineteen deaths, seventeen occurred in four consecutive months, from November, 1842, to February, 1843, inclusive, during which time there were only eighty-eight confinements, giving a rate of mortality under Dr. Reid's system, of about one in five. In the next place it appears, from a long report of Dr. Reid, dated 21st February, 1843, that he attributed the mortality to other causes, and not to defective ventilation, while Dr. Rigby himself, in a letter dated 14th February, 1843, entered on the minutes, stated that the "ventilation of the wards and the purity of the air was quite satisfactory;" and in another letter, dated the 26th February, 1843, he attributed the outbreak of puerperal fever to the closing of the valves of the upper back ward during one evening, but in neither letter does he allude to any systematic closing of the valves by the nurses. Lastly, Dr. Rigby now represents that the cessation of the mortality followed instantly on the arrival, and was caused by the exertions of his two pupils, who were appointed in the month of April, whereas the excessive mortality had ceased by the end of the previous February, there being but one death in March, although the valves, according to Dr. Rigby, were still closed by the perversity of the matron. As these gentlemen remained but three months, their exertions could have contributed as little to the continued salubrity of the Hospital, as their advent to the cessation of the epidemic.

In 1850 the ventilation was stopped by a resolution of the Committee, but in May, 1856, it was again put in operation, on the motion of Dr. Rigby, seconded by Mr. Grissell. In June Dr. Rigby reported the ventilation to be working satisfactorily, but in the twelve months following there were sixteen deaths, eleven of which occurred in the first six months, during which time there were 169 confinements. This fact is passed over without comment by Dr. Rigby, perhaps because the facts are too recent to admit of misapprehension, whilst in your comments it is assumed that the ventilation since May 1856 has been carried on so irregularly, that no definite conclusion can be arrived at, though you wholly omit to give any reason for this assertion. The Committee, however, take a very different view of the matter, and are of opinion, that taken in conjunction with the occurrences of 1842-43 the mortality of 1856-6 demonstrates the inefficacy of Dr. Reid's system to prevent the occurrence or control the duration of epidemics, and they feel themselves to have been fully justified in discontinuing a system which in their own case has twice signally failed, and has, as they are informed, been discarded by other hospitals and public institutions as useless or prejudicial.

It is to be remarked that however good in theory Dr. Reid's system may be, it is difficult to work satisfactorily, and must under certain circumstances be actually prejudicial. In theory no air is to be admitted into the wards except through the fresh-air chamber, but in practice the air is drawn in from the passages and basement. If then miasma existed about the drains, as there is every reason to suppose they did in 1843 and 1855, Dr. Reid's system must have acted as a positive disseminator of poison.

In conclusion, the Committee have to remark upon the extreme unfairness of selecting one member of the Committee and one officer of the institution for personal animadversion. It is ridiculous to suppose that the Matron's opinion of the ventilation could weigh with the Committee against the opinion of the Medical officers, though the mode of expressing that opinion may have offended Dr. Rigby. Mr. Grissell was not present at the meeting in 1850, when it was resolved that the ventilation should be discontinued, and he actually in 1855 seconded Dr. Rigby's motion for its resumption. As regards the hole in the ventilating shaft, Mr. Grissell, in common with the rest of the Committee, did not expect any good result from it; but, as it was recommended by Mr. Weeks, a professional man who had been consulted on the subject, and could at any time be easily stopped up again, it

was resolved by the Committee to make the experiment, and during the summer months it was found to work satisfactorily. But on this, as on every other detail of management, the responsibility must fall on all the members of the Committee, and cannot be thrown on the shoulders of one individual.

I am, &c.

THOS. BEN. J. SMITH,

Secretary to the Hospital.

1, Frederick's-place, Old Jewry, Jan. 4, 1858.

### MEDICAL CHARITIES.

[To the Editor of the Medical Times and Gazette.]

SIR,—As you have considered worthy of notice the remarkable discoveries made by a contemporary from the statistics of our Medical Charities, allow me to add a word on the subject. That long array of figures representing the amount of relief afforded by the different Medical Institutions (the higher numbers of which stand for the cures), are, I believe, placed before an enlightened public with one view alone—to indicate the good that is done, and stimulate subscription; and therefore for one of ourselves to draw from such statistics any scientific inference, exhibits either extreme *naïveté* or some occult design. The two main conclusions are palpably absurd,—the one having reference to the unhealthy condition of London, the other to the expense attending the cure of individual patients. Now, as you justly observe, nothing can be more fallacious than these statistics: for whereas at one institution each out-patient counts simply as one, at another establishment he is reckoned to be as many persons as there are months of his attendance; and at a third place the same individual would swell into as many men as there are numbers of times in which he presents his bottle for medicine. The figures, then, are arbitrarily made, and any other set would do equally well. How otherwise can it be explained that an institution newly founded, near a certain railway station, has relieved during the year as many patients as the largest hospitals in the Metropolis? Of course, from such statistics the method of arriving at the expense attending the cure of patients must be in the highest degree erroneous. But the simple process appears to be this: the revenue of a large Hospital is taken, and divided by the number of patients on the books of the institution (no regard being had for the thousands who seek temporary relief), and the result obtained is compared with that which is got by dividing the subscriptions of a small establishment by the number of persons who daily enter its doors. No notice is taken of the different appropriation of the funds, of the number of servants employed in managing the estate in the one case, nor the annuities to old officers, the maintenance of a paid chaplain, etc., and many other items of expense, of which the smaller institutions know nothing.

To come, however, to the main purpose of this letter: if the statistics of a Medical charity be taken ever so fairly and carefully, the number of so-called cures is not a measure of the utility of that charity, but rather the number of deaths. This, at first sight, may appear anomalous or simply ridiculous, but it can be proved in many ways. In the first place, although the object in parading before the public a long list of cures, is for the purpose of exemplifying the good of the institution, and its very successful mode of treatment, yet all Medical men must know that the inference which they wish the public to draw is an erroneous one; they must know that although one practitioner may excel another in the treatment of an individual case, yet that in the long run, in a large number of cases, there is no difference in the result between them: associated together, as are the physicians and surgeons of this metropolis, and the free intercourse that is going on between them by means of Societies and a Medical press, there cannot be any great difference in the result of their treatment—the fact that there is not is easily capable of proof. If then, the number of cases styled *cured* depends upon the mere arbitrary statement of the Secretary, and the proportion of real cures is the same in all Medical charities, how can the relative value of these charities be known?—only by the severity of the cases admitted, and this again by the number of deaths. For the deaths bearing no reference to the skill of the doctor, illustrate the severity of the cases admitted, and the necessities of the neighbourhood

where such institution exists. Is it not clear that if an hospital be placed in a thickly crowded poor locality, where the worst cases of disease are always admitted, that the mortality will be greater than in one situated in an aristocratic neighbourhood, where there is less poverty, and where disease is less rife? Ought the latter to receive more support, because its proportion of cures is greater than in the first-named institution?

I believe, then, if the hospitals be taken one by one, and the number of deaths be ascertained in every one (except of course special hospitals, as for eye, skin, &c.) a correct measure of the utility of each will be found. I do not say, parade this apparently anomalous fact before the public, but do not let us, on the other hand, pamper to public ignorance by presenting statistics in their present shape. As a consequence of so doing, I may mention the case of a gentleman who is a governor of a large hospital, and at the same time of a neighbouring dispensary, and at the anniversaries of the latter he is invariably overcome by the statistics, (the few deaths and the overwhelming number of cures), and his statement is, that he supposes the hospital is useful for accidents, but that it is very clear the dispensary is doing more good with only a fraction of the expense.

I might mention, too, the amount of good that is done among the *relieved* patients, and as an instance, cite the case of a man who, suffering from chronic laryngitis, undertakes a journey in cold weather; his breathing becomes worse and worse until he falls in the street: he is taken to a neighbouring hospital, but respiration has altogether ceased; tracheotomy is performed, and he is once more restored to life: he leaves the hospital with a tube in his throat, and the case is placed among the *relieved*. I have also seen a number of patients taken into a large hospital when there was not a possibility of curing one, but their necessities for relief were most urgent.

Do not let us, Sir, with these facts before us, commit the disgraceful act of strengthening the public ignorance with reference to all matters connected with the Profession, and pandering to their prejudices for our own individual purposes.

Jan. 5, 1858.

I am, &c.

M. D.

### ON THE ACTION OF THE VALVES OF THE HEART

[To the Editor of the Medical Times and Gazette.]

SIR,—Your number of the 26th of December last reports some experiments by Dr. Halford on the action of the valves of the heart. With deference to the writer of that report, and without at all wishing to impeach the accuracy of Dr. Halford's researches, I must beg to demur to the opinions it represents as "usually received," and as now corrected by Dr. Halford.

It has been known and taught for the last ten years by various manuals and teachers of physiology—I can speak for at least one of each—that the closure of these valves required no muscular contraction, but was a passive ("dead") effect, demanding nothing more than the introduction of liquid into the cavities they respectively close, and the sanity or continuity of their tissue. Fick proved—I believe about ten or twelve years ago—that the proper course of the blood, and the proper action of these valves, could be imitated in the dead heart; and in doing so, proved little more than what any one practically acquainted with physics might have predicated.

In like manner, the injection of liquid proposed by Dr. Halford as a test of the efficiency of diseased valves, has been already practised by me for a space of time nearly as long. Indeed, during the last five or six years, a series of resident Medical officers at the Royal Free Hospital have seen me apply this test, and could speak (if need were) for its facility and completeness. And in the year 1854, in bringing some diseased specimens thus examined before the Pathological Society, I took occasion to describe the plan I habitually adopted, and to recommend it to their notice.

In respect to the details of this plan, I need only repeat, that, in the dead-house, the stop-cock of an ordinary tap of water is often the readiest and easiest way of applying it. If the auriculo-ventricular and semilunar valves are both to be examined, it is best to begin with the former. Cutting off the apex of the ventricle, a small (preferably conical) tube or tap

is passed into the narrow aperture, into firm contact with its muscular sides, and water then gently injected into the ventricle, while the aorta is closed or tied. The injection of the aorta is even more easily managed. The inspection of the semilunar or auriculo-ventricular valves, is of course facilitated by cutting away the ventricle or auricle respectively; and thus bringing the under or posterior surface of the valve better into view. For more permanent demonstration, melted tallow or wax must be substituted for water.

I am, &amp;c.

WILLIAM BRINTON.

Brook-street, Grosvenor-square, Jan. 5, 1857.

### COMPOUND FRACTURE OF THE SKULL, WITH DEPRESSION AND LACERATION OF THE DURA MATER.—NO BAD SYMPTOMS.—RECOVERY.

[To the Editor of the Medical Times and Gazette.]

SIR,—There have been several cases of fractured skull published in the *Medical Times and Gazette* lately. I have sent you the particulars of a case that occurred in my practice some time ago, in case it should be of any use.

Nine months ago I was sent for to see a farmer's boy 14 years of age, who had been kicked by a horse. I found he had sustained a compound fracture of the skull over the parietal bone—the anterior portion; a piece of bone the size of a crown piece was depressed nearly half an inch. The dura mater was a good deal lacerated, and there was a large scalp wound about five inches in length. I saw him half an hour after the accident happened; he was just recovering from the shock, though still faint and cold, but quite sensible.

*Treatment.*—I gave him a small quantity of brandy as he was still faint. The depressed bone was so firmly fixed that I found it impossible to elevate it; I therefore concluded to wait for cerebral symptoms before trephining. I brought the edges of the wound together, retaining them in apposition by a couple of sutures and strapping: cold water dressing to be constantly applied; the hair to be cut short; to have a dose of calomel and low diet. This patient recovered without a single bad symptom, the scalp wound healing almost entirely by the first intention, and the boy was running about a fortnight after the accident happened; the only medicine he had being an occasional dose of aperient medicine. He is quite well at the present time. I am, &c.

GEORGE HOTHER, M.R.C.S.E. L.A.C.

Bargess Hill, Sussex, Jan. 2, 1857.

### PERFORATION OF THE MEMBRANA TYMPANI.

[To the Editor of the Medical Times and Gazette.]

SIR,—Under the foregoing heading, and also that of "The Artificial Membrana Tympani," and "The Artificial Tympanum," your readers have been entertained with some professional disputes that it is to be regretted came before the public at all, but particularly in the language employed in your columns. I, for one, and I am sure all other practitioners who wish to see aural medicine and surgery raised to the same position as ophthalmic medicine and surgery, hoped the dispute was at an end; when lo! a third party enters the field, and your last number but one contains a letter from Mr. W. Wright, who wishes to submit some observations on perforate membrana tympani to the Profession. The two cases he adduces are those of the late Duke of Wellington and a young officer from India. Every circumstance relating to the great Duke will, no doubt, be read with avidity, and if I ask for some further information you must attribute it to the natural inquisitiveness of an Irishman.

In 1822, we read that the Duke had his tympanal membrane ruptured by the report of a howitzer fired in his vicinity, and that an ignorant practitioner dropped into his ear a solution of nitrate of silver which passed into the cavity of the tympanum, where, says Mr. Wright, "it produced such mischief that the Duke's life was in great jeopardy, and his sense of hearing on his best side for ever obliterated." We hear nothing more of that side nor what appearances the parts presented at any time during the subsequent thirty years

of the Duke's life. On the right side there was, it appears, a small aperture. "When that hole was open the Duke heard tolerably well, because," says your informant, "the sound passed through, impinging on the round aperture and the base of the stapes, and so communicated the sound to the soft portion of the auditory nerve. As an illustration of this, on the 15th of June, 1838, the Duke sent his under-steward in a cab to fetch me to Apsley-house immediately." Well, now, some persons might cavil at the anatomy set forth in the first sentence, and ask what had become of the membrane of the fenestra rotunda, and say that if the sound impinged upon an aperture the Duke would not have heard at all; but I am sure the author meant the membrane of the inner drum-head. What I do feel a difficulty in is, to understand how sending an under-steward in a cab, on any particular day in the year, forms an illustration of the foregoing statement of the pathological state of a man's ear. The next sentence may, however, explain it: "A small scale of exfoliated epidermis had become placed over the hole in the membrane." "This," says Mr. Wright, "I removed with a small piece of cotton-wool upon one of my own prepared instruments, and the Duke heard instantly." So far so good, but I am still solicitous of knowing what this "prepared instrument" is with which the bit of cuticle was so adroitly taken out of the ear. It is scarcely fair to keep those things a secret from the Profession.

The second case is of comparatively little moment, except that it contains some curious physiological and therapeutic opinions. The man had otorrhœa with perforation, and heard, as is frequently the case, better at one time than another; upon which we read:—"The rationale of this is, the collection of mucus prevented the vibration of the internal membranes; the lotion which was injected (liquor plumbi and water) liquefied the mucus, and by the shaking of the body the obstructing matter descended through the Eustachian tube." Here I am again taken aback, for, according to my opinion, the preparations of lead render mucus opaque and thick, and the chemists will, I fear, not agree with Mr. Wright's opinion on this subject. Then as to the matter of the Eustachian tube, I can only say it reminds me of the story in the "Percy Anecdotes," of the application of the Doctor's directions, "When taken, to be well shaken." Does the discharge of an otorrhœa ever pass down the Eustachian tube? I believe not. The next paragraph refers particularly to myself, and says that I have related the case of a lady who accidentally employed "Mr. Yearsley's application of cotton-wool several years ago." This is a misstatement. To Mr. Yearsley belongs the credit of having first made known to the Profession the use of a piece of moistened cotton applied against the ruptured membrana tympani as a remedy in certain cases of deafness, but the lady whose case I have related in my "Practical Observations on Aural Surgery" devised the remedy, and made me acquainted with it three years before Mr. Yearsley promulgated his method of relief; therefore it cannot be said that she used Mr. Yearsley's method. While upon this subject I may state that, although I consider the piece of cotton a much more efficacious and generally useful remedy in the hands of patients than the gutta percha or caoutchouc with an attached stem, I know from experience that it is not necessary to have a portion of the membrana tympani uncovered, as has been lately stated in your columns.

In the bibliographical introduction to my Aural Surgery, I thought I had enumerated all Mr. Wright's works, "for all classes of deaf persons [even] the deaf and dumb, and those having diseases of the ear," from the year 1819 to about the period in which my book appeared. Here, however, I find I did not give credit where credit was due; I did not then know the following:—"When," says Mr. Wright, "I was writing my little work in 1839, my valued friend, Sir Astley Cooper, wrote a part of the article on the Perforation of the Membrana Tympani, for which he received the Copleian Medal, in 1800, and he gave me permission to use it in his name." Now every thing Sir Astley Cooper wrote ought to be preserved, and ought to be acknowledged. Not having access to the work alluded to, I cannot say whether due acknowledgment has been made for what Sir Astley Cooper wrote, but if not, Mr. Wright should, I think, in justice to the memory of Sir Astley Cooper, state how much of that essay upon the Membrana Tympani he really did write, at what page it begins, and where it ends.

I am, &amp;c.

W. R. WILDS.

Merriion-square, Dublin, Jan. 2, 1858.



## CAUSES OF DENTAL CARIES.

[To the Editor of the *Medical Times and Gazette.*]

SIR,—I observe in the *Medical Times and Gazette* of December 26, a long communication by Mr. Donaldson Mackenzie, in which he expresses his conviction that the cause of dental caries consists in some peculiar condition of what he terms the "salivary admixture." Now as acidity must, apparently, be the condition here alluded to, as Mr. Mackenzie refers to the alternate acid and alkaline state of this fluid, we know that these states naturally exist at certain times in all cases, and without the existence of any disease, and without incurring any damage to the teeth at all.

In March, 1852, I published an article in the *Edinburgh Monthly Journal of Medical Science*, in which I advanced the opinion that the saliva exercised a protective and preservative influence over the teeth: to that opinion I still adhere, and the interest attaching to the question must be my excuse for now asking Mr. Mackenzie upon what grounds he arrives at the conclusion that this fluid acts in a destructive capacity.

Not to enter into details, I would merely offer the following reasons for the opinions I entertain:—

1st.—Were the salivary admixture of such destructive tendency, its being normally and constantly present in direct contact with the teeth, would be a fact unparalleled by any other instance in the whole animal economy.

2nd.—Were this fluid the cause of dental caries, the teeth would in their decay bear at least some ratio to their exposure to such pernicious agency. This, however, is not the case.

3rd.—Were the salivary admixture of so deleterious an influence, certainly those teeth most exposed to, and most constantly immersed in it, would not be those which are found to be positively the least subject to decay, as is the fact; e.g. the lower incisors. I am, &c. JOHN SMITH, M.D.

Lec. on Dental Surgery, Med. School, Surgeons' Hall, Edinburgh, 12, Dundas-st., Dec. 29, 1857.

## SURGEONS TO RAILWAY COMPANIES.

[To the Editor of the *Medical Times and Gazette.*]

SIR,—Your remarks on Mr. Adams's evidence, and his own letter, strongly attracted my attention, because I have had personal knowledge of such practices as referred to in the evidence having been pursued for some years, and trusted that some day or other they would receive notice.

But, perhaps, a few cases would be better than any amount of denunciations.

First, then, an accident occurs on a certain line, whereby two women, besides many others, were hurt. The address of one was known by the Company's officials, but, fortunately, the other was not. They sent for their Medical attendant, but after he had seen the first, the Company's Surgeon called: "Sorry, my good woman; you will be a week bad; here are thirty shillings for you to pay for a nurse, etc., during that time, and a prescription which I shall write to cure you. We shall pay your doctor for the trouble he has had, etc., and you sign this paper."

The doctor, on finding what had occurred, applied for his fee, but his claim was repudiated by the Company. However, he profited by experience, desired the other patient, who was not more severely injured, to keep quiet, and not let the Company know until fairly out of danger; when the Company's Surgeon was made acquainted with her case. Upon receiving information he tries to see her unknown to her regular attendant, alleging that he was a Physician from the Company, and had a right to see her, at the same time stating to her husband (for he was not privileged to see the patient this time) that he was empowered by the Company to offer compensation, and not to be alarmed at him, as *he was no lawyer*. At length, to obtain an interview, he had to call upon the gentleman in attendance, and gave as compensation £150 clear, and £100 expenses. Rather different this to the thirty shillings!

No person, excepting a Medical man, could have a chance of settling affairs in this manner; for who is more trusted in the hour of suffering than the doctor, little dreaming that he is sometimes coming to catch them asleep!

Surely we have fallen on unlucky days, when men in the front ranks of our Profession do such things.

December 22, 1857.

I am, &amp;c.

M. D.

## REPORTS OF SOCIETIES.

## THE PATHOLOGICAL SOCIETY.

TUESDAY, JANUARY 5.

Dr. WATSON, President, in the chair.

Dr. BRINTON, on behalf of Dr. Wilks and himself, reported further on Mr. Balding's specimen of

## EPITHELIAL CANCER (?) OF THE OESOPHAGUS.

On further examination they felt inclined to consider some portions of the ulcer as carcinomatous. The greater part was manifestly not so, and they did not consider that respecting the most suspicious the evidence was positive.

Mr. HENRY recapitulated the facts of this interesting case, commenting strongly upon the very different opinions which had been pronounced on the nature of the disease. Dr. Goodfellow, Mr. De Morgan, Mr. Sibley, Mr. Flower, and its exhibitor, Mr. Balding, had all examined it, without feeling a doubt as to its really being epithelial cancer. This opinion Drs. Brinton and Wilks in their first report had held to be erroneous, regarding it as a simple ulcer. Meanwhile, however, Mr. Quekett had given an unqualified opinion as to its being cancer. In their second report Drs. Brinton and Wilks seemed still to be in doubt.

Dr. BRINTON explained that there was only one very small part of the ulcerated surface in which any histological features indicative of epithelial cancer were discoverable, and this part had on the first occasion escaped examination. The case was still one of much difficulty and doubt.

Dr. WILKS stated also, that although they had consented to qualify their second report, he still felt much doubt as to whether the disease were really cancer. He was tolerably familiar with such specimens, and this differed very greatly from all others that he had seen.

Dr. POLLOCK showed a specimen of

## EPITHELIAL CANCER OF THE LARYNX.

A man, aged 57, had died after a six months' illness Aponia, dysphagia, pain in the neck, and spasmodic orthopnea, had been the chief symptoms. There had, indeed, been occasional aphonia for several years. The respiratory murmur was feeble on each side. There was no signs of pulmonary disease. He died after a long-continued paroxysm of dyspnea, evidently from mechanical obstruction. He was not cachectic. The autopsy showed cancerous (epithelial) ulceration of the larynx. The rima glottidis was almost closed by the growth. Dr. Pollock raised the question as to whether tracheotomy ought not to have been performed.

Mr. CURLING showed a specimen of

## EPITHELIAL CANCER OF THE LARYNX.

He stated that this case would, he thought, furnish a good answer to the important question of practice raised by Dr. Pollock. The patient, a gentleman aged 63, under the care of Mr. Debenham, of the Commercial-road, had long suffered from symptoms of chronic laryngitis. At length the difficulty of breathing became such that it was thought he could not live many days. Tracheotomy was now performed. He recovered well, and wearing ever after a tracheal canula, was able to walk considerable distances. The indications of laryngeal ulceration, however, still persisted, and he finally died of exhaustion consequent on these. He had lived nearly a year after the operation. The autopsy showed epithelial cancer of the larynx, which was extensively ulcerated.

Dr. ANDREW CLARK had carefully examined the specimen with the microscope, and confirmed the opinion as to its malignant nature.

Dr. ANDREW CLARK entered at some length into a description of the microscopic features of the specimen, which were illustrated by drawings and mounted preparations. Alluding to Mr. Balding's specimen, about which so much difference of opinion had been entertained, he stated that he thought the discrepancy was to be accounted for by the very fallacious character of the evidence relied on, as distinguishing epithelial cancer. He would assert most strongly that the laminated capsules were by no means peculiar to it, but were found under various other conditions. He still believed the

opinion of Drs. Wilks and Brinton to be correct, and that it was not really cancer.

Mr. NUNN brought before the Society specimens illustrating the

#### DISTANCE BETWEEN THE OVARY AND UTERUS.

The specimens showed the right ovary about half-an-inch nearer to the fundus of the uterus than the left. He believed that this condition was due to the general law, of a less perfect development on the left than right side of the body. He thus thought that the fact was an anatomical rather than a pathological one. He had observed its occurrence in many specimens.

Mr. FLOWER showed a specimen of

#### EPITHELIAL TUMOUR OF THE SCIATIC NERVE.

The patient had died in the Middlesex Hospital of epithelial cancer of the uterus and vagina. At the autopsy extensive malignant disease of those parts and of the lumbar glands was found. She had before death suffered from extreme pain down the right leg. Within the sheath of the right sciatic nerve, before its escape from the pelvis, was found a mass of epithelial cancer, the size of an egg elongated. Mr. Flower thought that this growth was not one *de novo*, but had been produced from the larger pelvic mass by prolongation along the course of the small artery, passing into the nerve-sheath.

Dr. VAN DER BYL related the particulars of a case of death from

#### PLUGGING OF THE MITRAL VALVE.

The patient, a woman, had for some time suffered from chest symptoms,—cough, palpitation, and a mitral bruit. She died very suddenly, in what had at first seemed a fainting fit. At the examination a large soft fibrinous mass was found, occupying the mitral opening, and partially plugging it. Several similar but smaller masses hung pedunculated in the auricle, none of them possessing organic connexion with its walls. He thought it was evident that the accidental impaction of this mass had been the cause of death. The mitral opening was much narrowed by old disease.

Dr. BRISTOWE and Mr. WOOD, on Mr. Shilleto's specimens of

#### MASSSES PASSED FROM THE INTESTINES.

reported that they consisted only of undigested portions of potatoe. The starch appeared to have been to a great extent removed, and in many cases the debris of other alimentary matters adhered to them.

Dr. HANLEY next showed specimens of

#### TUBERCULOUS DISEASE OF THE SUPRA-RENAL CAPSULES.

A man, aged 35, had died under Dr. Walshe's care in the University College Hospital. The supra-renal capsules were both of them very much enlarged and thickened, being as large as flattened bantam's eggs. No trace of the medullary substance, could be found by the microscope. The cortical substance, although infiltrated with tubercles, still preserved some normal cells. The tubercular deposit appeared to have been first deposited in the medullary portion. The man had died of pulmonary phthisis, and no bronzing of the skin had been noticed.

Dr. BRINTON described a case of

#### POLYPOID GROWTH FROM THE ILEUM.

The polypus was a pedunculated fatty growth, the size of a filbert. Dr. Brinton remarked, that to apply the term polypus to any forms of intra-intestinal growth seemed almost superfluous, as they never grew to any large size, or caused serious symptoms.

Dr. ANDREW CLARK showed specimens from a case of

#### LEUCOCYTHEMIA.

"Unless fibrin were held to be heteromorphous, of which there was no proof, the case illustrated the total absence of fibrin from the blood." The patient, a woman, had died under Dr. Ramsbotham's care in the London Hospital, having shown for some months the waxy pallor and other symptoms of the disease. At the autopsy the spleen was found much enlarged. The blood did not coagulate.

#### ANNUAL REPORT, &c.

This meeting was the anniversary one of the Society. The Report of the Council was read, as also the Treasurer's

financial statement. Neither of these call for any special moment. The Society is in every respect in a prosperous condition, but if the excellence of its volumes as regards illustrations, etc. is to be kept up, an addition to its income (by new members) is very desirable. The list of officers as given in our last number having been submitted to the ballot, the gentlemen named in it were declared duly elected.

### WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

Dec. 4th, 1857.

W. MARTYN, Esq., Vice-President, in the chair.

Mr. ELLIS read some notes on the

#### DEFECTS OF ORDINARY ESCHAROTICS, WITH SUGGESTIONS FOR THEIR IMPROVEMENT.

After giving a definition and general history of escharotics, the author made some observations upon the mode in which they affected the tissues, either by destroying their continuity, organization, and life, by combining with them, or by a mutual decomposition forming new compounds. He then remarked upon the various chemical effects of acids, alkalies, and metallic salts; the first acting as oxidizing agents, the alkalies forming compounds with albumen and fibrine, and the metallic salts uniting with albumen to form metallic albuminates. Enumerating the acids in general use as escharotics, nitric, hydrochloric, and sulphuric, he gave the preference to nitric acid, but stated that he had found a difficulty in procuring it of sufficient strength, and of a sp. gr. of 1.50; he thought its utility much impaired by its fuming property and intense rapidity of action; also from the sore made by it being very superficial and its effects not being permanent. Hydrochloric acid he considered should have a sp. gr. of 1.21, but it was feebler than nitric acid. Sulphuric acid he stated was weaker than nitric, but stronger than hydrochloric acid; it had its advantages in not fuming; for obvious reasons it should be applied by means of asbestos. The author then gave his experience of the alkaline escharotics, hydrate of potassa, and potassa c. calce, the former of which, he said, although strong and quick in action, was defective from its deliquescence, its liability to spread, and its friability; the latter although comparatively free from the above objection was sometimes followed by hæmorrhage. As Mr. Ellis was chiefly alluding to the use of the above escharotics to the os and cervix uteri he had found in the friability of potassa c. calce a great defect, also that great contraction of the canal of the cervix followed its application. Of the metallic salts he observed that nitrate of silver was extremely valuable as a mild escharotic, and that its effects were quite superficial. As usually sold he had found it much adulterated, which greatly depreciated its value; he recommended the crystallized salt to be used instead, and melted into sticks when required.

Another defect he had found in its brittleness, which rendered it dangerous when applied to a part like the inner surface of the cervix uteri. To obviate this evil he has been in the habit of melting the caustic in a small bullet-mould having a core; this gives him a small globe, with a hole running through it, which, by means of a pin, is easily fixed to the holder.

Chloride of zinc he showed to be an extremely powerful and valuable agent; that it acted quickly and deeply. He uses it mixed with flour, and made into a paste with water.

Deliquescence and giving great pain were its principal defects.

Having made a few observations upon the actual cautery, he concluded by exhibiting the implements he used in applying the various escharotics he had just mentioned, and the mechanical contrivances for melting the nitrate of silver, and attaching it to the holder.

ELECTIONS OF THE ACADEMIE DE MÉDECINE.—For the ensuing year, M. Lavier has been elected president; M. Cruveilhier, vice-president; and M. Devergie, annual-secretary; M. H. Dubois (of Amiens) retaining his post of perpetual-secretary.



## MEDICAL NEWS.

## DEATHS.

**BAUDENS.**—Military Medicine in France has sustained a great loss in M. Baudens, one of the chief Medical Inspectors of the French army, who died on the 27th ult. The autopsy has revealed cancer of the liver; and no doubt his arduous tour of inspection in the Crimea, exposed as he was to various miasmatic influences, hastened his death. We lately furnished our readers with a copious abstract of the very interesting narration he gave of his mission to the East, and we will shortly lay before them a brief account of his life and services.

**DIXON.**—Dec. 30th, at Norton, near Stockton-on-Tees, Henry Dixon, aged 30.

**FELLOWES.**—Dec. 30th, at Langstone Cottage, near Havant, Sir James Fellowes, M.D., F.R.S., Inspector-General of Military Hospitals, aged 86.

**JALLAND.**—On the 8th of November last, at Secunderabad, Madras, William Gibson Jalland, Assistant-Surgeon, 24th Regiment N. I.

**LUARD.**—Dec. 25th, at Florence, Peter Francis Luard, M.D.

**MILNER.**—On the 4th inst., at his residence in Manchester, Farquhar Milne, aged 38, M.R.C.S., Eng.; and L.S.M., 1842.

**PRETTY.**—Dec. 30, at Bayham-terr., Dr. J. R. Pretty. This gentleman was the son of Mr. W. Pretty, a well-known and highly-respected general practitioner, near Regent's Park. Dr. Pretty was a member of the College of 1845, a Licentiate of the Hall of 1846, and he took the St. Andrews degree in 1854. His "Aids during Labour" is a well-known book, and he has contributed several papers to this Journal: one of which, On Flooding after Labour, was hardly published before his death.

**ROYLE.**—At his residence, at Acton, on the 2nd inst, Dr. Forbes Royle. He had been unwell for several weeks previously, but up to the last moment his illness was not believed to be of a dangerous character. Dr. Royle's profound knowledge of the material resources of India, especially in the vegetable kingdom, and the warm interest which he took in everything calculated to increase the industrial prosperity of our Eastern empire, render his death a public loss. He was a Fellow of the Royal Society, and in his own department of science had a European reputation. He was an M. D. of Munich, formerly Professor of *Materia Medica* at King's College, and the author of the well-known manual of "*Materia Medica*" in Mr. Churchill's series. He was an exceedingly kind-hearted, agreeable man, and his death will be much felt by many attached friends.

**SMYTH.**—Dec. 29th, at his house in Sackville-street, George Beatty Smyth, M.D., Edin., 1837; L.R.C.P.E., 1845. Aged 44.

**WOOD.**—On the 25th of December, at 34, Broad-street, John Freeman Wood, aged 60, M.R.C.S. Eng. 1820; L.S.A. 1822.

The following are the Medical casualties reported in General Havelock's force since leaving Cawnpore, 29th Sept. 1857.  
**Artillery.**—Assistant-Surgeon Bartrum, killed. H.M. 90th Foot.—Assist.-Surg. Bradshaw, slightly wounded. 78th Highlanders.—Dr. McMaster, slightly wounded, Oct. 15.

## APPOINTMENTS.

At a meeting of the Governors of the Sheffield General Infirmary, held on December 30th, 1857, Mr. Gratian C. Barry Hart was unanimously elected to the office of House-Surgeon to that Institution, in place of Mr. Hall, resigned.

**DEATH OF AN ENGLISH SURGEON IN CHINA.**—The *Times* correspondent at Hong Kong says, "The same letters tell me of the death of Mr. Beale, one of the Medici of Shanghai. He had accumulated an enormous fortune without contracting the limits of a most lavish expenditure. He had just resolved to return home. I was his guest for some time at Shanghai, and was indebted to him for much information. He had dis-

cussed with me his plans for his new career in England, and his influence would have been great upon all questions relating to China. But while he was gathering in the threads of his multifarious operations Death put his hand upon him. He died deliriously, pointing out the headlands and the cities he fancied he saw in his voyage towards England. So perhaps he was happy in his death. It is frightful to look back upon the number of youthful and energetic men whom I have known intimately during my few months' sojourn in the East, and who have succumbed to this climate. Our staff officers and our doctors and our commissariat are ludicrously disproportionate to our present force."

**VITAL STATISTICS OF THE ALUMNI OF HARVARD COLLEGE, MASSACHUSETTS.**—The *Boston Medical Journal* gives some account of an elaborate paper by Professor Peirce upon this subject. The basis of the computation is the triennial catalogue of 1857, which embraces the names of 6876 alumni, of whom 2394 survive, while the dates of the deaths of a large proportion of the 4482 who are deceased have been accurately ascertained. The duration of life is ascertained by assuming the age at graduation to be 21, which is, probably, very nearly exact. One of the most striking results of the inquiry is, the unusual longevity of the alumni, compared with the duration of life by the Prussian tables. Thus, the probable average duration of the life of an alumnus 10 years after graduation is 35 years, while that of an individual of the same age, according to the Prussian statistics, is only 31.3 years. The difference at a later period is still more remarkable. At 20 years after graduation, or at the age of 41, the alumnus has 27.8 years to live, while the Prussian tables would give him only 23.4. At the age of 56 his chance is 17.2 years, instead of 12.4 years by the Prussian tables. Another interesting feature is, that those scholars who graduated with distinction are longer lived than those who have not been remarkable for scholarship.

**BOYLSTON MEDICAL PRIZE QUESTIONS.**—The questions for 1858 are,—1. Spermatorrhœa, its causes, consequences, and treatment. 2. Human parasites, animal and vegetable, their anatomy, development, natural history and treatment. A premium of 60 dollars, or a gold medal of that value will be awarded to the best essayists. Dissertations to be forwarded by the first Wednesday in April, 1858, to Dr. Edward Reynolds, Harvard University. The subjects for the year 1859 are,—1. New and useful views upon any subject of medicine and surgery.—2. Tubercle, its pathology, and especially its relation to inflammation.

**PROSECUTOR TO THE FACULTY OF MEDICINE OF PARIS.**—M. Marc Sée, as the result of a brilliant *concours*, just concluded, has been appointed to this important post in the Paris Faculty.

**THE "ATHENÆUM" ON THE MIDDLESEX REPORT ON CANCER.**—"This Report is an attempt to explain how the medical officers of Middlesex Hospital came so far to compromise themselves with their medical brethren as to allow the possessor of a secret remedy of vaunted efficacy in cancer to practise upon the patients of that hospital. Unfortunately for this institution, they have a fund which is exclusively devoted to the cure of cancerous patients. Dr. Fell applied for permission to employ his remedies on these poor patients, and in an evil hour he was allowed to treat secretly the patients of the hospital,—with what results Dr. Fell's own book records. The surgeons of the hospital, having taken the false step of allowing the holder of the secret to practise within their walls, have felt it necessary to give to the world this Report. Those interested in the treatment of cancer will undoubtedly read it with great interest, but we regret that any body of professional men should have placed themselves in a position of pleading the great temptation they were under for breaking through one of the noblest rules of conduct that any profession can boast."

**THE CHOLERA** is very prevalent and fatal at Bagdad.

**THE MORTALITY IN VIENNA IN 1856.**—During the year 1856 there died 5735 male, and 5385 female adults; 4545 male and 4097 female children from birth to ten years old inclusive; and 447 male and 368 female infants were born dead; making a total of 20,577 deaths; 10,727 occurred in males and 9850 in females. Of these, 1568 are returned as dying of marasmus and hectic fever, 638 of debility from old age (70 and upwards), 1820 of "debility," 48 of gangrene, 202 of apoplexy or suffocation, 1370 of convulsions, 1777 of ner-

vous fever and typhus, 80 of variola, 13 of measles, 81 of scarlatina, 840 of diarrhoea and dysentery, two of cholera, 89 of convulsive coughs, 1443 of affections of the brain, including hydrocephalus, 226 of croup and other affections of the throat, 267 of disease of the heart and large vessels, 1180 of affections of the abdominal and pelvic organs, 37 from metastatic deposits, 5829 of the various forms of tuberculosis, 613 of inflammation of the lungs, 61 of scrofula, 490 of dropsies, 555 of blood diseases, 65 of bodily injuries, 426 from various diseases, and 23 from suicide.

**HOW TO GET INTO PRACTICE.**—"A Physician" writes as follows to the *Morning Post*:—"A young Physician having completed his education takes up his residence in a district, mounts a brass plate, and looks out for patients; but Physicians are very numerous, perhaps the Profession is overstocked, patients are few, and something must be done to acquire a name and establish a reputation. Perhaps he has some half-dozen or dozen well-to-do friends, kind of heart, and at the same time deeply interested in his welfare. He presents to their sympathising feelings a picture of the untended sickness of their district, and suggests what an excellent thing it would be to get up a dispensary. It is not likely that one man will be strong enough to achieve this feat single-handed; but he is joined perhaps by another Physician in similar circumstances and with similar aspirations—say also by two surgeons and two accoucheurs—and with their combined efforts the dispensary is established. A president, committee, treasurer, honorary secretary, and collector are easily provided; then follow well-dressed annual reports, charity sermons, charity dinners, &c. The professional aspirant has now not only a field for practice, but he is in a position to have his fame reported to those who need his skill, and can afford to pay for it. To attend a gentleman's servant is desirable, because fame finds its way from the kitchen to the drawing-room; the artisan or petty shopkeeper who don't pay can at any rate spread the good doctor's reputation to those who will. It is also a known fact that dispensary Medical men have not seldom been in the habit of inviting the best dressed and respectable-looking of their dispensary patients to wait upon them in the morning at their private residences. This attention is flattering to them; they have the feeling that they are treated as if they had a fee to give, and they make a good appearance in a young Physician's waiting-room by creating the impression of extensive practice in the minds of accidental callers, or of the stragglers who come with fees in their pockets. When the young Physician has found his way to a paying practice he probably withdraws from active duty under the designation of consulting physician, and leaves the governors to elect another aspirant."

**THE PREACHING MANIA OF SWEDEN.**—This curious epidemic is described in an interesting letter by an "F.R.S." in the *Morning Post*:—"About the middle of summer, in the year 1841, an unusual mental or nervous malady began to first show itself among the youth of several districts verging towards Lake Wener, but gradually spread over other localities in the central portion of Sweden. By Swedish medical authors it was called 'Predikosjukan,' or 'epidemiaka religioea ecstas,' which signifies 'preaching mania,' or 'epidemic religious ecstasy.' Since the period when the dancing mania prevailed in Germany, about 1374, Tarantism in Italy, during 1565, or the dance of St. Medard—the convulsionnaires of Paris—towards the middle of the last century, and continued till the Revolution, nothing analogous to the epidemic which so recently raged in Sweden has been observed in modern Europe, with perhaps the exception of the fantastic movements exhibited by the Jumpers in Wales, chiefly about the middle of the last century. Such being the case, a brief outline of the affection just named may not seem uninteresting to general readers, especially as the existence of such abnormal psychological phenomena as those about to be described are very little known in England, even by professional persons. The preaching epidemic of Sweden prevailed to its greatest extent in the province of Ellsberg, being very common in the parish of Björsäter, as also in the commune of Scaraborg, on the south side of the Wener Lake, already mentioned. It chiefly affected young persons and mostly females from twelve to fifteen years old, although sometimes even children, and occasionally women beyond their twentieth year. Several thousand persons are said to have been attacked, and some authorities report upwards of

5000 during the period of about sixteen months, or while the malady continued. The first symptom noticed was generally the young person seized falling down as if in a trance—this being followed by tremblings and shakings, but particularly by quakings of the arms and legs, and a sensation as if something were crawling on the limbs. The parties attacked always fell backwards when the trembling fit began, and they then knocked their heads against the floor, often with much violence. Subsequently they were affected with strong and vehement movements, and catching at the hands of bystanders. Afterwards the sufferer, if a girl, seemed engaged in dressing herself like going out to a party. Occasionally they become so violently convulsed that their bodies were bent backwards in a circular form, whereby the head and feet nearly came into contact. In other examples, the sufferers appeared like being engaged in a pugilistic combat with themselves, and in tearing their hair, or as if hitting another combatant. These symptoms usually marked the malady's first stage, when the patient now became quiet and calm, having the hands almost constantly folded over the chest. Very soon they began to speak or preach; sometimes in a recumbent position with their eyes shut, and apparently senseless or entirely unconscious; but in other instances the eyes were open, while the party stood bolt upright. The address now made, or sermon, often so designated, was short and generally on religious questions. Sometimes where several persons became simultaneously affected as above described they were often joined by idle passengers, and then groups of people rambled through the village or town singing hymns, whereby they caused great uproar and confusion, which required the police to interfere. In the spring of 1842 this epidemic spread so widely, and created such an impression where it prevailed that Government was obliged to make inquiry, and so forth. It, however, ceased almost entirely about autumn; and since that period only solitary cases have occurred. Medical authors in Sweden considered the extraordinary complaint now succinctly noticed as originally a bodily disease peculiarly affecting the mind, and that it was very frequently influenced by imitation, while young females were almost constantly its special victims."

## VITAL STATISTICS OF LONDON.

Week ending Saturday, January 2, 1858.

### BIRTHS.

Births of Boys, 1041; Girls, 892; Total, 1933.  
Average of 10 corresponding weeks, 1847-56, 1437.

### METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer	...	...	...	30.357 in
Mean temperature	...	...	...	39.1
Highest point of thermometer	...	...	...	48.0
Lowest point of thermometer	...	...	...	30.8
Mean dew-point temperature	...	...	...	37.4
General direction of wind	...	...	...	W.S.W.
Whole amount of rain in the week	...	...	...	0.00
Amount of horizontal movement of air in the week	...	...	...	140 miles

### DEATHS.

	Males.	Females.	Total.
Deaths during the week	755	676	1431
Average of the ten years 1847-56	...	...	1288
Average corrected to increased population	...	...	1417
Corrected average for corresponding week in ten years 1847-56	658.8	620.2	1288.0
Deaths of people above 90	0	0	0
Deaths in 13 General Hospitals	58	24	82

### DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhoea.	Cholera.	Typhus.
West	376,427	4	7	9	1	..	6
North	490,396	6	6	12	4	..	6
Central	393,256	12	4	13	2	..	7
East	485,522	11	4	15	2	..	14
South	616,035	12	4	8	3	1	12
Total	2,362,236	45	25	57	12	1	22

## TO CORRESPONDENTS.

Dr. Conolly's second paper, and a Portrait illustrating "Suicidal Melancholy," will appear next week.

Dr. Hamilton.—Mr. Gray, of Goswell-street, supplies very good artificial eyes.

M.D.—We have not seen the recommendation alluded to.

Mr. Birkett's letter shall be inserted next week.

A Physiologist may think the publication of formulae not very dignified, but we can assure him that a very large proportion of our correspondents are anxious to know the precise manner in which Hospital Physicians and Surgeons prescribe various remedies. There are many things which appear common and simple to the "Physiologist," but which are valued by the man who has to encounter the difficulties of actual practice.

G.—Application to the Secretary of the Government Emigration Office, Westminster.

Curious.—The valerianate of zinc is coming into much more general use.

Mr. A.—We do not insert notices of births or marriages in the *Medical Times and Gazette*.

Noli me tangere.—The queries could be answered by any medical man—except that as to the Triemar, which is a quack preparation.

Mr. Wright.—A Guy's Man.—The report was incorrect. The pea was removed by the dresser in the usual manner, by injecting warm water.

## THE ARTIFICIAL TYMPANUM.

Mr. Yearsley has sent us some further correspondence on what he calls the Artificial Tympanum. Other demands upon our space, however, only permit of our stating that Mr. Harvey prefers the wetted cotton to the india rubber or gutta percha. With regard to the opinions of Dr. Sapolini, of Turin, referred to by Mr. Toynbee, Mr. Harvey says, in a letter to Mr. Yearsley, "Dr. Sapolini attended my practice for eight months, during which time we had frequent conversations on this subject, as well as on other theories advanced by Mr. Toynbee, and I most distinctly understood him to say that he concurred with me in the views I have enunciated in this reply to you," i. e. the utility of the cotton wool, and its superiority over the artificial membrane.

Mr. Garland shall receive a note from the publishing office.

We made inquiries as to the card forwarded to us by our correspondent last week, and the Physician accused states as follows:—

"As to the enclosed card of my removal being distributed from house to house, I need hardly say that it is not true, for I think no one who has known anything of my views on such matters and of my scrupulous conduct since I have been in the Medical Profession would believe it to be true, and I thank you for giving me the opportunity of denying so ridiculous a charge. When I removed a short time since, I made out a list from my diary of all my patients, writing their names out of my diary on envelopes. I had just so many cards printed as there were envelopes thus directed, and posted them the day after my removal, thus securing as far as possible that this card should not fall into the hands of any one who was not already a patient of mine. Several were returned to me by the Dead-letter office, in consequence of the patients having changed their residences since their last visits to me, and I presume that this circumstance may have given rise to the mistake. I am, &c. L.R.C.P."

Medicus.—You have full power to order away street musicians who may disturb you in hours of professional occupation. The following is the clause of the 2nd and 3rd Vict. cap. 47, sec. 57:—"And be it enacted that it shall be lawful for any householder within the Metropolitan police district, personally, or by his servant, or by any police constable, to require any street musician to depart from the neighbourhood of the house of such householder on account of the illness of any inmate of such house, or for other reasonable cause; and every person who shall sound or play upon any musical instrument in any thoroughfare near any house after being so required to depart, shall be liable to a penalty of not more than forty shillings."

An Army Surgeon.—We have not noticed the controversy between Sir John Hall and Dr. Sutherland as yet, because a reply is to be published to the last paper of Dr. Sutherland, and we wait until the whole case is submitted to the Profession before commenting on it.

## FEES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.  
Sir,—After the death of Mr. J. Dalrymple, it has come to light that four aspiring oculists met, and adopted a resolution that none of them would perform any important operation upon the eye for less than one hundred guineas. I am anxious to know whether this proceeding should be viewed by the Profession and the Public as another example of the speciality mania now so disgraceful to the present age, and whether the names of these individuals should be concealed.  
Jan. 5, 1858. I am, &c. SPECTATOR.

Errata.—In our notice of the case of Mr. Symes, of Bridgewater, last week, "extraordinary verdict" was printed for "exculpatory verdict."—In the pass list of Apothecaries' Hall, published in our last number, Mr. Woolmer's name should have been printed "Shirley Edmonds Woolmer."

## BEGGING-LETTER ASSURANCE OFFICES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.  
Sir,—I think it well to send you the enclosed, as it will be a caution to others if you will insert it *pro bono publico*. I am, &c. MEDICUS.

"Union Life Office, Norwich, Dec. 5, 1857.  
"Sir,—In reply to your letter of the 4th inst., I beg to state that the Directors of this Society pay for no Medical reports except those furnished by their own appointed examiner. We must, therefore, beg to refer you to the parties for whom you filled up the certificates for payment of your fees.  
I am, Sir, your obedient Servant,  
D. T. CORRIE."

## GREAT NORTHERN HOSPITAL, KING'S CROSS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In a late number of the *Medical Times and Gazette*, I find a notice abstracted from the *Morning Post*, which is not at all favourable to this Institution, and calculated to do harm. May I ask you kindly to insert the enclosed abstract from the *Morning Herald*, of December 24th, 1857, which truthfully shows the necessity of the present Hospital.  
January 6th, 1858. I am, &c.

J. RIMBER, Hon. Assistant Secretary.

"THE GREAT NORTHERN HOSPITAL.—This institution has been established to meet the Medical necessities of the poor populations of Islington, Agar, Camden, Somers, and Kentish Towns, New Smithfield, and Highgate. It is situated in the York-road, King's-Cross, adjoining the Great Northern Railway Company. To Mr. Statham, one of the Surgeons to the institution, is due the credit of having at his own private cost founded the nucleus of the present hospital. During the six months this gentleman worked this little institution no fewer than 23,000 out-patients received gratuitous relief, while 46 in-patients were received into the hospital, and had every care bestowed upon them. The work becoming too laborious for the exertions of a single Medical officer, the institution was handed over to some gentlemen who kindly undertook the duties of a committee; the premises were enlarged, and rendered more suitable for hospital purposes. Concurrently with these alterations a full Medical and Surgical staff was elected, consisting of three physicians and three surgeons; three junior physicians and three junior surgeons; a physician accoucheur, with ophthalmic, aural, and dental surgeons. One feature worthy of notice is, that the hospital is free to all sick and destitute persons, no form of recommendation being required. The average of daily patients is over 300. The report lately issued by the committee states that from January the 1st to October the 1st, 1857, 51,448 poor people received gratuitous assistance; of this number, 22,866 were new out-patients, and the remaining 28,582 included those who had visited the hospital more than once. The Medical cases amounted to 15,907, the surgical to 6059; 78 cases received in-door relief. It is to be hoped that so excellent a commencement of a good work will not fail in its future endeavours, for want of means, to afford that comfort and assistance which it has hitherto done."

COMMUNICATIONS have been received from—

Sir RICHARD MAYNE; Mr. WILDE, Dublin; Dr. SNOW; Dr. PRIESTLEY; Dr. WALLER LEWIS; Dr. ACLAND; Mr. PRESCOTT HEWETT; Mr. BIRKETT; Dr. HARE; Dr. WILKS; Dr. ALTHAUS; Dr. BRINTON; Mr. RUMSEY; Mr. WHITE COOPER; Mr. GAY; Mr. GARLAND; Mr. YEARSLEY; Mr. ASHDOWN; Mr. DALE; Mr. MACKENZIE; Mr. GRAY; Dr. HAMILTON; Mr. RIMBER; Mr. S. PARKER; Mr. MILLARD; Mr. COULCHER; Mr. G. HART; Mr. ROSENTHAL; Mr. ANDERSON; Dr. H. DOBELL; Mr. MURTS; Dr. CHAMPIONNIERE; Dr. MCARTHY; Dr. SPIERS; Mr. MOORE; Mr. FULLER; A COBONER; Mr. T. GRAHAM; Mr. W. HALL; Mr. C. BECKETT; Mr. R. T. METCALFE; Mr. O. RICHARDS; Mr. H. E. SHAW; Dr. R. CROTHERS; Mr. ROLLS; Mr. J. WILLIAMS; Dr. W. FOLEY; Mr. J. BLOMFIELD; Dr. F. W. BLAKE; Mr. R. STEVENS; Mr. W. CLARK; Mr. H. R. FOQUETT.

## APPOINTMENTS FOR THE WEEK.

Jan. 9. *Saturday (this day).*

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m. Westminster, 1 p.m.; King's, 2 p.m. Charing Cross, 1 p.m. MEDICAL SOCIETY OF LONDON, 8 p.m. GUY'S PHYSICAL SOCIETY, 7 p.m.: Mr. Stokoe, "On Disease of the Heart."

11. *Monday.*

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopaedic Hospital, 3 p.m. JURIDICAL SOCIETY, 8 p.m.

12. *Tuesday.*

Operations at Guy's, 1 p.m. ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m.; Mr. Tulko, "On the Pathology and Morbid Anatomy of Glaucoma." Dr. Marcet, "On the Analysis and Immediate Principles of Human Excrements." ZOOLOGICAL SOCIETY, 9 p.m.

13. *Wednesday.*

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopaedic Hospital, 3 p.m. MICROSCOPICAL SOCIETY, 8 p.m. NORTH LONDON MEDICAL SOCIETY, 8 p.m.: Paper by Mr. Cousins.

14. *Thursday.*

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m. ROYAL SOCIETY, 8½ p.m.

15. *Friday.*

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m. WESTERN MEDICAL AND SURGICAL SOCIETY, 8 p.m.

## EXPECTED OPERATIONS.

King's College Hospital.—The following operations are expected at this hospital to-day (Saturday), at 2 o'clock:—  
Necrosis of tibia; prolapsus ani; necrosis of sternum; fistula (two cases), by Mr. Fergusson. Lithotomy, Mr. Leo.

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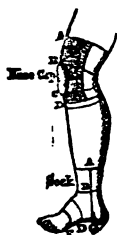
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# Report of the Directors of the Clerical,

MEDICAL, and GENERAL LIFE ASSURANCE SOCIETY, presented at the Annual General Meeting, held at the Society's Office, No. 13, St. James's-square, London, Friday, November 27, 1852.

It will be in the recollection of the Proprietors, that, at Two Extraordinary General Meetings held on the 1st and 28th of January last, the period for holding the Annual Meetings was altered from March to November, in order that earlier publicity might be given to the state of the Society's affairs at the end of June, that being the period fixed by the Deed for the termination of each financial year. In consequence of this alteration no Meeting took place in March last, and it is therefore now the duty of the Directors to lay before this Meeting a statement of the transactions of the Society for the Two years ending June 30, 1852.

The number of New Policies issued within that period was 1097;  
The amount of Assurances was £305,300; and  
The New Premiums arising therefrom amount to £20,729 per annum.  
The Assurance Fund, notwithstanding the payment in cash of £25,384 as Bonus, since the declaration in January, has increased during the two years by no less a sum than £55,676.

From these facts it will be readily perceived, that during the period under notice, the progress of the Society has been in no degree retarded by the effects of the war, by the state of the money market, or by the active competition which has existed amongst kindred Institutions.

After the full and comprehensive statements made at the Extraordinary Meeting in January last, when the SIXTH BONUS was declared, the Directors feel that there is little further now to communicate; but they cannot refrain from mentioning that the Bonus then divided, which averaged 46 per cent. in Reversion, and 27 per cent. in Cash on the Premiums received since 1851, has given general satisfaction, and has tended materially to sustain and advance the high estimation in which the Society has been so long held by the Public.

An Account of the Proceedings at the last BONUS MEETING, setting forth the Assets and Liabilities of the Society, and also the FAVOURABLE POSITION IN WHICH PERSONS WHO NOW ASSURE will be placed, can be obtained on application.

GEORGE H. PINCKARD, Actuary.

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3 ft. 5 in. .. ..	7½ cwt. .. ..	85 Guineas.
3 ft. 6 in. .. ..	8½ cwt. .. ..	95 Guineas.
3 ft. 7 in. .. ..	9 cwt. .. ..	100 Guineas.

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PLASTER.—This Plaster, from the nature of the composition and the material on which it is spread, is adapted for a permanent bandage, as it neither produces irritation of the Skin, nor, when applied, does heat cause it to lose its adaptation to the part. Having these qualities, it is peculiarly valuable in the treatment of ulcerated legs, varicose veins, etc., where equal and constant support is required. Several of the most eminent Surgeons continue to use this Plaster in their practice, preferring it, in certain cases, to any other. It is well suited for exportation to, and use in, warm climates, the high temperature having less effect on it than on any other Plaster.

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## ORIGINAL LECTURES.

## A COURSE OF CLINICAL LECTURES

ON

## DISEASES OF THE KIDNEY.

By GEORGE JOHNSON, M.D. F.R.C.P.

Physician to King's College Hospital.

## LECTURE II.

GENTLEMEN,—In my last Lecture I reminded you of certain facts relating to the minute structure of the kidney, which you will have constantly to remember while studying the pathology of that organ. I gave you a definition of Bright's disease. I told you that the primary seat of each form of the disease is in the gland-cells which line the uriniferous tubes; and I briefly alluded to two of the most frequent signs of Bright's disease—namely, an albuminous condition of the urine, and the appearance in that secretion of microscopic casts of the tubes of the kidney.

Albumen and tube-casts are not constantly present in the urine of patients suffering from Bright's disease. I shall hereafter show you, that in some forms and stages of that disease the urine contains no albumen, and that in some cases no tube-casts are visible; but it rarely happens that both these signs are simultaneously absent in cases of advancing renal degeneration.

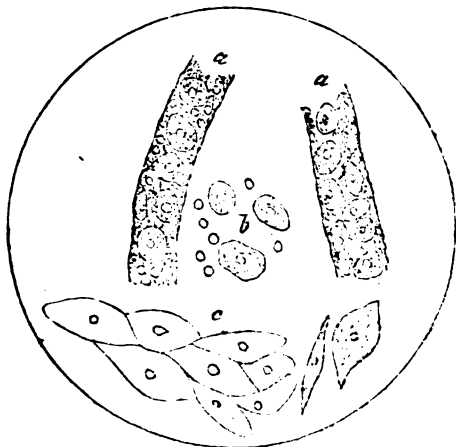
Before directing your attention to the cases of Bright's disease which you have lately seen under treatment in the hospital, I purpose to give you some account of one which occurred out of doors. A brief consideration of this case will help you to understand those of which I shall afterwards have to speak to you.

Some time since I was asked to see a woman named Ann Furze, 64 years of age, living in the neighbourhood of the hospital, and supposed to be suffering from typhus fever. I found her in a state of half stupor, with a wild, distracted look, and a brown, dry tongue. The case certainly had very much the appearance of fever; but I learned from her attendants (the patient herself being unable to give me any account of her symptoms) that a few hours before I saw her she had been seized with a convulsive fit; then I ascertained that during the previous fortnight she had been suffering from intense headache, with occasional vomiting; further, that there had been some degree of dropsical swelling of the body, also that she had complained of pain in the back, and that the urine was scanty and high-coloured.

There was some slight puffiness of the face, but no other symptom of dropsy; the urine, however, contained a large amount of albumen.

It was now plain that the vomiting, the headache, and the

FIG. 4.



a. a. Tube-casts entangling renal epithelium and blood-corpuscles.  
b. Renal epithelium and blood-corpuscles. c. Pavement epithelium from the uterus or vagina. Magnified 200 diameters.

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convulsions were the result of uræmic poisoning consequent on disease of the kidney. Then arose the important practical question, Was the kidney in an advanced and incurable stage of degeneration? or was the disease recent and acute, and, therefore, probably curable? A microscopical examination of the urine enabled me to give a satisfactory answer to this question. The urine deposited a copious sediment of uric acid, and it contained numerous tube-casts, which entangled entire cells of renal epithelium; similar epithelial cells were also scattered over the field of the microscope.

These appearances in the urine which I have now described, and which are represented in the drawings, are rarely seen in any cases of renal disease except those which are recent and acute.

This, then, was an example of what we are in the habit of calling *acute desquamative disease* of the kidney, the abundant desquamation of renal gland-cells being its most characteristic feature. Let me warn you against an error which has not unfrequently been committed—that of mistaking the pavement epithelium of the vagina and uterus for renal gland-cells. This form of epithelium is represented in the lower part of the circle (fig. 4 c), and you see that the cells differ from those of the kidney in their greater breadth and transparency, in being often clustered together in irregular patches, and never entangled in fibrinous tube-casts. These structures appearing, as they often do, in the urine of women, are indicative of vaginal or uterine leucorrhæa, and not of renal desquamation.

Returning now to my patient; having ascertained not only the existence of renal disease, but also its acute character and its probable curability, I was in a position to give a hopeful prognosis, and to direct the treatment. I prescribed cupping, to the extent of eight ounces, over the kidneys; gave a pill of calomel and colocynth, followed by a saline purgative, and directed only liquid food to be taken. The urine soon became more copious, and there was no return of convulsions; the vomiting and the headache ceased, and complete consciousness soon returned. In short, every symptom of disease gradually but completely disappeared, and the urine lost all trace of albumen.

Now, side by side with this case, let me place another which came under my care in the Hospital. In some respects the two cases are very similar, but there are some points of difference between them.

David Herbert, aged 45, a porter, of temperate habits, was admitted into Fisk Ward on the 20th September, 1863. When I saw him, on the second day after his admission, I found that the case was considered to be one of fever, and a stimulating plan of treatment had been commenced. The patient was lying in a state of semi-coma, unable to speak, the mouth half open, the tongue brown and dry. These symptoms would naturally suggest the idea of fever; I found, however, that there was no feverish heat of skin, that the pulse and respiration, which had been respectively only 80 and 18 on the day of his admission, were, at the time of my visit, only 85 and 20; and that there was no appearance of either rose spots or a mulberry rash on the skin. I thought the case had the physiognomy of uræmic poisoning, and having ascertained that no dropsy was present, I asked to see the urine, which on examination was found to contain a very large amount of albumen.

We had now made a great step towards a complete elucidation of the case. There could be little doubt that the brain-symptoms, the unconsciousness, etc., were the result of blood-poisoning through a defective secretion of urine. Then, as in the former case, there occurred this question—Had we to deal with a case of chronic Bright's disease in an advanced stage, or was the disease acute, and of recent origin? This question—of great interest to us and of vital import to our patient—a careful examination of the urine might perhaps enable us to answer.

The urine, as I said before, was abundantly albuminous, its sp. gr. 1022; it was rather high coloured and turbid, and it deposited a light coloured sediment, which contained numerous small waxy casts (similar to the smaller casts represented in fig. 3, p. 2.) with a considerable amount of pus. The pus was not moulded in the form of tube-casts, but scattered over the field of the microscope, or clustered in irregular masses. I may at once tell you that we afterwards ascertained the probable source of this pus to be the mucous membrane of the bladder. Disregarding the pus, then, as having no relation



to the renal disease, the small waxy casts without epithelial cells upon them indicated a non-desquamative condition of the kidney. An albumino-fibrinous exudation was being poured into the tubes of the kidney, but there was no epithelial desquamation as in the case of Furze, which I just now related to you.

Now this non-desquamative condition of the kidney, with a copious secretion of albumen, may occur as an acute or as a chronic affection, and it is often difficult, from an examination of the urine alone, to determine whether the disease is recent or of long standing. In the case of Herbert there was no oil in the casts, the kidney therefore had not passed into a state of fatty degeneration. This fact, and the complete absence of dropsy, were in favour of the disease being recent. A chronic, non-desquamative state of kidney, attended as it usually is with a scanty secretion of highly albuminous urine, is almost invariably associated with a greater or less degree of dropsy before it gives rise to other serious symptoms. This rule is not without exceptions, but practically it is an important rule to bear in mind.

After a consideration, then, of all the circumstances of this case of Herbert, although we were less confident as to the renal disease being of recent origin than we were in the case of the woman Furze, there was at least a great probability that the affection of the kidney was an acute and curable one; and it was obviously right to treat it as such. Accordingly I directed that six ounces of blood should be taken from the loins by cupping, and half a drachm of compound jalap-powder to be given every six hours. Milk diet. Beef-tea. The operation of cupping was found to be impracticable on account of his restless mobility, and twelve leeches were substituted.

He began to improve almost immediately. On the 23rd—the day after the change of treatment—the bowels had been freely opened, and he was sufficiently conscious to nod assent when a question was put to him in a loud voice. On the 26th, the report was, "Altogether much better, much more sensible; can slowly answer some simple questions; he still looks very heavy and stupid, but can be roused by sharp speaking. Tongue less dry and furred; pulse 60; bowels freely open. Has passed  $3\frac{1}{4}$  pints of urine during the last twenty-four hours, sp. gr. 1022; albumen less; microscopic character the same. The powder to be given only once a-day.

September 29.—He appears much better; can now give some account of himself, though he has to think and recollect himself before he can give an answer. He complains of headache; pulse 64. The urine is much less albuminous.

Quinæ disulph. gr. j., acid. sulph. dil.  $\mathfrak{m}$  x., aquæ,  $\mathfrak{z}$ j. ter die. Pil. colocynth. comp., gr. x., p. r. n.

From this date his progress was uninterrupted, and he left the hospital on the 31st of October. The urine at that time still contained a small quantity of pus, which rendered it opalescent by heat. No tube casts were visible, and from the report which he gave of having had occasional attacks of "gravel," it appeared highly probable that the mucous membrane of the bladder was the source of the pus.

The account which, after his recovery, he gave of the cause and commencement of his illness is not without interest. The following is the substance of it:—He had been in the employ of a grocer as a porter, receiving only six shillings a week as wages. He had lived badly, had been insufficiently clothed, and had frequently got wet feet. About three weeks before his admission he began to suffer from headache; he felt heavy and stupid, and his memory was impaired, so that when he went out with his parcels he could not remember what he had to do with them, or what money he should receive for them. He found that he could not walk steadily, and he often ran against passengers in the street. These symptoms continued and increased until the day of his admission. On the morning of that day he went out with his parcels as usual, but he was more stupid and forgetful than ever. His master seeing that he was very ill sent him home to bed, where he was soon afterwards found in a state of half-consciousness, and brought to the hospital.

In the history of this case we have an interesting and instructive illustration of gradually increasing oppression of the brain, produced by uræmic poisoning, consequent on acute disease of the kidney; and a gradual passing away of the cerebral symptoms when the kidney disease was removed, and the free secretion of urine was re-established.

You see that in each of the two cases which I have now detailed to you the disease had, at first, been mistaken for

fever, and I know of other cases of uræmic poisoning in which a similar error of diagnosis was made. You must be careful hereafter to avoid this mistake, for it is one likely to be attended with serious and even fatal mischief. The treatment which is usually successful in cases of acute renal disease, more especially free purging, would be very injurious in a case of typhoid fever; and, on the other hand, the treatment best suited for fever, including the administration of alcoholic stimulants, would be worse than useless in a case of acute Bright's disease, with threatened suppression of urine. With respect to this important point of practice, I trust that you will find that "forewarned is forearmed." Bear in mind the possibility of mistaking simple uræmia for typhus or typhoid fever, and you will probably avoid this serious error in diagnosis.

Before I conclude, let me direct your attention to a very important class of cases which you will certainly meet with in practice. It not unfrequently happens, that during the progress of typhus and typhoid fever, the urine contains one or more of the constituents of blood. The secretion may be simply albuminous in a greater or less degree, or it may contain a notable quantity of blood. A deep blood tinge of the urine is not likely to escape notice, but the urine may be very scanty and very albuminous, without any striking change of colour; and in such cases, if your attention has not been particularly directed to this circumstance in the natural history of fever, a very serious complication may be entirely overlooked, and therefore left without remedy. I shall probably have repeated opportunities of pointing out to you the complication of typhus and typhoid fever with renal congestion, a scanty secretion of albuminous urine, and the early occurrence of drowsiness passing into deep coma. In the meantime, bear in mind this practical advice. During the progress of typhus or typhoid fever make it a point to examine the urine either daily or every other day, and test it for albumen. This can be done with so slight an expenditure of time and labour that the neglect of it is inexcusable. If you find that the urine is becoming albuminous and at the same time scanty, be sure that serious head symptoms will speedily appear and give your prognosis accordingly; remembering, that, *ceteris paribus*, the danger is great in proportion to the scantiness of the secretion of urine and the amount of albumen; greater, too, when this complication occurs at an early period of the febrile disease than when the malady is more advanced.

With respect to the treatment of this acute renal disease occurring in connexion with continued fever, I would simply remark now, that in every case repeated dry-cupping in the loins is admissible and often very effectual. When the urine is very scanty, the albumen copious, and the drowsiness threatening, you may venture to abstract a few ounces of blood from the loins by the scarificator or by leeches, remembering that uræmic coma is more perilous than mere exhaustion, and that the relief of the renal congestion and an increased secretion of urine may be beneficially purchased at the expense of a few ounces of blood. Meanwhile the strength of the patient must be supported by liquid food and stimulants, according to the circumstances and symptoms of each case.

## LECTURES

ON

## THE ANATOMY, INJURIES, AND DISEASES OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,

Professor of Anatomy and Surgery to the College.

## ON FRACTURES OF THE SKULL.

### LECTURE I. (continued.)

A man, aged 28, was admitted into St. George's Hospital under the care of Mr. Cutler, in September, 1845, with a scalp wound laying bare the bone on the crown of the head. The accident was caused by a piece of an iron pipe, which, falling from a great height, had struck against some projection, and then came upon his head. He was stunned for about two minutes, but was quite sensible when he came to



the hospital. No fracture was discovered; there was, however, considerable bleeding from the nose, which continued upwards of an hour, and he also felt a good deal of pain in the neck, when the head was rotated. With the exception of some slight pain in the head, for which he was bled, everything appeared to be going on well, until the seventeenth day after the accident, when he was seized with nausea and pain in the head, accompanied by rigors. These symptoms were followed by drowsiness; then came gradually increasing insensibility; and, on the twenty-second day, complete paralysis of the right side of the body made its appearance. Under these circumstances, the crown of a large trephine was applied over the original seat of the injury. The operation was of no avail, and the patient died on the following day. At the examination after death, a lineary fracture was detected in the frontal bone. Starting from a slight separation of the sagittal suture, where the trephine had been applied, this fissure was traced through the frontal bone, perpendicularly down to the crista-galli. Yellow concrete lymph was found in the diploë, and patches of concrete lymph, with a small quantity of blood, existed in several places, between the bone and the dura-mater, along the line of the fracture. There was also extensive effusion of lymph and pus in the cavity of the arachnoid, as well as in the sub-arachnoid tissues, on the left side, and, corresponding to this, the grey substance of the brain was soft, and of a leaden hue. On the right side, patches of lymph were found in the cavity of the arachnoid only. The longitudinal sinus was filled with pus and lymph. The lungs were very much congested, and their tissue gave way easily under pressure. In the liver were large spots of secondary deposits. Nothing was observed about the other organs.

In the course of several years, this is the only case which has occurred at St. George's Hospital in which a fissure of the cranium was followed by symptoms of suppuration calling for the application of the trephine. One solitary case, and that one a compound fissure, in the course of ten years! What a commentary upon the surgical precepts of a few years back, when it was taught by one of the first men of the day, that "perforation is absolutely necessary in seven cases out of ten, of simple undepressed fractures of the skull." (a) How strange it appears to us that men, practising within our own time, should have been the first to establish, I ought to say revive, the rule of not trephining in these fissures of the skull, of not, in fact, using the trephine as a preventive of inflammation, which certainly does not occur in the great majority of cases of fissure of the skull! Just now, I said that this sound rule of practice, now so universally acted upon, was simply revived, and so no doubt it was, for it was clearly laid down some 250 years ago by François Martel, (b) of Lyons. And let me add that, at that period too, the bone was laid bare by a crucial incision, instead of scalping, which subsequently came so much into vogue, and that this same François Martel also recommends water as a dressing for scalp wounds.

The rule of practice which we have just been considering applies equally to those cases in which the fracture is committed without displacement of the fragments. What advantage could be gained by an operation in cases such as these? Evidently none, so long as there are no cerebral symptoms. As in fissures, so in comminuted fractures without displacement, the case must be carefully watched, and treated according to circumstances.

And now arises the question, What is to be done when the bone is not only broken, but driven in? In so wide a question as this, we had better, I think, confine our attention at first to those cases in which there are no immediate symptoms, looking only to the state of the broken bone, and to the symptoms which it may subsequently give rise to.

Are we in all cases of fracture with depression and without symptoms to elevate the bone? Such a question at once leads to another question, which, by most Surgeons of the present day, is considered to be one of vital importance. Is the fracture a simple or a compound one? Is there a wound leading down to the depressed bone? Upon the answer given to these questions turns the whole practice of some of the ablest and best of modern Surgeons. The existence, or non-existence of a wound communicating with the bone, becomes then, in these

fractures with depression, the main point, the one guiding principle in the practice of these Surgeons.

Led by their great experience, Sir Astley Cooper and Sir Benjamin Brodie laid it down as an axiom that intra-cranial suppuration does not often occur, so long as the depressed bone is covered over by its integuments. Hence the reason why these Surgeons so strongly urge the propriety of not interfering in such cases as these.

But let me add that the late Mr. Guthrie, whose opinions on this subject are entitled to great respect, taught, from the chair which I now have the honour of holding, that there is no more real danger in a case of fracture with depression, in which the scalp has been divided, than in one where the scalp has been bruised only, but not divided; and, in all cases in which a fracture with marked depression is known to exist in an adult, Mr. Guthrie thought the best practice was to divide the scalp, and ascertain the nature and extent of the depression.

Such, however, are not the opinions of the Surgeons now practising in our large Metropolitan Hospitals. Having lately inquired into the practice at these institutions, I find it to be an established rule that simple fractures of the skull, with depression and without symptoms, are to be left to themselves.

The depression may be so marked that we can easily detect it, and yet so long as there are no symptoms, all operative interference, of whatsoever kind, is carefully to be avoided.

It is a well-averred fact that in such a case the recovery may be, and often is, as rapid and as uninterrupted as if there had been no depression of the bone. But, at the same time, we should never forget that there always is danger lurking underneath a depression of this kind, and that a patient with such a depression may, at any subsequent period, be liable to mischief, always of a serious, and oftentimes of a fatal nature. Of this, the following is a well-marked example:—

A man, 40 years of age, was admitted into St. George's Hospital under the care of Mr. Tatum, in January 1844, with a small fluctuating tumour on the top of the head, at about the middle of the coronal suture. There was some rambling, but no paralysis. General headache was complained of, and this was accompanied by well-marked inflammatory symptoms denoting intra-cranial mischief. It appeared, from the wife's account, that this man, who was a coachman, had met with an accident some twelve months back, at which time he was thrown from his box, and pitched on his head. He remained in a state of insensibility for some little time, but had no further symptoms, with the exception of slight pain in the head occasionally, until within the last fortnight, when he began to suffer from constant pain in the head, and the other symptoms gradually made their appearance. Mr. Tatum opened the tumour on the head, and let out a small quantity of matter, after which it was discovered that a small piece of bone was driven in. A trephine was at once applied over the depressed bone; the external table came away first, but the internal table, which was broken up into small fragments, firmly adherent to the dura mater, and united to each other by a dense fibrous tissue, was removed with great difficulty. A large trephine was then applied in the immediate neighbourhood, as it was thought that there might be a more extensive fracture of the inner than of the outer table, but this did not prove to be the case. No matter was found between the bone and the dura mater, but there was a small quantity of it between the fragments of the depressed bone. The bone itself was exceedingly hard and thick, and the diploë very vascular. The dura mater under it was thickened and rough. The symptoms were not in the least relieved by the operation. A strict antiphlogistic treatment was at once adopted: bleeding, purging, and mercury, but all to no purpose. Within two days erysipelas made its appearance in the neighbourhood of the incision, and soon spread over the whole scalp, and upper part of the face. Death took place three days afterwards, and the body was examined on the following day. The calvaria was throughout most firmly adherent to the dura mater. The sutures were completely obliterated, and the bones exceedingly dense and heavy. All traces of the diploë had disappeared, and the osseous tissue was somewhat thicker than usual. The external table presented nothing remarkable where the crowns of the trephine had been applied; but the internal, in the neighbourhood of the smaller trephine-hole, presented a serrated edge, the surface of which was smooth, and bevelled off,

(a) Pott on Injuries of the Head, p. 130.

(b) Velpéau des Plaies de Tête, p. 9, 2e paradoxe.

proving that there had been a fracture of some standing. This portion of bone was not larger than a sixpence. There was no lineary fracture. On the internal surface of this calvaria were evident traces of long-continued chronic inflammation. There was no matter on the surface of the dura mater, neither was there any matter in the cavity of the arachnoid; but there was extensive effusion of lymph in the subarachnoid tissues covering the right hemisphere. The brain itself was healthy.

Here then we have a well-marked instance of the after-effects which sometimes arise from a depression of the skull. This patient, soon recovering from the immediate effects of the accident, went about his work as usual, and everything appeared to be going on favourably for a whole year, when symptoms of mischief about the head suddenly burst forth, and soon led to this man's death.

In this case the existence of the fracture was never even suspected. But, in all cases where a fracture of the skull with depression of bone is known to exist, it is the duty of the Surgeon clearly and emphatically to state to the patient the risks to which he for the future may be subjected.

Passing on now to the treatment of those cases of fracture with depression and a wound leading down to the bone, the compound fracture of Sir Astley Cooper, we come upon one of the most contested questions in surgery.

In the treatment of the fractures which we have hitherto had under consideration, we found that a tolerably uniform practice prevails in the present day. In the treatment of compound fracture of the skull with depression and without symptoms, we shall, however, find school arrayed against school, hospital against hospital, and even Surgeon against Surgeon in the wards of the same hospital. But how is this? Is it that the rules of practice which have been laid down have been hitherto drawn from a too limited field of experience? This may be, and to a certain extent is, perhaps, the case. But could the question be settled by a large number of cases taken from our metropolitan hospitals for instance, and divided into two sets, in each of which a similar plan of treatment had been pursued? I think not. And I must confess that to me the difficulties attending the drawing up of all such statistics appear to be insuperable. I know that it has been proposed to take from our hospitals a large number of apparently similar cases in which similar plans of treatment had been adopted, to compare the results, and then to decide. "Apparently similar cases." Here lies the difficulty. The nature of the accident, the local appearances about the skull, the general habits, granted that these were similar in both series—it is very easy to get thus far. But, what then of the more or less healthy condition of all the viscera in these patients? What of the condition of their blood? What of the atmospheric influences during the whole time of their illness? What of the state of the wards? What of the prevailing winds? What of the seasons? And are we, as Surgeons, to draw up statistics as to questions of operating, or not operating, and to take no account of such vital conditions as these? conditions, any one of which may be the means of baffling the best digested plans of treatment. Shall we ever get statistics taking all these points into consideration? Who are the men about our hospitals to undertake this truly Herculean task? The idea is simply Utopian. And, until we have such statistics, let it not be said that the question of operating, or of not operating, in compound fracture of the skull with depression and without symptoms, can be decided by our large hospitals.

What value are we to attach, then, as far as treatment is concerned, to the elaborate statistics published on injuries of the head? Take, for instance, the statistics of Blasius, of Leisnig, of Fritze, of A. Schwarz, of E. Walther,—of what value are the deductions drawn from these tables, as far as operation or no operation is concerned? In some respects, no doubt, these tables are very valuable; but, culled as the cases were, for the construction of these tables, from every locality, from many parts of the world, and from all kinds of authors, these tables are necessarily deficient in many of those details which, to Surgeons of the present day are all-important.

Again, take the statistics of Injuries of the Head from the Glasgow Infirmary, in which all the cases were, at any rate, in the same locality. What value are we to attach to these tables? Here, again, I fear that we shall not be able to derive all the advantages which so much labour ought to have given us. It is not that Dr. Laurie and Dr. King have

not made the best use they could of the materials which they had at hand; their tables are most elaborate, and, in many respects, very valuable. But so deficient are the details of the post-mortem appearances, that we have no means of judging of the general condition of the various viscera. Look to the dissections of the twenty-four cases of compound fracture operated upon. Details, it is true, are given as to the state of the head, but no mention whatsoever is made about any other part of the body, save in one single instance.

Now daily experience in our surgical wards proves but too plainly that the more or less healthy condition of the viscera exercises a most vital influence on all our accidents, and on all our operations; and if no account is given of the condition of the various organs of the body in the fatal cases of compound fracture of the skull examined in the Glasgow Infirmary, is not this a capital omission?

(To be continued.)

## ORIGINAL COMMUNICATIONS.

### THE PHYSIOGNOMY OF INSANITY.

By JOHN CONOLLY, M.D. D.C.L.

Consulting Physician to the Hanwell Asylum.

#### No. 2.—SUICIDAL MELANCHOLY.

A tendency to melancholy, or what is called the melancholic temperament—defined as meditative, serious, and often sad—is frequently associated with great mental qualities, and characterized by elevated views, allied, also, with fervent passions and strong attachments; intertwined with poetry, with meditations, perhaps visions; of large reforms in human policy and in religion, and with whatever is aspiring or sublime. By young persons of a studious and ambitious disposition this kind of temperament is sometimes, therefore, courted or affected, as a mark of superior ability. But the melancholy thus invited may prove a lingering and dangerous guest; and, both in youths and maidens, should be expelled, if possible, by active efforts. Without such resolution, ample food will be found, as years advance, to nourish the affection into malady. The emulative melancholy of the scholar, the fantastical melancholy of the musician, the melancholy of the politic courtier, the *nice* melancholy of the lady—even the lover's melancholy, of all these compounded—are not fictions of the great dramatist, but realities which offer their companionship at the age when the passions and the intellect begin to be active. Each offers its peculiar fascinations. Poetry of the noblest kind has invested melancholy with still more imposing grandeur; sometimes allying its sage and holy image with staid and stately wisdom, and looks commercing with the skies; and sometimes portraying, in powerful and seductive language, the merit of flying from mankind to some grove in the vast wilderness, or to the desert as a dwelling-place. But all these fancies and moods of the mind, if too often indulged in, tend one way—to a false estimate of realities, to inaction, to misery, and to madness.

For assuredly it may be said, without any kind of qualification, that there is no affliction so dreadful as a real morbid melancholy. The loss of wealth or rank, the severest invasions of bodily pain, and all shapes of human trial, would seem, to those often observant of melancholic patients, as dust in the balance against the weight of that woe which comprehends all woes, and is cheered by no hope, human or divine. Even very slight approaches to such a state, or the briefest experience of it, in those accustomed to notice the movements of their own minds, have something inexpressibly frightful in them. Transient misgivings, unaccountably mingled with vague terrors upspringing from the depths of the inexhaustible well of memory, shake the steadiest soul so strongly as to make it comprehensible how prolonged torture of the kind may overpower the natural love of life.

The Portrait accompanying the first paper of this series referred to the particular form of melancholia in which the mind is disposed to dwell on the mysteries of religion; and faculties inadequate to the task of comprehending such high

themes are vainly exerted to make plain what are matters not of mere reason, but of faith. In such a conflict, there is generally much risk that the over-tasked brain will suffer permanent injury; although in other varieties of melancholy, where the symptoms are equally severe, and even the tendency to suicide for a time incessant, the proportion of eventual recoveries is remarkable.

The course of events in such cases is generally this: Some bodily function becomes accidentally impaired; that of the stomach, or intestines, or liver,—or in women, of the uterus, or in either sex of the brain itself. Occasional depression of mind ensues, and gradually increases. The patient becomes inactive, abstracted, and silent, and all cheerful expression is banished from the countenance. Still very frequently these symptoms are scarcely deemed to imply anything within a doctor's province; until at length, on some dreadful morning, the patient first shows a determined tendency to self-destruction. After this the case is submitted to proper treatment; the disordered bodily function is carefully attended to, and measures are adopted of a nature to restore the lost energy of the brain. The attention of the patient is quietly attracted to new objects; first, by change of place and local circumstances, and afterward by travelling, although this is only beneficial at a later period. Some improvement gradually appears, which time confirms. The power of conversing is restored, and customary occupations and amusements are returned to. The face re-assumes occasionally its old expression, and gradually the gloomy look departs. It is at length felt that the constant watching, once indispensable to the patient's safety, may be relaxed, and then that it may be cautiously left off; very gradually, however, and very cautiously. Then the patient returns home, or takes a journey under the care of friends with benefit; and for a time the case is lost sight of. When it is almost forgotten, and sometimes, after many months, or even a year or two, the patient writes a letter reporting complete and continued restoration to mental comfort, and, if met in society, retains scarcely a trace of the attack in the manner, or conversation, or face.

These attacks, however, as well as other forms of mental malady are, it must ever be remembered, the frequent precursors of organic disease,—most frequently of the lungs, sometimes of the heart; in which case the symptoms continue obstinate, and not reason alone, but life is in peril.

The portrait accompanying the present paper represents a different variety of melancholia, but one of equal suffering to the patients, who are haunted, not by spiritual doubts, but by bodily fear, and chiefly of some terrible danger impending over themselves or their families; danger menaced by unknown enemies, above, about, or underneath.

It is evidently not the portrait of an educated or refined person, but a woman of the poorer ranks of life,—from which ranks our large crowded county asylums are filled. How people in such ranks contrived to live, and the kind of life they led before being sheltered there, is intimately known to few who attempt to write about them. They are usually even laborious, because want is ever in view. It is not the fear of difficulties and embarrassments which makes them rise early, and causes them to lie down exhausted with fatigue; it is the fear, nay the certainty, of starvation, if they are idle. So the best among them toil on until they rest in the grave; when, and not till when, their weary task is done. And the worst of them, too impatient of this lot, or tempted beyond their strength, deviate from the walks of industry into the side-paths of idleness and gin, of dissipation and sensuality, become instructed in thieving and other short ways to immediate gain, and die in their own manner. It is easy to moralize on these things, and virtuously to condemn; but God alone can judge such matters justly. If a man would try to do so, he must realise to himself an almost unfurnished home, and hungry children, and rent to pay, and scanty and coarse food day after day, and wretched clothing, giving poor protection against the "heat o' the sun" and "the tedious winter rages." He must fancy the state of his mind under the privation of all indulgences and all amusements, and in the utter absence of all comfortable recreation for mind or body. Who is there, more happily placed, who can estimate or even imagine the physiological results of all this combination of misery and privation? Imperfect digestion and nutrition; the impoverishment of the blood; the consequent deterioration of all the bodily tissues; the lowered character of the grey and white substances of the brain, involving the

limitation of the supply of nervous force to all parts of the frame, to those subserving physical offices, and to those of which the integrity is essential to the exercise of the mental and moral faculties;—all these are consequences which may not unreasonably be supposed to ensue to a greater or less extent. But the same causes continue to act in countless families, generation after generation, are transmitted and re-transmitted, and their effects accumulated and multiplied; so modifying the general development of the human being that we read even in the face of the bare-footed boy, in the streets of London, his woeful inheritance, and in the features and figure of the grown-up man or woman, in their speech and movement, their wretched physical history. Perhaps we may read something more printed there; the connexion of some, at least, of their faults, or vices, or crimes with the associated impoverishment, if it may be so called, of their higher faculties. We remark the ungainliness of the bodily shape and motion, and the pallor or the unhealthy suffusion of the face, and the ruggedness of the voice and language. With these marks of a degraded type we feel that there can hardly fail to be a corresponding mental limitation. With a total want of instruction there is, in fact, so unobservant a mind that they receive no knowledge from natural objects, and their natural theology is less advanced than that of the poor Indian who sees God in clouds or hears him in the wind. It is unnecessary to go further, now, into these sad particulars. But there is something unreasonable in expecting many excellences to flourish and Christian virtues to find existence in a soil so unprepared. Medical men, and those thoughtful persons, now happily not a few, who are devoting themselves to the advancement of social science, or the real science of living the life befitting so highly endowed a creature as man, do not ignore these painful facts, nor look unheeding upon them. To physicians who reflect on the cases coming under their care in the wards of our lunatic asylums for the poor, such facts are daily presented as material for serious thought.

In the general appearance of the patient, whose face and figure are copied in the photograph before me, there is something, surely, indicative of at least a few of the points which have been dwelt upon.

At first sight the portrait seems only that of a plain face, almost vulgar. Examined more closely, it becomes affecting. It speaks not of despondency merely, but of some horrible vision that has arisen in the mind. The hands are not only joined, as in ordinary examples of profound melancholy, but clasped, almost convulsively, finger within finger, with a muscular energy the expression of which the engraver has most ably caught from the faithful photograph. By this wonderful art the muscles also of the right forearm are depicted as almost in immediate action; and the whole attitude of the patient shows the preponderating muscular strain existing on the same side of the body. The right shoulder is advanced; the right knee is drawn up and pressed on the left. The inclination of the head to the right, the starting muscles on the left side of the neck, the excessive corrugation of the integuments of the forehead, all tell the same story of intense and painful emotion. All this energetic contraction seems to be produced by some fearful feeling. A further perusal of the face tells more than is revealed to a careless glance. The features are unrefined; but the wide and high head indicates intellectual qualities that cultivation might have improved; so as to control, perhaps, a now dominating ideality. The copious and dishevelled hair, which we feel sure must be black mingled with grey, is parted with no care, but straggles in sympathy with the tortured brain. Those many and curved wrinkles in the brow are not wrinkles of ordinary trouble. The raised and equally curved eyebrows; the large, melancholy, and uplifted eyes, declare that the sense is fixed on some image of fear, which no other eye can detect; and the intensity of the prevalent emotion is forcibly expressed in all the other parts of the face. The upper eyelids disappear; the lower are strongly depressed; the muscles of the cheeks and the corners of the mouth are drawn down, the lower lip being, as it were, spasmodically acted upon, showing nearly all the front teeth of the lower jaw. The chin has been scratched and scarred by her own finger-nails. The very ears seem starting forward. Everything bespeaks terror. You see that the suffering woman moves not; and that she holds little communion with those about her. Her whole aspect is in-

tensely sorrowful, as well as full of alarm. She is, indeed, abstracted from the common world of sorrow and suffering, but lives in a world of dread alone.

A professed physiognomist, to which title I myself lay no claim, would say that in the face of this poor woman, a certain superiority of character was manifest, although subdued by disease. The long square jaw, the developed chin, the large nose, the compressed and long upper lip, would furnish a text for a pupil of Lavater; and a phrenologist would draw clear conclusions from the configuration of the head. There may be something of fancy, but there is much more of truth in both of these sciences of observation, some acquaintance with which every one desirous to be an accurate observer ought to possess.

The actual history of this patient too well illustrated the miscellaneous remarks which have been offered to the reader. She was born of a mother on whom wretchedness had already done its work; and who was eccentric in mind, and eventually became paralysed. Her sole inheritance was poverty and labour, and a brain disposed to disease. In the portrait she looks old and worn, her real age being only 34. She was industrious, and led a correct life, and for a time managed to earn a living by straw-bonnet making. But this kind of labour is not very profitable, and, in order to ensure food and clothing, and the shelter of a roof, it was necessary for her to work fourteen hours a-day. No pleasures, no healthful exercise, were part of her lot. Her mind was of an anxious cast; and she ever felt, no doubt, that the intermission of toil for a day or two would entail difficulty upon her, or the prospect of starvation. What other fears haunted the poor creature we cannot say; but after her mind had quite given way, her often-repeated expressions were, "Oh! don't kill me, dear doctor!" "Don't let any one kill me!" At other times she would say, "I am too wicked to live!" and then she would humbly say that she had not committed any wickedness; but had always been an industrious and good girl. The dread, however, of being murdered grew stronger and stronger. She still worked on, with no salutary variety of any kind, until, with the inconsistency of insanity, she began to think she might escape the danger by destroying her own life. She made many and desperate attempts to do this; attempts only frustrated by the watchfulness of those about her, and by the arrangements of a well-ordered asylum. She would conceal bits of window glass and try to cut her throat; or tear off a strip of sheeting, and throw it quickly over one of the gas-burners in the gallery in order to hang herself. But vigilance saved her again and again from the first danger, and she was preserved from the second by the slight fixing of the burners, made with a prospective regard to such possibilities. The longest experience of the success of these and other attentions to the condition and propensities of the melancholic and suicidal, can yet scarcely make it intelligible how so very large a majority of these cases in asylums are safely managed throughout. If life can be preserved, the wish to die may leave the mind. So long as it remains, so long must the anxious solicitude of the attendants and the Physician continue. And still sometimes, after days and nights of care, a catastrophe may ensue. So fixed does the resolve of self-destruction remain in the poor distracted mind, and so preternatural an ingenuity is exerted in discovering the means of accomplishing it.

### ON THE TREATMENT OF INTERNAL PILES AND PROLAPSUS ANI BY NITRIC ACID.

By HENRY SMITH, F.R.C.S.

Surgeon to the Westminster General Dispensary, &c.

I have on one or two preceding occasions made some observations in the *Medical Times and Gazette*, on the treatment of diseased conditions of the rectum by the application of strong nitric acid. I have remarked that this practice was not sufficiently known among Medical men, that there was a dislike to its employment, and that consequently patients are frequently compelled to submit to a much more severe and dangerous proceeding, namely, the ligature. I am aware that this last-named method is one which is looked upon as

the most efficient plan of treatment by our best surgeons, and it is not to be denied that in the generality of instances the cure after ligature is effectual, but the operation is attended with a necessary confinement to bed, sometimes with severe suffering, and occasionally it is followed by death. Two fatal cases have been mentioned in this Journal during the last year, and I have heard of an instance, where a cavalry officer lately lost his life from this operation. Under these circumstances I think it is the duty of a surgeon to employ a remedy which is less hazardous if he has it in his power. The Profession doubtless dislike caustics in any shape, no matter whether they be used for destroying cancerous tumours, removing impermeable strictures, or curing piles, nevertheless the fact of this dislike existing does not prove anything against the utility of the remedy employed—not indiscriminately, as cancer curers and their protégés would do, but carefully and scientifically in properly selected cases. A strong prejudice, however, against caustic does exist among English surgeons, and this feeling is powerful enough to prevent the use of the agent. How difficult is it, for instance, to persuade even well-informed surgeons that the potassa fusa in inveterate strictures is anything but an unsurgical and useless agent, more adapted for the armamentarium of a Sepoy than for that of a British Surgeon! And yet those who know how and in what cases to apply the same can honestly testify that it is the most powerful and most useful means of opening up an obstructed urethra, and will enable the Surgeon in nineteen cases out of twenty to dispense with the use of the knife. So with nitric acid in the treatment of certain forms of internal piles, I believe that if properly used it will obviate in a large proportion of cases any severe operation. The following is an instance of its beneficial employment in prolapsus ani.

Mr. S—, aged 59, applied to me, March 3. He was in excellent health, but had suffered several years from a prolapsed gut. It always descends when he goes to stool, and generally when he walks out. On examination I found a considerable protrusion of the mucous membrane of the rectum. He has, in consequence, suffered lately from great irritation of the bladder, and has had complete retention of urine. I recommended the patient to use an injection of oak bark.

March 9th.—The gut is much prolapsed, and the patient has suffered greatly from irritation of the bladder. I applied nitric acid very freely, and having well oiled the parts returned them.

12.—The gut does not come down so much, and on examination to-day, it is difficult for him to protrude even a small portion. I applied the acid again.

20th.—I have applied the acid once since the last report, and he has called upon me to say he is quite well, and to express his gratitude for relief from sufferings which have troubled him for years.

In such a case as the foregoing the relief given by the application of nitric acid is striking; but there is another class of cases in which the benefit afforded is equally remarkable. I refer to those instances of internal piles when there has been more or less hæmorrhage for some time.

Mr. A., aged 23, sent to me by Dr. Beaman.

May 21.—He is in a weak state of health, and presents the appearance of one who has lost much blood: has been subject to piles for three years; they protrude when at stool, and he has every day during the last three months lost a large quantity of blood. On examination I found the mucous membrane of the lower part of the rectum in an unhealthy condition, and a large hæmorrhoidal excrescence protruding. I applied the nitric pretty freely.

25th.—Much the same; the bleeding has not ceased; the hæmorrhoid still protrudes. I made the patient sit over some hot water for some time, and when the piles were thoroughly protruded, I applied the acid freely.

28th.—A good deal of irritation was produced by the acid for several hours, but it gradually went off, and on examination there is no protrusion.

June 1.—This patient is very much improved. There has hardly been any bleeding or protrusion. I applied the acid slightly to the diseased part of the gut which could be brought into view.

6th.—He feels quite well, and has no protrusion of the gut even while at stool.

Mr. B., aged 29, also sent by Dr. Beaman.

October 6.—States that he had been troubled with piles for

two years, and that during the last six months he had suffered daily from bleeding, which was increased by horse exercise, to which he is much addicted.

The day before I saw him he had consulted an eminent Surgeon, who requested him to come to his house on the following day, and remain sitting over hot-water so that the gut might be protruded; but the patient fearing that an operation would be performed declined. I advised the gentleman to take a dose of castor-oil on the evening of the 7th, and to come to me on the 8th; on which day a highly vascular and thickened hæmorrhoidal mass was protruded; I applied nitric acid freely to it, and returned it within the sphincter.

9th.—He sent for me to his residence to-day. I found him in considerable pain: the diseased part had descended outside the sphincter, and the surrounding textures were much swollen. I returned the piles, ordered him to lie in bed for a few hours, and recommended hot fomentations and an opiate.

13th.—The patient went into the country until to-day: he has scarcely any bleeding: he took castor-oil before coming, and I applied nitric acid to the portion of the diseased bowel which was protruded.

20th.—The patient scarcely complains of anything, except a very slight bleeding when at the closet. There is now no protrusion. I had slightly used the acid on the 15th. To-day I examined with the speculum, and touched that part of the gut which seemed in an unhealthy state.

24th.—This gentleman suffers nothing from pain or protrusion even when at stool; but I examined with the speculum again, and applied the acid as there was some slight bleeding. I recommended the use of an injection of two grains of sulphate of iron to an ounce of water, into the rectum twice a day. I learned afterwards from Dr. Beaman that this gentleman was quite well, and ardently enjoying his favourite pursuit of hunting.

This instance illustrates in a particular manner the advantages of nitric acid; for here was a young and healthy man, passionately fond of field sports, and would brook no control, who was very anxious to get rid of his disease, but would not submit to an operation which would confine him to bed for several days, (I may also mention that he had heard of the death of the cavalry officer before alluded to;) I could, however, offer him a means of cure which would not lay him up, or prove dangerous. It is true that the very free use of the acid did confine him to bed for a few hours. This accident cannot always be avoided, but it has not occurred more than two or three times in my hands. There is one other point in connexion with the use of the agent, which this case also illustrates, viz. the amount of pain produced when the acid is applied through the speculum. On both occasions on which I used it the patient actually asked me after the mucous membrane had been freely touched, whether it had been applied or not. In fact he complained more of the introduction of the speculum, although a small one.

It is most important in the treatment of diseases of the rectum by nitric acid that the cases should be selected, otherwise the surgeon will be disappointed in the result, and the patient will be rendered worse than he was before. It is in those cases of internal piles, where the diseased texture is only of moderate extent, has a broad base, and presents a very vascular appearance, as though the excrescence was composed chiefly of minute arterial branches, that the acid will prove speedily and effectually serviceable: when, however, the hæmorrhoidal excrescences are very large and of a blue appearance, mainly consisting of venous ramifications, nitric acid should not be applied; neither should it be applied while a patient is suffering from what is called an acute attack of piles. I was unwise enough to use it in a case of this kind not long since, and although I believe the patient may have been ultimately benefited, great temporary distress was produced, and undeserved blame was thrown upon the remedy.

In cases of prolapsus ani of considerable size, when there is not a complication of large or several piles, and when the mucous membrane is simply thickened and relaxed, this remedy will be eminently serviceable. I have by means of it lately relieved a gentleman of the necessity of wearing a pessary, which he had done for years, being afraid to undergo a cutting or tying operation; and being ignorant of the efficacy of nitric acid in such cases until he had his attention called to one of my papers in the *Medical Times*. I have very recently been attending for another complaint an old

gentleman, who has for many years worn a pessary for a prolapsus as big as my fist, and who will not permit any operation. Here, however, nitric acid would I fear not be applicable.

Caroline-street, Bedford-square,

## TWO CASES OF REMOVAL OF STRUMOUS ASTRAGALUS, AND ARTICULAR END OF THE TIBIA, WITH PORTIONS OF CONTIGUOUS BONES.

By P. C. PRICE, Esq.

Junior Surgeon to the Great Northern Hospital,  
Surgeon to the Metropolitan Infirmary for Scrofulous Children at  
Margate, &c.

My colleague, Mr. Statham, reports, in the *Medical Times and Gazette*, of November 14th, an instance in which he has removed the astragalus with success, and alludes to other cases which have fallen under his own immediate notice. I have on two occasions resorted to this proceeding, and subjoin a short history of each case with some remarks.

Case 1.—George G., aged 8, of decidedly strumous constitution, was admitted under my care at Margate, in June, 1856, with extensive disease of the right astragalus, and disorganization of the ankle-joint. Arriving from London in a very delicate and precarious state of health, the foot was merely supported by means of a splint, and constitutional treatment insisted upon. By August, however, he had so much improved in condition, that it became advisable to turn more direct attention to the local affection. The following account of the condition of the ankle and contiguous parts I select from my note-book.

August 8.—The right ankle articulation is destroyed, and the grating of exposed surfaces clearly evident. On the outer side of the joint, in front of the external malleolus, two fistulous openings exist, through which sanious fluid, mixed with carious *débris* of bone, constantly flows. A probe introduced through these openings falls upon the decayed astragalus, and passing freely upwards shows the articular end of the tibia to be bared, in part, of its cartilage, and the lower portion of the fibula to be in the same condition. There is also evidence of mischief in the front of the astragalus, and probably of the cuboid bone. On the same day, the boy being placed under chloroform, the fistulous openings were sufficiently enlarged so as to admit an examination by the finger. The decayed astragalus was so altered and softened that it was easily broken down. By means of the gouge and curved cutting pliers, the entire bone was removed piecemeal, together with the articular end of the tibia, not including the internal malleolus. Portions of the os calcis, and the greater part of the cuboid bone, were also taken away. The end of the fibula was likewise removed in part. The cavity resulting from this extensive removal was filled with lint, and a splint of gutta serena fitted to the under and inner part of the leg and foot. There was little or no bleeding. On examining the portions thus removed it was apparent that the bones affected had been involved with strumous caries, but where the mischief had commenced is doubtful. In the treatment of the wound poultices were applied, and the limb maintained at perfect rest; the cavity being day by day, when suppuration had commenced, duly cleansed and refilled with plugs of lint. The reparative process advanced with such rapidity that towards the end of September consolidation had considerably progressed.

December 5th.—The soft tissues have greatly contracted, the foot is more symmetrical in shape, and the amount of new material appears more condensed, admitting considerable pressure to be applied with impunity. For some months the part continued to improve, but little use of the foot was allowed: subsequently, however, some swelling took place on the inner side of the ankle, which gave suspicion to the recurrence of disease. The part became more and more painful, till the skin ulcerated, and gave escape to some unhealthy discharge, mingled with *débris* of bone. The application of the gouge gave relief, by removing some softened and carious-looking bone.

November 9th, 1857.—The lad has a very tolerable foot, although there exists some slight swelling on the inner side of the ankle. There is little or no motion between the foot



and the tibia. The tibia is somewhat distorted, owing to a tendency to rickets, which gives an awkward appearance to the lad's gait. Some slight alteration to the instep of his ordinary boot will, I hope, enable him to retain with usefulness a member which has, on many occasions, been removed for a less amount of disease.

*Case 2.*—Francis B., aged 15, a highly strumous lad, a native of London, was sent to Margate in the summer of 1856, with extensive disease of the left ankle-joint.

August 18, 1856.—An examination, under chloroform, afforded evidence of complete destruction of the articulation. Fistulous openings on the outer side of the ankle freely communicated with carious bone in all directions. By carrying a curved incision through these fistulous openings, along the front of the external malleolus, sufficient room was obtained for a free use of the gouge and bone-pliers. By means of these instruments the entire astragalus, the articular end of the tibia, and the posterior surface of the cuboid bone, with a portion of the external malleolus, were removed. At the same time some disease of the two external metatarsal bones was taken away. Little blood was lost; the wound being filled with lint, was placed on a splint. Suppuration commenced in a few days, and by keeping up the general health reparation rapidly took place. In the course of a few weeks the granulations of new bone appeared firm and healthy, and by the middle of October union of considerable firmness had united the foot to the leg.

During the time nature was making such admirable endeavours in this locality, disease was infiltrating among the bones of the front of the foot, and an acute abscess was laying bare the fibula, and extending into the muscular coverings of the leg.

These untoward circumstances, unfortunately, demanded removal of the limb in the middle of the leg, which was resorted to on Nov. 4, 1856. On making a longitudinal section through the tibia and the new material that had taken the place of the astragalus, complete union was found to have resulted. The new product was bone of considerable density, and was apparently thrown out in greater proportion from the end of the tibia. The ankylosis would in time have been complete. The boy made an excellent recovery from the operation.

To my brother, Mr. W. Price, who had the daily charge of these cases, I am much indebted.

*Observations.*—Strumous disease of the ankle-joint, involving the astragalus, is an affection by no means uncommon, especially in children, and in many instances, I believe, commences in the articulation between the astragalus and os calcis. There can be no doubt that oftentimes the entire disease can be taken away without sacrificing the foot, and that the operation for removal is one by no means so difficult as might at first be supposed. Moreau recommends the incision to be made along the posterior margins of the tibia and fibula, and two transverse cuts as far as the anterior tibial tendon on the inner, and that of the third peroneal tendon on the outer side. In cases corresponding to the two I have related, where fistulous openings exist, and the carious state of the structures entering into the formation of the ankle can be surmised with some degree of accuracy, I believe the plan I resorted to on each occasion to be the most advantageous. While acting as dresser in the wards of King's College Hospital to Mr. Fergusson, I remember seeing a case treated in the same way, and the simplicity of the operation, with its complete success, made such a favourable impression upon me at the time, that I determined to adopt the same proceeding when occasion should present.

The gouge and curved bone-pliers have now become such indispensable instruments in the hands of the Surgeon when dealing with disease of bone, that they have necessitated many improvements in what is commonly known as "bone surgery."

With regard to the first case, it must be looked upon as highly satisfactory; and although the foot for some months has been a useless member, there is little doubt that an excellent cure will result, provided no relapse takes place. Had I not adopted this proceeding, the foot might have been removed at the ankle-joint; but I very much doubt, from all I have seen of this operation, if the patient would have been enabled at the present time to have made use of his stump as a means of progression. The superiority of the course I followed over amputation through the leg cannot for a moment

be doubted; for should disease recur in any portion of the foot, removal of the limb can then be adopted if necessary. In the treatment of the limb rest was enjoined, a splint keeping the foot in a suitable position, and preventing, by any undue motion, the liability of the disease to extend to neighbouring structures, supposing such tendency to exist. Doubtless some degree of movement between the foot and the leg is advantageous; but it is all imperative to obtain a firm and suitable support for the body.

Two operations were necessary before the disease could be considered as eradicated; and now it is not improbable that assistance may be again needed to remove some little carious spots; yet such repetition does not militate against a judicious and humane attempt to do the best for the unfortunate patient.

In the second case the operation was resorted to, owing to the patient refusing to lose his foot. Disease among the metatarsal bones foreshadowed the likely termination of the case; but had not mischief subsequently arisen in the lower portion of the leg, I should have resorted to a partial amputation of the foot, feeling assured that the new material, as appeared after removal of the limb, would have in time afforded an admirable support, and have enabled the patient to boast, perhaps, of a more useful stump than if the covering had been taken from the heel. The termination of these cases will in future induce me to have recourse to the above proceeding, even in instances in which the chance of success is not very promising, and more especially as the risk attending such an operation is slight, and in no way interferes with a subsequent resort to the knife if necessitated.

Green-street, Grosvenor-square.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### THE CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

#### ILLUSTRATIONS OF THE TREATMENT OF THROAT AFFECTIONS.

(Cases under the care of Drs. PEACOCK, BENNETT, and BIRKETT.)

"A form of hoarseness is frequently observed in growing boys or girls which assumes a very chronic character, and often resists for a long time almost every sort of treatment. A boy gets cold, followed by sore throat and feverish symptoms, which may last for a few days and then disappear under the use of aperient medicine, or perhaps without any interference on the part of the parents or the physician. The feverishness and soreness of the throat subside, but the hoarseness remains, and the boy can only speak in whispers. This condition may last for weeks and even months, without any other symptoms whatever; the patient has no cough or difficulty of breathing; his appetite is good; sleep and digestion natural, and there is no appearance of emaciation. The only thing amiss with him is the impairment of voice, and this continues so long that it gives rise to a considerable degree of anxiety on the part of his parents. When you examine the fauces you find no appearance of inflammation in the mucous membrane, and there is no superficial or deep-seated tenderness in the region of the larynx." Such is the graphic description given by Dr. Graves(a) of a class of cases very well marked in character, which, however, are not very frequently met with in English practice. The following are good examples of the affection.

*Case 1.*—Chronic aphonia, etc. of four months' duration.—Treatment by tonics, and the weekly topical application of nitrate of silver.—Recovery in four months.—Benjamin Green, aged 6, a pale, but not otherwise unhealthy-looking boy, was admitted on September 15, 1853, under the care of Dr. Risdon Bennett. He had been aphonic, with hoarseness on attempting to speak loudly, for four months. There had been some cough, but no serious symptoms whatever. He had already had a variety of treatment without benefit. Nothing beyond a mamillated condition of the posterior pharynx was discovered

(a) Clinical Lectures on Medicine, vol. ii. pp. 1, 2.



on inspection of the throat. Dr. Bennett prescribed a draught containing quinine and iron, and directed a solution of nitrate of silver (ʒj. ad ʒj.) to be applied to the larynx by means of the probang. The lad was very patient, and permitted of this being effectually done. It was repeated once a week, with two omissions, up to December 1, when the note states, "Can now speak pretty clearly." On December 15 the note is, "He certainly does not speak so clearly as last time. He has missed attending for a fortnight." The solution was again applied, and the mixture steadily continued. On January 26 the application was made for the last time (the fifteenth) and the note then taken is, "When at home he is stated to speak quite clearly, but when excited he occasionally partially loses his voice. The posterior pharynx is still mamillated, and its mucous membrane looks as if thickened." On February 9 the note was, "Can shout loudly," and on the 23rd he was discharged quite well. The mixture—half a grain of quinine and a grain of sulphate of iron—three times a day, had been continued the whole time.

**Case 2.—Aphonia of four years' standing.—Treatment by counter-irritants, mercurials, etc.—Some benefit.**—Jane Doughty, aged 9, was admitted on August 1, 1853. The following are Dr. Bennett's notes, dictated at the time. "Aphonia of four years' standing. General health fair; appetite good; no cough; mucous membrane of throat flabby, and tonsils rather large. Tongue clean, and pulse quiet. The aphonia is stated to have commenced as hoarseness, and to have been several weeks before it was complete. For four years it has been as at present, and without any intermissions." Ordered to have the throat painted externally with a strong solution of iodine, and to take three times a-day quinine and iron in infusion of cascarrilla.

August 8.—The throat has been made very sore indeed by the iodine, but there has been no material improvement of the voice in consequence. Her mother states, however, that she has slept with much less of wheezing noise in the throat than she formerly did.

The mixture was continued, and on the 22nd the iodine paint was again applied.

29th.—The improvement had been very slight hitherto, and Dr. Bennett now ordered a pill containing four grains of the compound squill pill, one of blue, and a sixth of the potassio-tartrate of antimony, to be given every night: the mixture to be continued.

Oct. 3.—Slow but decided improvement has resulted. The remedies are now to be changed to a mixture containing two grains of the iodide of potassium to half an ounce of the infusion of cascarrilla, given with two teaspoonfuls of cod-liver oil three times a-day. The solution of nitrate of silver (ʒj. ad ʒj.) to be applied every week to the larynx.

We are unable to give the final result of this case, as the girl ceased to attend after the second application of the caustic, probably on account of her extreme dislike to it. Had it been steadily persevered with, probably the same degree of benefit which resulted in the preceding case might have eventually been obtained; but on account of the very protracted duration of the disease, a long treatment would no doubt have been requisite.

**Case 3.—Chronic hoarseness and aphonia of three months' duration.—Cure by two applications of the nitrate of silver solution.**—Caroline Twig, aged 14, was admitted under Dr. Bennett's care on Jan. 12, 1854. She was hoarse and almost aphonic, the statement being that she had been so without intermission ever since a cold, three months ago. She was a healthy-looking girl, and had no symptoms of pulmonary disease. The cough was but slight. Dr. Bennett prescribed the compound cascarrilla mixture, to be taken three times daily, and an aloes and myrrh pill to be taken every night at bed-time. These were continued for three weeks without any benefit, and on Feb. 2nd, accordingly, resort to the nitrate of silver solution was directed. This (of the same strength as in the two previous cases), was freely applied on two occasions, and with such marked advantage, that on Feb. 16th, the note states, "Voice much better, almost clear." She continued the cascarrilla mixture a month longer, and having had no relapse, was discharged on April 6th, quite well in every respect.

**Comments.**—We have selected the second of the three preceding cases, on account of its affording an extreme example of the chronic character of this affection; and the first and

third, because they well illustrate the most effectual method of its treatment. The success in the last was unusually rapid; and the first is perhaps a better example of the average. Dr. Graves, although stating most correctly respecting its pathology, that "it depends on a relaxed and weakened state of the chordæ vocales, and perhaps the muscles of the larynx, the result of inflammation of an exceedingly chronic character," does not appear to have ever had recourse to topical applications for the cure of this affection. He advises gargles—which, by the way, children can rarely be got to use efficiently, and which, ever so well employed, have but little action on the larynx—and counter-irritants to the throat. The experience of the Chest Hospital is most decidedly in favour of the nitrate of silver solution as the one efficient means of treatment; and we believe this is the general result at which most physicians who have had extended opportunities in this specialty have arrived. At the same time tonics, as quinine and iron, should be administered, and particular precautions should be taken to protect the throat externally. The supervision of acute symptoms is always to be feared, but more especially if the patient be under the age of six, and if the disease have not lasted very long. Hoarseness in a young child is always an alarming symptom, and the parents of the patient should always be forewarned that croup may at any time suddenly come on. (a) If any alarming aggravations have ever occurred, it will be well to act upon Dr. Graves's statement, that "in all obstinate cases the sheet-anchor is mercury exhibited internally, and by means of inhaling the fumes of hydrargyrum cum creta. In general, it is necessary to continue the mercurials until the mouth is slightly touched, when the hoarseness will be found to yield." Mere "obstinacy" would not, however, to our minds, indicate the propriety of resort to mercury, and the "sheet-anchor," according to modern experience, in all cases not attended by threatening symptoms, is indicated above. We fully agree with Dr. Graves that no good results are ever obtained from "leeches, antiphlogistics, or low diet."

## THE "GREAT NORTHERN" HOSPITAL.

### DISEASE FOLLOWED BY FRACTURE OF THE CLAVICLE—OPERATION—RECOVERY.

(Under the care of Mr. GAY.)

W. B., aged 34, was admitted in October. He states that eight months ago he consulted Mr. Gay for a chronic abscess over the clavicle, and towards its acromial extremity, which was discharging through two sinuses, situated about an inch from each other. Mr. Gay laid the sinuses open, and searched for dead bone, but, as the man states, without being able to find a trace of any. The wound healed; but the man was unable to use his arm in his trade, that of a carpenter. On the 7th of October, while fastening a lock on a door, he felt as though he had received a sharp blow on the bone, the arm dropped, and as he became sensible of some change having taken place in its condition he applied to a neighbouring Surgeon, who told him the bone had been broken. Matter formed in the seat of the injury, and was discharging itself through one of the old sinuses when Mr. Gay saw him on the 16th. There was then considerable thickening around, but especially along a portion of the upper edge of the bone, where several small collections of matter had formed. This thickening made it difficult to ascertain the relative position of the two portions; and had so far fixed them that, although considerable force was used, the fracture could not be detected. A probe discovered denuded, and to appearance dead bone for some distance along the course of the shaft; and at one point, about an inch and a quarter from the acro-

(a) The present may not be an unsuitable place to ask attention to a plan of treatment of croup in its initial stage first recommended by Dr. Lehman, of Forgan, and which has received a most emphatic imprimatur from Dr. Graves. It has not yet become so widely known in this country as it deserves to be. It consists in the application of sponges squeezed out of water, as hot as can possibly be borne, to the throat of the little patient. They should be frequently repeated during from ten to twenty minutes, until a vivid redness of the skin of the whole throat is produced. It is stated that the most alarming symptoms will often wholly disappear under this simple plan of treatment. In all cases of hoarseness in young children the parents of the child should be instructed to have immediate recourse to it, in the event of any delay in procuring medical attendance occurring. It is of course curative only in the very earliest stage.

mion, it sank, as it were, into, and even through the cylinder. Mr. Savory and Mr. Statham concurred with Mr. Gay in thinking that a portion of the shaft of the clavicle had become necrosed; but could not make out satisfactorily the existence of fracture.

Mr. Gay accordingly laid the bone bare by a crucial incision, and dissected back the flaps, when it was found in the following state. The bone had been fractured. The acromial—the shorter—portion presented at its extremity a smooth surface, as though the body had been sawn through somewhat obliquely, covered with velvety granulations; while the distal extremity of the sternal portion had the appearance of having been extensively splintered; the splintered prolongation having, so far as the outer laminae of the bone were concerned, become necrosed. As Mr. Gay was not prepared for this discovery, he contented himself with cutting off the ends of the fragments, placing them in apposition, and confining them in position by proper bandages and pads. The wound healed readily, leaving one sinus, however, through which spiculae, or rather small, thin, osseous plates discharged themselves for several weeks. The sternal fragment did not remain quite in the position in which it was placed; but notwithstanding this the two ends became firmly united, and the man, seen by Mr. Gay within the past week, has recovered the use of his arm, with almost its primal amount of strength and variety of movement.

Mr. Gay has some difficulty in arriving at any satisfactory opinion as to the origin and course of this obscure but interesting case. It was deemed necrosis; but an exposure of the bone proved this view to be incorrect; indeed the cases of idiopathic necrosis of the clavicle would tend to show that necrosis of a small portion of the shaft of that bone is very rare; and this owing to the fact that the clavicle, unlike long bones generally, has but one centre of ossification. There were certainly no signs of caries. The bone had been severed through; one portion had retained its health. Any rough points that might have existed after the disunion had been absorbed; and in default of reunion the extremity had become precisely what the extremities of bones after amputation usually become. The extremity of the other fragment had, however, not been splintered by the fracture; but had assumed the appearance of having been splintered by some diseased action which had been going on within or around it. The necrosis of the external table was due simply, Mr. Gay thinks, to its having been constantly exposed to the action of the secretions; and the want of evidence of either caries or necrosis in the inner laminae and osseous tissue, (for the tissue had become hardened,) shows that neither of these affections had given rise to the loss of bony matter, and the strange shape which the remaining portion of the bone had assumed. Setting aside these hypotheses therefore as untenable, Mr. Gay could only suggest that the bone at the seat of separation had become the nidus of an acephalo-cyst; and that the peculiar condition, and almost spontaneous fracture of the bone were due to the absorption which attended the ravages of these cystic parasites.

## HOSPITAL NOTES.

### SUPPURATION OF THE EYE-BALL IN CONNEXION WITH GOUT.

THERE is at present a poor man attending Mr. Critchett's out-patient clinique at the Moorfields Hospital, in whom suppuration of the globe has followed repeated attacks of gouty inflammation. He is of very cachectic appearance, and of 58 years of age. His father was liable to gout, and for the last twenty-three years he has himself suffered from it, generally twice a year. Formerly it used to attack his feet, but for the last five years it has confined itself to the hands. The joints of the fingers are much thickened and crippled by deposit. Five years ago the right eye was first attacked, and in the course of repeated inflammations during the three following years, it was so far damaged that there remained but the merest perception of light. In this condition it remained quiescent for two years, when the acute and destructive attack set in. He was admitted under Mr. Critchett's care on December 4, the affection having then lasted three weeks, and the globe having already suppurated. The sclerotic gave way on its outer side, and about three weeks later the lens escaped. The inflamma-

tion was most intense, the lids being very much swollen, and of almost livid redness. Colchicum and alteratives were first used, and subsequently quinine. The globe has now partially collapsed, and the effects of the attack are slowly subsiding. Gouty iritis is by no means a rare affection, but for suppuration of the globe to occur in connexion with the arthritic cachexia is, we suspect, extremely unusual.

### RULES RESPECTING THE TREATMENT OF PRIMARY SYPHILIS.

It seems to be now pretty generally acknowledged in Hospital practice that mercury should be given only in those cases in which the chancre presents marked induration, and that in all others secondary symptoms should be waited for before having recourse to specific treatment. In a large majority of sores not attended by induration, no constitutional phenomena will follow; and to discriminate between those likely to be so followed and the harmless class is admitted to be impossible. There is, therefore, no alternative, except we would give mercury very often unnecessarily, but to wait in these cases until the real nature of the affection shall have been made manifest. In the non-indurated class local stimulants, as sulphate of copper, lunar caustic, or the acid nitrate of mercury, are the old and still favourite remedies. If the chancre be seen within a week of its origin, whether induration have already commenced or not, we believe most surgeons would destroy it freely either by nitric acid or some other caustic.

### "ONYCHIA MALIGNA," USUALLY A SYPHILITIC DISEASE.

Two very instructive cases of the so-called "onychia maligna" have recently been treated by Mr. Hutchinson at the Metropolitan Free Hospital. In the first of the cases referred to a girl, aged 9, was sent by the Surgeon whom she had attended to have her right thumb amputated on account of a most severe form of the affection. The history given of her infancy was suspicious, but by no means positive. The result of treatment, however, fully bore out the diagnosis, for although no benefit accrued during the first ten days of the mercurial, and indeed the ulceration threatened to become phagadenic, yet no sooner was the constitution brought under the influence of the remedy than the most rapid healing resulted. Dusting of chlorate of potash into the sore was the only local application which had been used, and to it perhaps some part of the credit should be given. The thumb end still remains clubbed and unsightly, but a new nail has partially formed, and in time the thickening will no doubt subside. The second case was a much more valuable one as regards positive evidence as to its pathology. A child, three years old, was brought to the hospital, presenting an onychia maligna of well-marked features, which had followed a slight trap of the thumb in the door. Her mother stated that she had been Mr. Hutchinson's patient in infancy, and on referring back to the notes it was found that when a few weeks old she had been treated for congenital syphilis. This recorded fact was the more valuable because, excepting the onychia, there was nothing in the child's present appearance which would have suggested a suspicion of hereditary taint. It was evident that the injury received had merely been the means of exciting and localising a latent predisposition. Mercurials were prescribed, and the thumb soon got well. It follows as a consequence that if this pathology of the disease be the correct one, amputation is never necessary. It has been long acknowledged by many Surgeons that onychia maligna in the adult is an occasional though very rare symptom of acquired constitutional syphilis. Mr. Hutchinson holds confidently that this affection, when met with as it usually is in cachectic children, is in a vast majority of instances a manifestation of hereditary syphilitic taint, and curable by mercury.

### DEATH AFTER EXCISION OF THE KNEE-JOINT.

We mentioned a month ago a case in which the knee-joint had been excised by Mr. P. Price in the "Great Northern" Hospital, on account of rectangular anchylosis. It will be remembered that the patient, a lad of 19, was in good health, and that all disease in the joint had long subsided. It was therefore an *operation de complaisance*, and we regret to have to add that it has been followed by a fatal result. The poor fellow sank under double pleuro-pneumonia on the thirtieth day after the operation. The chest symptoms set in on the

seventh day, and excepting some sloughing of the skin the parts concerned in the excision had been doing favourably. The bones were in good position throughout, but a portion of the femur was bared of periosteum. The alternatives of the procedure which was adopted, would have been either to have amputated below the knee, or to have allowed the lad to remain as he was, with a stump fitted to the knee, and the leg projecting behind.

#### RAPID DEATH FROM LACERATION OF THE KIDNEY.

The very rapidly fatal effects of a laceration of the kidney from contusion were well exemplified by a case which occurred a short time ago under the care of Mr. Paget, in St. Bartholomew's. A little girl, previously in excellent health, was admitted, having been run over by a cart, the wheel of which was stated to have passed over her back. There were no external marks of bruising. She was pallid, pulseless, and in deep collapse. Death followed ten minutes after admission, and twenty from the time of the accident. At the autopsy the chief injury found was an extensive laceration of the right kidney. There was also a small quantity of blood in the right pleural sac, although no fracture of the ribs or laceration of the lung could be detected. The intestines were uninjured, and there was no ecchymosis about the lumbar region. The profound collapse in this case and the rapid death are features which present a very marked difference from what usually follows rupture of the bladder. After the latter accident, so contrary from what might have been expected, the evidences of shock are often very slight, and the supervention of serious symptoms long delayed. In the one case, however, it must be remembered that death ensues directly from the shock consequent on injury to a large and highly organized viscus, whilst on the other it is merely secondary, and dependent upon the extravasation of the contents of a hollow organ, which is of itself fairly tolerant of violence.

#### ANTIMONY IN DELIRIUM TREMENS.

Mr. Paget has recently employed antimony in combination with opium in the treatment of some cases of the more ethenic form of delirium tremens under his care in St. Bartholomew's, and has expressed himself well satisfied with the results. The practice is, of course, nowise novel, but it is an important one to be borne in mind. The experience of many bears out the fact that in cases in which opium alone does not succeed in allaying nervous excitement the addition of salines or of ipecacuanha often will. Thus a much smaller dose of the narcotic will be required for a given effect. We need hardly add that the combination of antimony with opium was a very favourite one with Dr. Graves.

#### PATELLA MOVABLE AFTER EXCISION OF THE KNEE-JOINT.

Our attention was drawn the other day to the case of a man upon whom Mr. Fergusson had performed excision of the knee-joint in King's College Hospital, fourteen months before. He could walk exceedingly well, with only a limp, which was so slight as to be scarcely noticeable. The femur and tibia were firmly ankylosed together and quite straight, but the patella had nearly its natural range of motion. Mobility of this bone would, no doubt, be an important addition to the efficiency of the quadriceps extensor, and seeing that the joint had been freely excised in the usual way, the ligaments patellæ being cut across, that it should have been secured was certainly more than might have been expected.

#### ERRATUM.

We are anxious to correct prominently an important mistake which occurred in one of our Hospital Notes last week. The salt employed by Mr. Lloyd at St. Bartholomew's as an injection, application to warts, etc., is not the *bichromate*, but the *permanganate* of potash.

ELECTIONS AT THE ACADEMIE DES SCIENCES. — A vacancy having arisen in the section of Mineralogy and Geology by the death of M. Dufrenoy, the section placed the candidates thus on the list: 1. M. Daubrée; 2. M. Charles Sainte-Claire Deville; and other candidates in a third line. The Academy, however, declined to accept this disposition, and elected M. Sainte-Claire Deville by thirty-five votes from among fifty-eight. M. Despretz has been elected president, and M. de Sénarmont vice-president, for the year 1868.

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## Medical Times & Gazette.

SATURDAY, JANUARY 16.

#### THE ANATOMY ACT AND ITS ADMINISTRATION.

SUBJECTS for dissection are scarce and dear in London; they are plentiful and cheap in Dublin and Edinburgh. These are facts. The natural inference to which they lead is that the Anatomy Act is well worked by efficient Inspectors in Dublin and Edinburgh, and that it is badly worked by the respectable Inspector in London. We shall not examine just now how far this inference is borne out by other facts; but as very general dissatisfaction prevails in all the schools and among the teachers of Anatomy and Surgery in London, and as a great public scandal has been excited by the recent exposures at the Newington Workhouse, it becomes necessary to point out certain clauses in the Act which may be amended, and certain abuses which must be remedied by more efficient working of the present or the amended Act.

Some five-and-twenty or thirty years ago there was nearly as much difficulty in supplying the dissecting rooms as there is now. The "resurrectionists" or "body-snatchers" could not meet the demand. Subjects commanded a high price, and the demand was met by Bishop, Burke, and Hare, who supplied the dissecting-rooms of London and Edinburgh with the bodies of poor creatures they entrapped and murdered. The crimes of these villains led to the passing of Mr. Warburton's Act in 1832, "An Act for regulating Schools of Anatomy." This is the Act which is now found wanting, and which the London teachers are either obliged to infringe, or to connive at infringements, before they can obtain a sufficient supply of subjects for dissection. A specimen of the infringements, far from uncommon as we believe, has lately been exposed at Newington.

The master of the workhouse of this parish, Mr. Feist, it appears—and here we quote the *Morning Post*—"has been in the habit of unlawfully removing the dead bodies of paupers, to dispose of them for profit; and that Mr. Mark Shaddock, the accountant of Guy's Hospital, had paid to him, over and above the usual price, a gratuity of about ten shillings for each body. In the cross-examination of Mr. Shaddock, it was elicited that similar gratuities had, since 1849, been paid by the authorities of the Medical School of Guy's Hospital to successive masters of the Newington Workhouse. In 1856 these gratuities amounted to £19 10s., and in 1857 to £26. Mr. Shaddock ought to have known that the law declares it to be a misdemeanour for the master of a workhouse to receive, on any pretence whatever, fees from an Hospital official. With that knowledge, he ought not to have allowed himself to become, on behalf of his employers, the tempter of another to take unlawful possession of the bodies of paupers. It appears that Mr. Feist, in several instances, led friends and relatives of deceased paupers to believe that they were following bodies to the grave which he knew had been removed

to Guy's Hospital, to be there used as subjects for anatomical teaching." . . . "It further appeared, from the evidence of the workhouse undertaker, that dissected bodies, or parts of dissected bodies, returned from the Hospitals for interment, were frequently substituted for undissected bodies, the latter being thus illegally and deceitfully obtained for anatomical purposes. In other words, mourners, when following what they supposed to be the body of a deceased friend or relative, were following the dissected remains of some other person."

Of course such things as these excite just feelings of alarm and distrust in the public mind. It is obvious that under the present working of the Act, its provisions may be easily and constantly evaded by workhouse underlings and interested undertakers' men. It is perfectly well known that if a body is particularly wanted at any school, and it cannot be obtained in the regular way, it can be obtained surreptitiously. This cannot continue, consistently with the public safety. The secondary effect of bribing the masters of workhouses and low-class undertakers will be to raise up some emulator of Bishop, Burke, and Hare. Let us take warning in time, then,—the Act must be amended, and its provisions must be enforced by active and intelligent inspectors.

The Act contains twenty-one clauses. The first enacts that the Secretary of State may grant licences to Medical men to "carry on the practice of anatomy." In the second and third the said Secretary is to appoint Inspectors of Schools of Anatomy, and to appoint the districts each Inspector is to superintend. In the fourth and fifth some of the duties of the Inspector are defined. All this is unobjectionable. But the sixth requires immediate amendment, inasmuch as the annual salaries of the gentlemen who are appointed to perform the important duties of Inspectors must not exceed *One Hundred Pounds!* It is perfectly absurd to suppose that any one can do the work that should be done by an Inspector well for such a paltry remuneration. The salary should certainly not be less than five hundred a-year, and it ought to be six or eight. What lawyer would work for the country on such terms?

The seventh clause is that which requires the chief alteration and amendment. Here it is:—

"And be it enacted, that it shall be lawful for any executor or other party having lawful possession of the body of any deceased person, and not being an undertaker or other party entrusted with the body for the purpose only of interment, to permit the body of such deceased person to undergo anatomical examination, unless to the knowledge of such executor, or other party, such person shall have expressed his desire, either in writing at any time during his life, or verbally in the presence of two or more witnesses during the illness whereof he died, that his body after death might not undergo such examination, or unless the surviving husband or wife, or any known relative of the deceased person, shall require the body to be interred without such examination."

This clause is open to numerous objections. It does nothing to provide a supply of subjects for the schools. It legalizes a demoralizing traffic in dead bodies between relatives and teachers; it puts a double power in the hands of Poor-law guardians and workhouse authorities. On the one hand they can send bodies to the schools to save the expense of burial, or defraud surviving relatives under the "gratuity" system, in which Mr. Shaddock seems to be such an adept. On the other, they can throw insuperable obstacles in the way of anatomists, by inducing sick people to express some objection to dissection. This clause must be altered altogether. The schools should be supplied by a clause making it lawful for the Inspector of Anatomy to demand the bodies of all persons who die unclaimed in workhouses, hospitals, and public institutions. Such a clause could not offend popular feeling, and it would put an effectual check upon

present abuses, and avert the possible results of present temptations.

The remaining clauses of the Act might stand unaltered; but we must call attention to a very great abuse which has crept into the working of the 13th clause. This merely makes provision for interment "in some public burial ground," and the mode of removal of bodies "in a decent coffin or shell." But in practice a sort of monopoly appears to be granted to certain undertakers, and it is their exorbitant charges which make the main difference between the price of subjects in London, and in the chief towns of Scotland and Ireland. Last year a meeting of many of the London teachers was held, when it appeared that a saving of twenty-two shillings upon every subject might be effected by employing the London Necropolis Company. The Company offered to transport the bodies from the Workhouses to the Schools, and from the Schools to the Woking Cemetery, for twenty-two shillings less than the undertaker's charge. Not only was the Company refused the necessary permission, but this year the undertaker's charge has been raised ten shillings, so that Medical Students must now pay £3 2s. instead of the £2 12s. they paid last year for the burial fees; although that £2 12s. was and is £1 2s. too much for every subject taken from the pockets of teachers and students. This is a gross abuse of the 13th clause of the Act, which we trust will be brought before Sir George Grey immediately.

#### ARSENIC IN PAPER-HANGINGS.

IN our Journal for May 23, 1857, we published a letter from Dr. Hinds, of Birmingham, describing the danger likely to arise from the extensive employment in this country of a green arsenical compound for the colouring of paper-hangings. During the last week the subject has been noticed in the *Times*, and a letter inserted in that journal from a Mr. Fletcher, who announces to the public that there is no danger in the use of arsenic under such circumstances. The writer is, however, an arsenical colour-manufacturer, and it would be, of course, more difficult to convince him of the existence of danger from such a cause, than others who do not profit by the spreading of arsenic on the walls of our sitting and bed rooms.

In Dr. Hinds' case the symptoms produced were severe prostration of strength, headaches, a low febrile state of system, an inflammatory state of the conjunctiva, thirst, loss of appetite, and heat and dryness of the throat, with tightness across the forehead. These are the symptoms of chronic poisoning by arsenic. There was no source of arsenic but the bright green wall-paper of the room in which the patient passed so many hours of his time. Several other cases of a similar kind have occurred, and there may be hundreds of cases in which some or all of these symptoms exist, but the cause is unsuspected, and the patients are treated for dyspepsia, gastritis, etc.

In the kingdom of Prussia, in which free trade in poisons does not exist, the following regulation is in force:—

"Green copper colours containing arsenic are not allowed to be sold as water or oil colours for painting in-door work, or for printing paper-hangings. If found on the premises of dealers in the latter articles they are confiscated, and the owner punished with fine or imprisonment."

We presume that such a regulation as this would not have been issued without some good reasons to warrant it; and that had the Prussian government referred the question to arsenical colour-makers no such regulation would have been made. Those who profit, however, by the slow poisoning of the public in adding green pigments to pickles, or spreading them in a loose form on paper-hangings, either altogether deny that injury can arise from this branch of industry, or they assign it to other causes.



# SUICIDAL MELANCHOLY.

From a Photograph by Dr Diamond

*Drawn on Stone by W. Bagg*

*Printed by Hullmandel & Co.*





The mode in which the poison on paper-hangings finds its way into the body demands further inquiry. It is probably in the form of an impalpable dust, diffused through the atmosphere of the room; and is therefore more likely to issue from flock and rough green paper than from those which are glazed or coated with varnish or oil. It would be, perhaps, at any time difficult to detect arsenic or arsenite of copper in the air of a room thus papered; but let our Medical readers consider that an attack of painter's colic has frequently occurred from a slight exposure to the air of a recently painted room, and no one has pretended to detect the vapour of carbonate of lead in the air which must have transmitted the poison. The insidious mode in which modern discovery has proved lead-poisoning to take place, should teach us that we have much to learn regarding the operation of other poisons. Some persons are more susceptible of the effects of lead than others, and the same may be true of arsenic.

By those who know the nature of arsenical pigments, of the noxious effects produced some years since among workmen and on the public by the use of arsenic in the manufacture of candles—the statement of the *Times* correspondent, Mr. Fletcher (the arsenic-pigment maker), will be duly appreciated. He there ventures to tell the public through the *Times*, that “workmen who have been daily employed for many years in manufacturing large quantities of these (arsenical) colours, under the necessity of constantly handling them, are in the regular enjoyment of perfect health.” Probably, as in the alleged arsenic-eaters of Styria, he might go a step further, and be able to inform us that his men are in blooming health, remarkable for their florid complexions, strength of wind, and good appetites! According to this writer, there is nothing like “arsenic” where we wish to have a good and durable green colour; and because his workmen can (as he says) breathe and handle arsenical compounds for many years with impunity, he recommends the public to disregard the suggestion that any danger can possibly arise from this profitable branch of manufacture. Foreign governments are labouring under a mistake, and English Medical men are under a delusion!

We may add, that the paper is not merely used for hangings, but for wrapping articles of food, tobacco, snuff, etc. At a railway station in the north of England we purchased, during the last summer, a packet of soft cakes. They were in what Mr. Fletcher calls a bright, “cheerful” green paper-wrapper. On examining the pigment, which was coarsely laid on the thin paper-wrapper, we found it to consist of arsenic and copper? Such packets should have the Prussian symbol of poison, namely, a death's head and cross-bones stamped conspicuously in black on the outside, with the motto, “Memento mori.”

Since writing the above, we have seen in the *Times* a letter from Dr. Halley, confirming in every particular the views of Dr. Hinds, respecting the noxious effects of arsenical green papers on health. Dr. Halley states that he has detected and separated arsenic by means of an aspirator. The important portions of his letter will be found in another column.

#### THE WEEK.

WE are able to state by authority that the last authentic reports received by the mail from India stated that the “sick and wounded are going on most prosperously, and all that is necessary for their care and comfort is possessed in abundance.” The sick and wounded from Delhi have been removed to Umballah. It has become the fashion to praise the East India Company for the excellence of their Medical arrangements. Without disparaging these arrangements in any way, we can state that the Army Medical Department in

India does not fear a comparison with that of the Company. The supply of Medical officers is abundant, as there are no less than 397 now in India for the Queen's troops only.

Mr. Griffin, having solicited and received suggestions from numerous quarters upon the subject of the Draft of his proposed Bill of Poor-law Medical Reform, has now issued an amended Draft of that measure. A copy of the amended Bill has been sent, we understand, to all the Medical Poor-law officers, as far as their addresses could be ascertained; but if any of those gentlemen have not received one, Mr. Griffin will be happy to forward one on application, as the omission has been only accidental. Among the alterations made in the present Bill, we observe that Mr. Griffin has abandoned his original proposition of remunerating the Poor-law Medical officers by paying them a certain sum for each case, and has substituted a fixed salary, founded upon the number of cases attended during a given series of years. Mr. Griffin again invites comments and suggestions upon his plan, and requests that any communications of that nature may be immediately sent to him, as he intends forthwith to print the proposed Bill in the form of a pamphlet, together with the Rules, Orders, and Regulations of the Poor-law Board, bearing upon the whole subject. This detail will be accompanied by a copy of the decisions and opinions on the cases submitted to the Board during the last seventeen years, as recorded in the official circulars. From these materials arguments will be drawn to prove the necessity of the different sections of Mr. Griffin's Bill; and each member of the Legislature will receive a copy of the documents thus brought together for their consideration. The subscribers to the Poor-law Medical Reform Association will also receive a copy, and one would be sent to every Poor-law Medical officer, if the funds in hand would permit of such a course, which we regret to find is not the case. Mr. Griffin therefore calls upon all those who have not yet subscribed towards the funds of the Association to do so as soon as possible, in order that the efforts now being so strenuously made may not fail from want of support. We are glad to learn, however, that nearly two hundred Union officers have forwarded their subscriptions during the past month, many of whom are new members; but it is necessary that many more new adherents should flock to Mr. Griffin's standard, to compensate for the deficiencies which have necessarily occurred, from the circumstance that since the agitation many Union officers have thrown up their situations in disgust. We must earnestly impress upon the Poor-law Surgeons the necessity of cordial co-operation in endeavouring to obtain their rights.

Lisbon has been declared officially as free from yellow fever since the 24th ult., nearly 5000 deaths having taken place among the 13,500 persons attacked. The fact that this disease may be imported into Europe from the Brazils, the coast of America, the West Indies, and the coast of Africa is now generally acknowledged. In France precautions have been adopted accordingly, and all the lazarettoes of the French ports are being prepared for the reception of invalids. It is high time that proper provision be made in this country for the segregation of cases of contagious disease arriving here from abroad. It can be done most easily, without running into any of the absurdities which followed this abuse of the quarantine regulations.

The narrative of the siege of Lucknow has arrived, and amid the unparalleled hardships of the defence our Medical brethren are recorded as distinguished in the discharge of their duty, so much so that they have received special men-

tion in the despatch of the Governor-General. The following extract from this despatch will be read with just pride, and we trust that as these members of our Profession have shared in the danger of their comrades they will also receive their due share in the rewards which all have so well deserved:—

"The Medical officers of the garrison are well entitled to the cordial thanks of the Government of India. The attention, skill, and energy evinced by Superintending-Surgeon Scott; Assistant-Surgeon Boyd, Her Majesty's 32nd Foot; Assistant-Surgeon Bird, of the Artillery; Surgeon Campbell, 7th Light Cavalry; Surgeon Brydon, 71st Native Infantry; Surgeon Ogilvie, Sanitary Commissioner; Assistant-Surgeon Fayrer; Assistant-Surgeon Partridge, 2nd Oude Irregulars; Assistant-Surgeons Greenhow and Darby, and of Mr. Apothecary Thompson, are spoken of in high terms by Brigadier Inglis. To Dr. Brydon especially the Governor-General in Council would address his hearty congratulations. This officer, after passing through the Cabul campaign of 1841-42, was included in the illustrious garrison who maintained their position in Jellahbad. He may now, as one of the heroes of Lucknow, claim to have witnessed and taken part in an achievement even more conspicuous as an example of the invincible energy and enduring courage of British soldiers."

In the reported subsequent operations against the Gwalior Contingent, Brigadier-General Grant has made favourable mention of Surgeon J. C. Brown, M.D., Bengal Horse Artillery, whose great exertions have been deserving of all praise. He has since become Superintendent-Surgeon of the Force.

Mr. Gant has done good service to the public by exposing some of the evils of the modern system of fattening cattle. We entered at some length into this subject last year in a series of articles on the relations of food and disease, and Mr. Gant has inspected the prize animals at the last exhibition of the Smithfield Cattle Club, has followed them to their destinations, and inspected them after death. He found exactly what any one would expect to find who had thought upon the physiological aspect of the question—fatty degeneration of the muscular tissue, and excessive deposit of fat in those situations where it is normally present. He also found numerous filarise in the lungs, tubercles in various stages, congested livers, and all the signs of general venous engorgement. It is quite clear that the nutritive value of the flesh of such animals is most materially diminished by the conversion into fat. A certain admixture of fat and muscle is desirable, but the conversion of muscle into fat is a change which seriously impairs the quality of meat. So far from these overfed animals being deemed worthy of a prize, the breeders should be condemned to a penalty. The panting breathlessness from the congested lungs and weakened heart, the dull, stupid expression from the congested brain, the inability to move, are positively disgraceful to agriculturists, and should certainly attract the attention of the Society for the Prevention of Cruelty to Animals.

Another case of midwifery malpraxis has been brought to light. A coroner's jury at Maidstone has investigated the cause of death of a woman treated by two practitioners, one of whom has no legal qualification, and the other is an aged man, who was in practice before 1815. We have not received accounts of the termination of the inquiry, but enough has transpired to show that the forceps had been applied upon the gravid uterus, and that the uterus had been rent either by the forceps or crotchet. We shall receive, hereafter, full details of the Medical evidence.

## REVIEWS.

*The Use of the Microscope in Clinical Medicine.* Illustrated. By LIONEL S. BEALE, M.B. F.R.S. Physician to King's College Hospital, and Professor of Physiology and of General and Morbid Anatomy in King's College, London. No. I. Urinary Deposits. London: 1857.

*Archives of Medicine: a Record of Practical Observations and Anatomical and Chemical Researches connected with the investigation and treatment of Disease.* Edited by LIONEL S. BEALE, M.B. F.R.S. No. I. London: 1857.

THE first number of Dr. Beale's series on the use of the microscope in Clinical medicine, is devoted to the representation and description of urinary deposits. There are fourteen illustrations, accompanied by short explanatory notes, together with a short description of the general characters of each deposit, and of the tests employed for its detection. The first three plates are filled with the microscopical appearances presented by extraneous matters sometimes accidentally introduced into urine, and the discovery of which by the incautious observer has occasioned serious mistakes. These bodies consist of hair, flax-fibres, tea-leaves, starch of various kinds, bread-crumbs, air-bubbles, oil-globules, portions of feather, fibres of cotton, and other similar matters. The thorough appreciation of the characters presented by such objects will save the young microscopist from falling into many errors. Four plates are devoted to the forms presented by lithic acid, the various crystalline characters of which are faithfully and amply delineated. The other illustrations comprise the appearances presented by the lithates, the ammoniaco-magnesian phosphate, cystine, the oxalate and oxalurate of lime, spermatozoa, and the casts of the uriniferous tubes. The following remarks upon the presence of spermatozoa in the urine are very just, and may afford consolation to some persons who have been duped by the "Manly Vigour" quacks:—

"Spermatozoa are not unusually found in the urine of men in perfect health; and it is only when very frequently met with, and in cases where their discharge is associated with serious impairment of the health, that their presence can be regarded as affording any indication for the active interference of the Physician."

In reference to the same subject, however, a curious instance is recorded in Dr. Beale's "Archives of Medicine," where spermatozoa were distinctly found in the vaginal mucus of a young girl, brought last summer into King's College Hospital, and on whom a rape was said to have been committed about three hours before.

The illustrations of the use of the microscope will be found of great service, not only to the student but to the practitioner, and the very moderate price at which the numbers are published will no doubt insure a large circulation. "The representations have been accurately copied from the objects in the microscope, with the aid of the neutral-tint glass reflector. The image has been traced on properly prepared paper, from which it has been directly transferred to the lithographic stone. The drawings," continues Dr. Beale, "have all been made under my direct superintendence, and in some instances by myself." Thus all the necessary means are taken to insure accuracy.

In his other publication, the "Archives of Medicine," it is the intention of Dr. Beale to present the results of experiments and observation made in his own laboratory and microscope room; but he also proposes to accept the co-operation of others who are labouring in the same researches as himself. His first number is a promising one, and contains papers by himself as editor, by Dr. Todd, and Dr. Moritz von Bose. The subjects proposed for papers in future numbers are practical clinical observations, original researches in physiology and pathology, results of chemical and microscopical examinations of healthy and morbid organs and secretions, descriptions of different processes employed for demonstrating various structures, and condensed reports of the researches of observers published elsewhere.

*Alcohol: its Place and Power.* By JAMES MILLER, F.R.S.E. F.R.C.S.E. Professor of Surgery in the University of Edinburgh. Pp. 161. Glasgow: 1858.

THIS little work, written by Professor Miller, was presented as a gift to the Scottish Temperance League, at the request of which body he had undertaken the task; and it is published

in a cheap form, so as to bring it within the reach of all classes. To the Medical reader it contains nothing very novel or striking; but the simple and homely style in which it is composed is very well adapted to warn the multitude of the evils brought upon mankind by the abuse of alcoholic stimulants. Professor Miller very ably points out the use of these agents in the treatment of disease, some forms of which imperatively demand their employment; while at the same time he argues that their indiscriminate consumption is not only productive of direct mischief, but it also renders the constitution less amenable to their beneficial operation when the necessity arises for their administration. We are glad to find that Dr. Miller appreciates the value of alcoholic fluids in certain states of disease, and in some conditions of the system, because some *quasi* Medical writers, in their zeal in the cause of Temperance and Tee-totalism, have gone so far as to denounce their use altogether, and to regard them only in the light of unmitigated poisons. Professor Miller's book will, no doubt, be productive of much benefit to the classes to whom it is addressed.

*Die Adergeflechte des menschlichen Gehirnes.* Von Professor HUBERT LUSCHKA. Pp. 174. Berlin: 1867.

*The Choroid Plexuses of the Human Brain.* By Professor LUSCHKA.

UP to the present time anatomists have not agreed on several points in the anatomy of the centres of the nervous system, especially on the existence or not in adult age of a canal in the interior of the cord, easily to be observed in fetal life; or whether there be a communication of the subarachnoid space with the ventricles of the brain, and the corresponding space in the cord, or not, etc. Professor Luschka, of Tübingen, well known to anatomists by his treatise on the anatomy of the generative organs, has taken up some of these doubtful points, and brought them, as it seems, to a satisfactory conclusion, chiefly by his researches on the bodies of three healthy criminals who were executed at Tübingen.

It follows from the researches of Professor Luschka, that the existence of a canal in the interior of the cord in adult age is in some cases beyond doubt. Often, however, this canal seems to be completely obstructed and filled by cellular tissue, epithelium, and amyloid corpuscles.

The communication of the subarachnoid spaces with the ventricles of the brain, and with the subarachnoid space of the cord, has recently been denied by Professors Virchow and Kölliker at Würzburg. Professor Luschka, however, proves the existence of this communication by anatomic preparations, by experiments on dead bodies, and by appeal to well-established surgical facts, so that we can no longer doubt that there is really a floating to and fro of the cerebro-spinal fluid from the brain to the cord, and *vice versa*.

As the arachnoid membrane spans like a bridge over the convolutions and furrows of the upper surface of the brain, the pia mater being in the depth of these furrows, there must be spaces filled by fluid, and these are in open communication with each other. Similar spaces or sinuses exist on the base of the brain, out of which cerebro-spinal fluid flows in cases of fractures of the skull. The largest subarachnoid sinus on the base of the brain communicates with the fourth ventricle, and thereby with all the ventricles of the brain. From this space may be drawn a very large quantity of cerebro-spinal fluid, as well in the dead human body as in the living animal, the whole mass of which has certainly not been contained in this single space, but has come from the other spaces with which it is in open communication.

It has been proved by surgical observations and post-mortem examinations made by Sir Charles Bell and Guthrie in this country, by Laugier and Chassaignac in France, and by Diefenbach and Wutzer in Germany, that in cases of fracture of the sphenoid bone some cerebro-spinal fluid comes out of the nostrils; this proceeds from a subarachnoid sinus lying between the crura cerebri, the margin of the pons Varolii, and the commissure of the optic nerves, corresponding to the sphenoid bone. It has equally been proved that in cases of fracture of the petrous bone, cerebro-spinal fluid comes out of the ear; then the walls have been torn of the subarachnoid sinus on the anterior margin of the pons Varolii, just on the conjunction between the petrous part of the temporal bone and the margin of the body of the occipital bone.

The experiments made by Professor Luschka for proving the

existence of a communication of the different subarachnoid spaces with each other, and with the ventricles of the brain, are interesting and conclusive. A fresh corpse was suspended by the feet for four hours, so that the head hung quite free. Then the skull-cap and the dura mater were taken off. The arachnoid membrane was found very much enlarged by fluid collected under it, and in some places was prominent like a bubble. It was then cut open, and one and a half ounce of cerebro-spinal fluid came out. Another corpse having been suspended by the head during five hours, the skull-cap was removed, and the dura-mater cut open. The subarachnoid spaces now appeared quite empty, and the arachnoid membrane sunk into the furrows of the brain. The head of another body was cut off at the fifth cervical vertebra, a tube introduced under the arachnoid membrane, and some ink mixed with water driven in by very gentle pressure of a syringe. Some time after the head was held in an inverted position, in order to bring the fluid into the subarachnoid spaces and ventricles of the brain more by their specific weight than by the pressure of the syringe. The skull-cap and the dura mater were then removed, and the spinal fluid was not only seen on most of the parts of the hemispheres of the brain, and in the sinuses at the base of the brain, but likewise in the fourth ventricle, from which it had even come through the aqueductus Sylvii into the third ventricle.

For imitating artificially such fractures of the skull as are connected with loss of cerebro-spinal fluid, Professor Luschka perforated, by means of a trephine introduced into the nose, the body of the sphenoid bone, the dura mater and the arachnoid membrane. Instantly a clear fluid came out, and a much larger quantity could be taken off by a syringe. Further, he introduced the trephine into the external opening of the ear, and perforated the membrana tympani and the labyrinth in the direction of the internal opening of the ear, with the same result.

Finally, air was blown into the subarachnoid spaces of the cords of three men who had just been decapitated, and in whom all the cerebro-spinal fluid had come out through the widely opened subarachnoid space of the cord. The air penetrated from this space into the subarachnoid spaces, as well as into all the ventricles of the brain. This fact alone would leave no doubt about the communication between all the subarachnoid spaces and with the ventricles.

This brief and imperfect outline may be sufficient to prove the importance of the work by Professor Luschka, which contains besides a great amount of valuable information on many interesting points in the microscopic anatomy of the brain. It is illustrated by four well-executed engravings.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### ON THE EMPLOYMENT OF COLLODION IN ORCHITIS.

By Dr. LOSSETTI.

HAVING treated 64 cases of gonorrhoeal orchitis in the Maggiore Hospital, Milan, solely by means of collodion, Dr. Lossetti comes to the following conclusions:—1. Orchitis, epididymitis, or inflammation of the spermatic cord, even when intense, arising from blennorrhagia, yields much more readily to the application of collodion than to the ordinary antiphlogistic treatment, actively employed. 2. The most efficacious means of obtaining certain and rapid recovery is the application of the collodion (the author prefers to pure collodion a mixture of one part of castor oil and twenty-four parts of collodion) twice a-day until the cure is completed, applying it oftener, however, in cases of extreme gravity. 3. Under the use of the collodion, the indurations and enlargements which remain after the relief of the inflammatory action will be dispersed without the aid of any other means. 4. By means of its application, the erysipelas of the scrotum that sometimes complicates the orchitis becomes resolved, and the cellular infiltration that almost always accompanies or succeeds it disappears. 5. The treatment required besides only consists in the observance of a low diet, rest, and cooling drinks. 6. This mode of treatment is more economical than the antiphlogistic mode, by reason of the shorter time it requires (accord-

ing to the author's cases, eight days as compared to fourteen by the ordinary treatment), and the saving of expensive remedies, as leeches, etc. 7. The treatment is also to be preferred, since the digestive organs are not disturbed by active purgation, and the general powers are not enfeebled by this and the abstraction of blood. 8. The sensation of burning produced by the application of the collodion never amounts to the extent of acting as a contra-indication. It becomes violent, and even insupportable, only when some minute lesions of continuity of the skin of the scrotum are present; and these only require to be protected by cerate or court plaister, to enable the patient to bear the application.—*Omodei Annali Universali*, vol. clix. pp. 315—341.

#### ON THE FORMATION OF ARTIFICIAL PUPIL BY GALVANO-CAUTERIZATION.

By M. TAVIGNOT.

M. Tavignot, after enumerating various circumstances which may render the results of the ordinary operation for artificial pupil unsatisfactory, states that he has been for some time considering the applicability of the galvanic cautery for this operation, and has succeeded in employing it. Its chief advantages are, that the new pupil may by it be established instantly, and without hæmorrhage, and that its dimensions and shape can be exactly determined. Being a more simple manœuvre than the tearing through the iris, it is less likely to be followed by inflammatory consequences. Moreover, the aperture can as easily be made in the cases in which false membranes line the posterior surface of the iris, or obstruct its central portion. Thus far he only deems this procedure applicable to subjects who have already undergone the operation for cataract; as in the case of the lens being present its opacity would be induced during the application of the caustic. M. Tavignot prefers Bunsen's pile; and having made an incision at the external circumference of the cornea, he passes in the caustic-rod, directing its platinum ring to the point he wishes to influence, taking care not to cauterize the posterior surface of the cornea, nor the edges of the wound.—*Moniteur des Hôpitaux*, 1857, No. 119.

#### ON RESECTION IN COMPOUND DISLOCATIONS.

By Professor HAMILTON.

In this paper Professor Hamilton, of Buffalo, relates an interesting case of compound dislocation of the tibia inwards, together with fracture of the fibula, and in which a very useful limb followed resection of the lower end of the tibia. He enters into the question of treatment at some length. As compared with simple dislocation, the accident is of very rare occurrence; for of 94 instances of dislocation reported by Norris, only two were compound, and both these were dislocations of the thumb. Among 166 dislocations, recorded formerly by Dr. Hamilton himself, there were only 8 examples of compound. Of these 4 were dislocations of the tibia inwards at the ankle-joint, 1 was a partial (pathological) dislocation forwards of the same joint, 1 was a luxation of the astragalus, 1 a luxation of the humerus into the axilla, and 1 a forward luxation of the radius and ulna at the wrist-joint. Compound dislocation is a much more dangerous accident than compound fracture; and Dr. Hamilton does not think A. Cooper succeeded in assigning sufficient cause for the difference. He believes, himself, that it is chiefly to be found in the fact that dislocations are usually reduced and maintained in place by apparatus, while compound fractures are not in general reduced, and if they are, cannot be maintained in position. It is to the stretching and strain of the muscles, tendons, and other soft tissues, during and subsequent to reduction, that the mischief is chiefly due.

Dr. Hamilton passes in review the various other means of treating the accident, viz. leaving the part unreduced, amputation, tenotomy, and resection, and gives the entire preference to this last, as being that which most conduces to the security of life and the preservation of a useful limb. As to the first points, "if we consider the life of the patient only, the arguments and the testimony seem to favour resection in a great majority of cases of compound dislocation occurring in large joints, and in a considerable number of cases of similar accidents in the smaller joints. It is certainly more safe than reduction without resection or non-reduction, and it is probably quite as safe as tenotomy or amputation." As to the amount of maiming or mutilation, the question lies between reduction without and reduction with resection.

1. In either case the inflammation consequent upon the injury may be violent, and the recovery tedious; but the amount of resulting maiming must much depend upon the duration and intensity of the inflammation, and upon this point testimony is in favour of resection. "It will be observed that not only is the danger of maiming rendered more considerable by reduction without resection, because the inflammation is so much more likely to extend to the tendons and muscles, causing them to adhere to each other, and to become subsequently atrophied, a condition from which they often never completely recover, but also because the ligaments and capsules of the joints, with the synovial surfaces, are in consequence encroached upon, and the freedom of motion is ever afterwards greatly restricted, if not completely lost. This marked impairment of the functions of the joint does not always happen, but it cannot be denied that it does generally. How is it, on the other hand, with these joints after resection? I have thus far heard of no cases in which complete ankylosis resulted; but in all considerable freedom of motion has returned, and in some the restoration in this respect has been nearly or quite as complete as before the accident." 2. The limb can be retained in place far more easily after resection than when this is not performed. 3. The amount of shortening after resection need not exceed three-quarters of an inch, and is often not more than half an inch—an amount of shortening that does not necessarily produce a halt, and the existence of which may not be known to the patient.—*American Journal of Medical Science*, Oct. pp. 324—337.

#### ON THE TREATMENT OF PROLAPSUS OF THE IRIS.

By M. TAVIGNOT.

In a clinical point of view it is of importance to consider the various circumstances under which this may occur, circumstances that may render it either an unfortunate, or, so to say, a fortunate accident. It is not so much the aspect of the prolapsed iris we have to take into account as the exact nature of the solution of continuity of the cornea itself.

1. When the division of the cornea is made without loss of substance, as is usually the case in a wound by a cutting instrument, the cornea is placed in the best possible condition for the process of reparation. This, if no obstacle presents itself, takes place by the aid of a kind of exudation of corneal juice, the resulting cicatrix being consequently transparent, while it would have been more or less opaque if effected by plastic lymph. It is plain that the presence of the iris would only act as an impediment to this mode of union, by keeping the lips of the wound asunder, and by itself furnishing reparative material, and leading to an opaque cicatrix. We should therefore endeavour to procure the permanent retraction of the prolapsed portion into the posterior chamber; but this must be sought to be accomplished differently, accordingly as the prolapse is of recent or old date. (1.) When it is quite recent (twenty-four hours), we should try to reduce it by the end of a blunt probe, slightly enlarging the wound by incision, if necessary, to effect this. At the same time we must obtain the co-operation of the iris itself in facilitating the reduction, and rendering it durable. In doing this we must bear in mind two important points: first, that it is always the pupillary edge of the iris that first tends to pass into the opening; and, secondly, that it is necessary to provoke sometimes the contraction, and sometimes the dilatation of the iris, accordingly as the aperture is situated towards the periphery or centre of the cornea—in order, in both cases, to secure traction on the adhesions by which the iris is engaged within the cornea. If when the wound is *peripheric* we dilate the pupil by means of belladonna, we paralyze the constrictor muscle of the pupil, and the latter, under the influence of the physical retraction of the radiated fibres, approaches nearer and nearer the ciliary border, and becomes more and more engaged within the corneal wound. If, however, we stimulate the iridian sphincter to contract by the contact of bright light, palpebral friction, a collyrium of ergot of rye, or slight applications of nitrate of silver to the external edge of the cornea, the pupillary border makes evident, and usually successful efforts to escape from its imprisonment. This continued pupillary contraction is also an obstacle to the reproduction of the accident. When the wound of the cornea is *quasi-central*, we proceed in exactly the opposite manner, inducing as complete a dilatation of the pupil as possible by sulphate of atropia, etc., in order to paralyze the iridian sphinc-

ter, and allow its radiated fibres to act by their own elasticity upon the pupillary border. (2.) In a less recent case (three days) we usually find that the portion of the iris protruding beyond the edges of the wound has become turgid, as it were erectile. This should be cut off close level with the cornea by curved scissors; and then we should try, by means of the probe, to reduce the portion remaining engaged within the wound, employing, at the same time, the means just mentioned for securing the contraction or dilatation of the iris. (3.) When the accident has become an old one (ten to fifteen days) all we can do is to treat the prolapsus itself by light and repeated applications of a fine pencil of nitrate of silver. The adhesions are too old to hope for anything short of a definitive fusion of the cornea and iris, and more harm than good would be the result of further interference.

2. When the solution of continuity is accompanied by loss of substance, we must take care not to reduce the prolapsus, for two peremptory reasons. In the first place, the hernia would be generally reproduced, and next, its existence is useful or even necessary, at first for the filling up that loss of substance the cornea is incapable of repairing, the aqueous humour incessantly carrying away the reparative secretion. It is, it may be observed in passing, as much in consequence of the absence of prolapsus of the iris as of the size of the perforation that corneal fistulae become established—fistulae which are almost always central, and which, if we will prevent the definitive loss of the eye, we must treat by the application of nitrate of silver to the lips of the wound. By this means, on the one hand, we induce contraction of the iris and the engagement of more or less of its pupillary border in the accidental aperture; and, on the other, the lips of the wound so treated secrete plastic matter in sufficient quantity to complete and solidify the reparation. We have first to save an eye so seriously threatened, and at a later period the prolapsus may engage our attention. In treating this M. Tavnogt has several times employed with advantage what he calls the mixed method, consisting sometimes in practising acupuncture at the base of the tumour, and sometimes rapidly cauterising its apex with nitrate of silver.—*Gaz. des Hôpitaux*, 1857, Nos. 87, 90.

#### EXCERPTA MINORA.

*Lotion for Strumous Glands.*—The following application neither stains the neck, nor annoys by its smell, while it acts with greater energy than the ordinary iodine ointments:—Dissolve ʒj. of iod. pot. in aq. dest. and eau de Cologne, aa ʒj. and spt. vini r. ʒvi. It is to be employed in frictions morning and evening.—*Omodei's Annali*, vol. clxii. p. 205.

*Cocoa-nut Oil Ointments.*—The cocoa-nut oil is a more eligible body for the formation of ointments than lard, keeping much better, not staining the linen, and admitting of more complete absorption. To render the oil of commerce fit for pharmaceutical employment, it is in general sufficient to liquefy it at a moderate temperature, and strain it through linen. But if it retains its peculiar odour too strongly, and is of too yellow a colour, it may be purified by digesting it for some hours in a water-bath, with some coarsely powdered vegetable charcoal, and filtering it while warm through paper. The following are some of the formulæ that have been tried with success:—℞ Iod. pot. ʒj., ol. cocos, ʒj; ℞ Ext. bellad. ʒj., ol. coc. ʒiiij; ℞ Veratrin, gr. iij., ol. coc. ʒiiij; ℞ Sulph. quin. ʒj., ol. coc. ʒj., ol. rosar. gt. x. (very useful in pityriasis capitis); ℞ Chlorof., ol. coc. aa ʒj. (of great service in neuralgic and rheumatic pains, rendering the chloroform more fixed, and its action more durable); ℞ Ol. terebinth., ol. coc. aa ʒj.; ℞ Hydr. ox. rub. gr. iv., ol. coc. ʒij.—*Omodei's Annali*, vol. clxii. p. 207.

**THE DENTAL BODY.**—The meeting of the Dental College, held on Friday, the 8th inst. to consider conditions of an amalgamation with the Odontological Society, was not very numerously attended. The advocates for the adoption of the preamble mustered strong to the right of the President. Many, eloquent, and warm were the arguments brought forward by these gentlemen; but the old Provisional Committee could not be induced to depart from the fundamental principles of the College upon which they were elected. The consequence was that the measure was lost, so that all chance of an amalgamation is for the present at an end.

## GENERAL CORRESPONDENCE.

### POISONING BY NUX VOMICA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Thinking the two following cases of poisoning by the alcoholic extract of nux vomica may prove of some value, I send them to you for insertion in your Journal. Happily, similar mistakes seldom occur, and consequently there are very few of such cases on record; you will therefore, perhaps, consider them to be of sufficient interest for publication.

Dr. T., a retired Physician residing in this place, had suffered from partial paralysis, constipation, and distressing symptoms of vertigo for some time, and having tried different remedies in vain, went to London about six weeks since to consult Dr. George Budd, of King's College. Dr. Budd prescribed five grains of the extract of nux vomica with five grains of Barbadoes aloes, to be made into twenty pills with conserve of roses, and ordered one to be taken once or twice a day before meals. In order to get the extract pure, Dr. T. went to one of the best chemists in London to procure it. On his return from town he dispensed his prescription, but instead of putting a quarter of a grain of the extract into each pill, he put two and a half grains, with two and a half of aloes into each, believing that five grains of each had been ordered for a dose. In his practice I need hardly say the extract of nux vomica was never used, and he was not aware of the proper dose. After making up the pills, about a quarter before six p.m. he took a couple of them. His wife, who was present at the time, said that she had been suffering from headache all day, and that perhaps a couple would do her good also. Dr. T. consented, and gave her two, which she swallowed.

Shortly afterwards they partook of their tea, and felt no ill effects for rather more than forty minutes. Dr. T. then said that he had forgotten something in the garden, and that he would go and fetch it. He rose from his chair, and proceeded as far as his parlour door, when he felt the first symptoms, and exclaimed, "Hold me! Hold me!" Mrs. T. sprung from her seat, and ran to his assistance, but before she got to him, she also, as she afterwards termed it, "was fixed." The symptoms were most violent, and Dr. T. knew they were those of strychnia poisoning. Fortunately two of his sisters were in the room, and they immediately sent for me. Upon my arrival, within ten minutes of the first symptoms, I found that they had both of them taken an emetic of mustard and one of ipecacuanha, and antimony was procured from an adjoining druggist's shop, which they also took. On my entering the room I first saw Dr. T. in convulsive agonies, but perfectly calm and collected. I asked what was the matter; and he replied "Strychnia!" and his sister then told me the particulars of the London prescription. I then requested that he would tell me the dose which he had taken, when he said five grains of the alcoholic extract, and that his wife had taken the same quantity. I told him there was a mistake, but of course did not wait to examine into particulars, but ran to my surgery, and procured some sulphate of zinc, and immediately gave half a drachm to each. His pulse shortly after this was imperceptible at the wrist, and I gave him a drachm of the compound spts. of ammonia, and repeated it every ten minutes or so according as the pulsation rose or sank. The emetics acted quickly and powerfully, and Mrs. T. exclaimed after each evacuation from the stomach, "How bitter!" The convulsive spasms continued; there appeared to be an abatement of urgent spasm, but no positive cessation. They were both as it were fixed to the chairs on which they sat. The symptoms in both were exactly similar. As the convulsions came on, the heads were drawn back, there was a spasmodic clenching of the teeth, the heels fixed to the ground, and the eyes as if protruding from their sockets, and both curiously enough kept exclaiming, "Hold me! hold me!" although there was a person on either side of each. After the lapse of about twenty minutes I again gave half a drachm of the sulphate of zinc to each, with the same results, and repeated a third dose about the same time after the effects of the second dose had subsided. After about an hour and a half had elapsed from the first dose of the zinc, Mrs. T.'s symptoms became less urgent; the spasms weakened by degrees, and I with pleasure saw improvement in her every five minutes.

I have no doubt but that a large proportion of the extract was thrown from her stomach when she exclaimed "How bitter!" Dr. T.'s symptoms were still alarming, and I feared at one time there was little hope of saving him. I gave him a fourth dose of the sulphate of zinc, and it was not until this had begun to act that he too complained of the "horrid bitter." I of course gave most copious quantities of warm water, etc., during the action of the emetics, and had my stomach-pump in readiness to use if required; but I think any person who has once seen a severe case of poisoning by strychnia will acknowledge that it would be almost impossible to use the pump in these cases, the convulsive twitchings of the mouth, and the effect on the respiratory organs, rendering the operation so difficult and dangerous.

At the expiration of about two hours and a quarter after the first emetic, Dr. T.'s violent symptoms began to subside; at first the intermissions were of longer duration, although the spasms were equally violent, but by degrees they became less severe, and in about four hours they had entirely ceased, which made about five hours in all after taking the pills. I now asked him if he would get out of his chair, and make an attempt to walk, when he said that he still felt as if he was "fixed to his seat." He was then carried to bed, and afterwards suffered very little more than a person may be expected to after a severe fright. The next day he was down stairs, and the only thing he complained of was general debility and cramps in the calves of the legs. Mrs. T. suffered from prostration of strength for a week afterwards, and was confined to her bed. They are both now in their usual health.

I ought perhaps in justice to Dr. Budd to mention that I afterwards saw the prescription, and that the error was caused entirely in dispensing it.

Some of the symptoms in these two cases are I think very interesting, and particularly worthy of notice. Both patients took the extract at the same time, and they were both affected with the poison within two or three seconds of each other, both being immediately deprived of the power of walking.

In most cases of poisoning by strychnia the tetanic spasms are said to show themselves in from five to twenty minutes after it has been swallowed; in these two cases forty minutes elapsed before the muscular system became affected; much must therefore depend upon the state of the poison when taken, whether it be in solution or in the form of a pill. The peculiar state of the body being as it were "fixed" to the chair is very singular. Dr. T. afterwards told me, "that if I had set fire to a bundle of straw under him, he did not think he could have moved," although at the same time he kept crying "Hold me!"

The intellect in both cases was perfectly clear.

Dr. Christison mentions a case where three grains of the extract caused death, and Dr. Taylor also speaks of a case in his "Medical Jurisprudence" where fifty grains of the powdered nux vomica (equal to a quarter of a grain of strychnia), proved fatal.

I never before saw a case of poisoning by strychnia, but I can now well appreciate the decided and firm manner in which Dr. Taylor swore to the symptoms in Cook's case.

My friend and partner, Mr. Gardner, assisted me during these few hours of anxiety. I am, &c.

South Molton, 16th Dec. 1857.

R. LEY.

#### POLYPUS UTERI.—FISSURE OF THE RECTUM.

[To the Editor of the Medical Times and Gazette.]

SIR,—The following cases present certain points of practical interest:—

*Polypus Uteri, and its Cure by a Simple Operation.*—C. W., aged 37, had during the last four years suffered from constant hemorrhages, which were so severe as to cause syncope, and threatened death. When I saw her she had become anæmic and emaciated. On examination I discovered a polypus about the size of a small pear with a thick base attached just within the os uteri. On Nov. 27, I removed it in the following simple manner. I seized it with a pair of long valsellum forceps, and dragging it down into sight, passed through the base a needle armed with a double ligature of strong tissue, so as to tie in two parts. I then cut off the polypus just anterior to the ligature, and plugged the vagina with oiled lint; the whole operation lasting two or three

minutes. From this time there was no hæmorrhage, and in one week she was up and well. This was the first time for four years she had passed one week without hæmorrhage.

This plan, which I have practised and advocated for some years past, I consider much superior to either of the two plans generally adopted, viz., either simply cutting off the polypus, or the more tedious process with Gooch's apparatus, where the sloughing of the polypus within the vagina generally causes serious constitutional disturbance; not unfrequently pyæmia, and sometimes death.

*Fissure of the Rectum.*—Mrs. F., aged 36, married. Had been under different Medical treatment for many years for supposed inflammation of the uterus, and during the last attack she was confined to her bed for six months. She complained of a continual pain in the womb, with exacerbations of a very severe character. This had continued so long as most materially to injure her general health, and to compel her to relinquish a large and lucrative business in a provincial town. On examination I could find no evidence whatever either of inflammation or any other disease of the uterus. On further inquiry I ascertained that the period when the exacerbations came on was after defæcation, and that she was always obliged to lie down for some hours on account of its violence. I then examined the rectum, and discovered there a fissure, evidently of long standing, and some extent. I performed the usual very simple operation for its cure, and this, which only involved fourteen days' rest, completely relieved her, and all her pains disappeared. This took place three years since, and from that time up to the present she has not had a single return, and has enjoyed sound and robust health. The importance of this case consists in its showing the great necessity of considering all the points of a case, so as to form a correct diagnosis. I have seen a great number of cases, which have been treated for lengthened periods, of supposed disease of the uterus, which further examinations proved to be simple diseases of the rectum, and which were perfectly cured by simple means applied to this part.

I am, &c.

I. BAKER BROWN.

17, Connaught-sq., Hyde Park, 15th Dec. 1857.

#### VENTILATION AND MORTALITY AT THE GENERAL LYING-IN HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

SIR,—I think that "after three weeks' study" you were entitled to a better reply from the Committee of the General Lying-in Hospital. The singular fairness of the reasoning, and careful abstinence from anything like unvarnished quibbling, betray a suspicious similarity to the style of Mr. Augustin Robinson, the undoubted author of that reply to Dr. Odling's letter, which for its misstatements (to say the least) is, as you well observe, "remarkable only for its inaccuracy." I shall, therefore, assume that the letter in your Journal of last week, signed by Thomas Henry Smith, Secretary, is by Mr. Augustin Robinson.

Let Mr. Robinson point out the statements "so utterly unfounded" which I have made, and which, as he asserts, have been "so often refuted." I shall be but too happy to retract whatever can be proved to be "unfounded," or capable of being "refuted."

Mr. Robinson still asserts that the ventilation, "from November, 1842, to February, 1843, inclusive," was "under Dr. Reid's system." This is simply untrue. I have repeatedly pointed out the facts of the case to Mr. Robinson himself, and they were unanswerably put to him by Dr. Odling in a masterly reply, which he does not find convenient to notice. The period alluded to was *not* "under Dr. Reid's system," inasmuch as the valves were almost constantly closed, and the ventilation annihilated.

Mr. Robinson refers to "a long report of Dr. Reid, dated February 21, 1843," and to a letter of my own, "dated February 14, 1843," in which we did not then allude to the closing of the valves; but, as both Dr. Reid and myself had written earnestly to the Committee on the unhealthy state of the wards in the previous November, in consequence of the valves being closed, I think it would have been more truthful to have noticed these communications. Mr. Robinson also alludes to a subsequent letter of mine (February 26, 1843), in which Dr. Rigby "attributed the outbreak of puerperal fever to the closing of the valves of the upper back ward



during one evening; but in neither letter does he allude to any systematic closing of the valves by the nurses." And so, forsooth! because I directed the attention of the Committee to one gross case of misconduct, an unvarnished quibble is attempted to be set up that it was a solitary instance, and had not been constantly repeated on other occasions.

The fact of eleven deaths having occurred during 1855, after the ventilation was renewed in May of that year, merely shows that it was not carried on with sufficient force to neutralize the infecting properties of the walls, etc., well saturated with miasm during five previous years of non-ventilation. I acknowledge that this was in some degree my own fault, and that it was unwise to try and ascertain what was the minimum of fire necessary for maintaining the ventilation just after the Hospital had been under the influence of non-ventilation for five years. We may take it as a law in ventilation, as you yourself have rightly observed, that where a change has been made the effects of the previous system continue to show themselves on the health of the patients for six months afterwards. Thus, in 1850, after seven years of ventilation, although 157 patients were delivered in the Hospital during that year after the discontinuance of the ventilation in April, not a single patient died; whereas, in 1855, after five years of non-ventilation, eleven patients died between May, when it was renewed, and the end of that year; and this number was, I fear, rendered larger than it otherwise would have been by my anxiety to reduce the ventilation to its minimum, and thus remove any ground for complaint on the score of expense. The entire cessation of deaths in April, 1843, immediately on active ventilation being established, was because the Hospital had been reopened only twelve months previously, the walls, flooring, paint, white-washing, and bed-furniture were all new and fresh, and it only required the necessary amount of fresh air to put matters right.

I could go on to refute every little subterfuge and unvarnished quibble which Mr. Robinson has had recourse to, but surely it would neither be worthy of the space in your columns or the time of your readers.

I again repeat my assertion, that Mr. Grisell "ordered a large hole to be made into the fire-shaft, by which its action on the air of the Hospital was effectually cut off, and this he did without having such a measure moved or seconded, or put to the Committee in the regular way, and in spite of the disapproval of the Senior Physician (myself), who was standing by." This wanton destruction of the ventilation was, therefore, not "resolved by the Committee," nor is it fair to foist the delinquencies of wrong-headed, ignorant men upon the Committee, who are decidedly not responsible for them.

Let Mr. Robinson explain why he endeavoured to mislead Dr. Odling, by asserting that the death-rate during the ventilation was 1.68 per cent., and without the ventilation only 1.69 per cent. Let him explain, if he can, the means he made use of to obtain so remarkable a result. Let him contradict, if he can, a single number in my whole table of deliveries and deaths. These are neither small numbers, nor occurring during short periods of time. The numbers are large, and extend over so many years, as to obviate all cavil as to chance, accidental circumstances, or my "statements so utterly unfounded, and so often refuted!"

It is monstrous to suppose that the death-rate of a large Lying-in Hospital is to be wantonly increased nine and a half times more than when under the influence of a system of active ventilation, as explained to the Committee by Dr. Odling; and I sincerely trust that your remarks on "the great Lambeth Matricide," as you have called it, will have the effect of ultimately bringing the authors of it to a just account. I am, &c. EDWARD RIGBY, M.D.

Late Senior Physician to the General Lying-in Hospital.

Berkeley-square, Jan. 13, 1858.

### MAMMARY GLANDULAR TUMOURS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the Journal of the 7th ult., vol. xxxvi., at page 487, there is a report of a meeting of the Pathological Society, held Nov. 3, at which a specimen was exhibited by Mr. S.

Wells, called "Malignant Glandular Tumour of the Mamma."

With your permission, I am anxious to publish a few observations on this morbid specimen, and the case it illustrates, especially as it has already formed the subject of a communication in the number of your Journal, April 11, 1867, vol. xxxv. p. 359.

The specimen is described to be "important, as it proved that a tumour which might be classed with the mammary gland tumour of Paget, and the hypertrophy of Lebert, a tumour usually regarded as innocent, might show its malignant tendency by being followed by secondary deposits." Now, it is very remarkable that neither in this report, nor in the paper by Dr. Aitken, is there any description of a "mammary glandular tumour" to be found. "Mr. Quekett made a careful examination of the primary tumour on the day it was removed;" and the report states, "The gland substance had been converted into a uniform tumour. The epithelial cells lining the ducts and the sac-like dilatations at their extremities were altered into every variety of form; they were granular, and very abundant, so that they distended the ducts and burst them in some parts." (a)

From this description, it is quite evident that the tissues and structure of the gland itself had undergone a morbid change, by which the breast became "converted into a small, hard, moveable, uniform tumour." It was, in fact, a disease of the breast, and not a new growth developed on or between its lobes.

Mr. Quekett's description of the morbid specimen, therefore, clears away all doubt as to the existence of a "mammary glandular tumour."

Considerable ambiguity is produced by the employment of the word "tumour" to express the morbid condition existing in this case. "Mammary glandular tumours" are circumscribed, defined and distinct new growths of structures, resembling, more or less closely, the original gland tissue, and are so perfectly characteristic, that such a morbid state of the breast as that described by Mr. Quekett can never be classed with them.

Strictly confining the word "tumour" to signify a new growth, it is not applicable to the morbid change observed in the case under examination; for Mr. Quekett describes no other structures than those which compose the normal organ. He remarks upon the "gland substance," the "epithelial cells lining the ducts, and the sac-like dilatations at their extremities," in other words, their caecal terminations. An abnormal quantity of epithelium existed; but I cannot find a single word implying that a new growth or tumour existed.

The report further states, "There was not one of the characteristics of scirrhus on section."

Assuming that the primary disease in this case was carcinoma there are very cogent reasons why there were none of the characteristics of scirrhus to be seen. In point of fact scirrhus is only an advanced stage of infiltrating carcinoma, whilst in this case, as the subsequent history demonstrates, we have an example of the earliest stage of this disease.

The morbid state of the gland tissue described in this instance is not very uncommon in some forms of infiltrating carcinoma of the breast, when either the entire organ is affected or only some of its lobes. Even around a scirrhous carcinoma of the breast the true or proper gland tissue of the organ around this disease frequently exhibits the minute elementary structures so well described by Mr. Quekett in this instance.

I do not, therefore, for one moment call in question the account of the diseased gland by Mr. Quekett. It describes, exactly, that which I have myself repeatedly seen in the examination of breasts similarly affected and removed from patients whose subsequent history was identical, in every particular, with this case of Mr. Wells.

But I do most strongly dissent from the proposed classification of the case as published in your report, because it must of necessity lead to a fundamental error in pathology, and to the association of two of the diseases of the breast as utterly dissimilar in their morbid anatomy as in their natural history.

Therefore, we have yet to learn that "a tumour, usually regarded as innocent, might show its malignant tendency by being followed by secondary deposits."

January, 1858.

I am, &c.

JOHN BIRKETT.

(a) In this quotation I have introduced the italics.

## APNŒA OF NEW-BORN INFANTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—The above subject having been handled in your Journal by Dr. Silvester and other correspondents in discussing the Ready Method for the Treatment of Asphyxia, perhaps you may deem the following observations worthy of insertion.

When a healthy child is born air passes into the lungs under the influence of two forces, first the elastic recoil of the ribs when escaping from the pressure of the vagina; second, and this is the principal agent, the inspiratory muscular effort excited by the new impressions on the cutaneous nerves, especially by cold. Sometimes breathing does not so readily begin, but on lifting the child, and giving it a small slap on the back, it commences. No doubt this proceeding (as also the alternate dashing with warm and cold water), acts through the medium of the cutaneous nerves in rousing reflex action, but I believe we often unconsciously bring another principle to our aid.

If any one will lift the body of a dead infant, by placing one hand under the back or loins, and allow the weight of the head and arms on the one side, and of the legs on the other to extend the spine, he will find that the ribs separate from each other, the capacity of the chest increases, and air enters the lungs. On again supporting the body, turned over, with the hand under the abdomen, the process is reversed, the spine is flexed, the ribs approximate, and air is expired. The smart slap on the back may act by causing extension of the spine, partly the effect of the blow, partly by the contraction of the erector spinæ thus excited, with the consequent separation of the ribs, expansion of the chest, and entrance of air.

Again, in our anxiety to lay down new rules, we ought not to lose sight of the old and tried method of throwing air into the lungs through the nose of the infant by means of our own breath. The prone position is here unnecessary, there is no water to run from the pharynx; by one movement of the finger we clear away mucus, and hook forward to the base of the tongue; the elasticity of the epiglottis and hyoid apparatus will keep the air passage free.

When air has passed into the lungs, or has been blown in, but respiration does not continue, I have successfully adopted the following method in two or three cases, (in one which occurred to me about seven years since, the child had lain supposed to be dead for about half an hour,) having placed the lower half of the child's body in a warm bath, for I cannot believe that we should be right in allowing the body to cool outright, and there is surely some difference in the case of an adult taken from cold water, and an infant coming from a cavity having the temperature of 100° Fahrenheit; placing, I repeat, the lower half of the child's body in warm water, and causing its face and chest to be occasionally dashed with a sponge saturated with cold water, I put my two thumbs close together on the spine, between the angles of the scapulæ, and spreading out the fingers like a fan over a large surface of the chest, I found it easy not only to support and regulate the position of the body, but to cause a movement of expiration by pressing the ribs inwards and downwards, and of inspiration by extension of the spine, the clavicles being raised and the shoulders thrown back by the pressure of the forefingers, the thumbs making counter-pressure against the spine forwards. A rhythmic movement, timed by the operator's inspiration, is thus kept up with facility as long as required; when the infant makes an inspiratory effort it is immediately felt; and aid can be given or withheld as appears desirable.

The proceeding just described is probably not new, but it is so easy and effectual, that any one who has once learned to put it in practice will not be readily induced to change it.

I am, &amp;c.

JAMES MORRIS, M.D. Lond.

Park-street, Grovesnor-square, December 5, 1857.

## ON THE CAUSE OF DENTAL CARIES.

[To the Editor of the Medical Times and Gazette.]

SIR,—Unfortunately I have not had the advantage of reading the article upon Saliva by Dr. John Smith, published in 1852, as it might have expanded my views and enlightened my understanding upon that important question. It is also just possible that if the Doctor had read some of my former

publications upon the cause of caries of the teeth, he would have seen that we differ very little upon the subject, as I am quite aware that normal saliva is unquestionably a preservative to the teeth, and that it is from the circumstance of the continual presence of a pool of saliva on the inside of the lower incisors that those teeth in the majority of cases enjoy immunity from the attacks of caries. But by the same rule this pool of saliva, even in cases where it is abnormal, is rendered less destructive on account of its quantity, as that quantity liquifies and holds in solution the salivary, or as it is frequently called, the buccal mucus, which substance is found to exist to excess in the mouths of patients whose teeth are being destroyed by caries; the saliva in such cases being highly acidulated, clammy, stringy, and viscid. It may also be observed in such cases that when silver plates for artificials teeth are inserted over decayed stumps a short time only elapses before the plate is destroyed (perforated) where it rests on the stump, in consequence of the galvanic action which is exerted betwixt the metal, the roots, and the fluid; indeed, so much do I coincide with the Doctor's views, "that normal saliva is a preservative to the teeth," that were he to refer to the *Medical Times and Gazette* of Oct. 28th, 1855, he would find that I recommend a wash for this very purpose, "compounded to resemble an excess of healthy saliva." That caries of the teeth is the result of external chemical agency, is now being recognised by all dentists on both sides of the Atlantic, is evident enough, but a wide field is still open for the physiologist to explore, so that any practical remarks upon the subject, I may venture to say, would be gratefully received by all who practise the Profession. But should Dr. Smith feel disposed to favour us, I would advise him, firstly, to inquire amongst, and procure from practical dentists any section of human teeth which have "indicated" any carious spot in the substance of the dentine to which there does not exist an opening from the peripheral portion of the tooth. Could any such specimens be procured and forwarded to me, I should be happy to lay them before the College of Dentists, although they would form an argument against a theory which I have nursed for fifteen years or more, not, I hope, dogmatically, but, as I conceive, from the result of observation in practice.

I am, &amp;c.

Savile-row.

DONALDSON MACKENZIE.

## FEES.

[To the Editor of the Medical Times and Gazette.]

SIR,—As I have lately taken part in a discussion on the subject of the Physician's and Surgeon's fees, will you allow me to state, through the medium of your Journal, that I think the ordinary fee of a guinea is ample in ordinary cases, even although the patients are seen for the first time. My argument is to show that in some cases—very long consultations, for instance—the medical man ought to be at liberty to name a higher fee than a guinea.

I am, &amp;c.

J. TOTNREE.

18, Savile-row, Burlington-gardens,  
January 11, 1858.

## MR. SYME AND HIS COLLEAGUES.

[To the Editor of the Medical Times and Gazette.]

SIR,—It is too true that, as you say, the printed papers of Dr. Laycock contain abundance of "mean quibbling," "unworthy subterfuges," and "positive deviations from truth." But whether the odium of this should be attributed to Dr. Christison, who has so long been distinguished by scrupulous correctness of conduct, the strictest honour, and the most unimpeachable integrity, or to the protégé of Dr. Simpson, is a question upon which the opinion that you have expressed may perhaps not be universally entertained. (a)

Dr. Christison's letter was returned by the gentleman to whom it was addressed, in order that he might correct an error pointed out by himself. You quote from the original letter, which, in accordance with honourable feeling and the usage of society, should have been considered as no longer in existence; and you hold up the author to scorn for calling attention to an inaccuracy which it contained. This inaccu-

(a) We expressed no opinion: we only expressed sorrow and astonishment.—Ed.

racy, to say nothing of a date that did not affect the question at issue, was merely that I had "read," instead of "stated," the terms of agreement which Dr. Laycock accepted, and afterwards repudiated.

I am, &c. JAMES SYME.  
2, Rutland-street, Edinburgh, Jan. 12, 1858.

### ON THE ACTION OF THE VALVES OF THE HEART.

[To the Editor of the Medical Times and Gazette.]

SIR,—Will Dr. Brinton, in explanation of his letter on the action of the valves of the heart, inform me, and, as I believe, nearly the whole Profession, where the action of auriculo-ventricular valves is explained as simply as in the report of my demonstration in your Journal of the 26th of December, 1857? It makes one appear rather foolish, to show as new what others have previously shown; but I ask your readers' indulgence, as it was not only new to me, but to such men as Billing, Carpenter, Richardson, Leared, Lane, Tatum, and every one to whom for years past I have spoken on the subject. Moreover, the written opinions of Carpenter, Kirkes, Paget, Quain, Bellingham, and our principal authors on diseases of the heart, are at variance with my explanation; nevertheless it may well be that I am not the first who has observed and recorded this simple but beautiful fact; that is of very little moment, provided the fact be known and duly appreciated; for it gives us a starting point in the heart's action, it tells us that distended ventricles imply closed valves, and that previous to the contraction of the ventricles, there is a perfect septum between the auricles and them. This, I admit, is something to know, and, what is more, to make known, whoever may have first observed it.

But does Dr. Brinton quite understand the report in your Journal? For he has strangely confounded the simple hydraulic test I proposed in imitation of Nature, with a mode he has adopted of injecting the ventricle from the apex. Let me state what I believe to be the manner of the closure of the auriculo-ventricular valves in health. The auricles contracting on the blood, the force of their contraction is transmitted by the blood in all directions, separating the flaps of the valves, distending the ventricles, and (the semilunar valves being shut down) pressing as much upwards and backwards, as downwards and onwards. The force, not being sufficient to raise the semilunar valves, is expended in distending the ventricles, and raising and closing the auriculo-ventricular valves.

Now it is evident, the matter being purely physical, that in order to test the efficiency of these valves after death, we must put the ventricle in the same condition as it is in during life, that is, empty, and with the semilunar valves tightly shut down; our force also must be exerted in the same direction, i.e. a fluid being poured in through the auriculo-ventricular opening, the valve, if healthy, will be raised in proportion as the ventricle is filled, so as to form a perfect septum between auricle and ventricle. How far this applies to diseased valves it becomes those who have more opportunities than I to determine. Should the semilunar valves be found so diseased as not to admit of forcible closure by fluid, the aorta or pulmonary artery, as the case may be, should be tied on a cork inserted into it before the mitral or tricuspid valve is tested.

I am, &c.

17, Victoria-square.

GEORGE B. HALFORD.

P.S.—Since writing the above, I find Valentin is the author alluded to by Dr. Brinton, and himself, I suspect, the teacher. I thank Dr. Brinton for the information. Valentin is perfectly right as regards the closure of the auriculo-ventricular valves; we only differ in the mode of showing their action. As regards the examination of the valves after death, I much prefer the mode I have proposed to that of Dr. Brinton, for the reason that it is simpler, and hence more perfect.

ROYAL MEDICAL BENEVOLENT COLLEGE.—We have much pleasure in stating that the Right Hon. Lord Stanley, M.P., has kindly consented to preside at the sixth festival of this institution, which will take place in March next. The particular day for the festival will be duly announced in our advertisement columns, so soon as the necessary arrangements are completed.

## REPORTS OF SOCIETIES.

### HARVEIAN SOCIETY.

JANUARY 7, 1858.

ALEXANDER URR, Esq., President, in the Chair.

### ANNIVERSARY MEETING.

THE Council's report was read, showing a healthy state of the funds of the Society, and a steady increase in the number of Members. Many valuable papers had been read during the past session and discussed with ability, and that perfect courtesy and harmony, which is quite compatible with differences of opinion. The Society and its individual members were much indebted to the Medical press for the publication of their proceedings, by which their reputation was extended, and the advantages of the Society to its members and the Profession made more known. The following gentlemen were elected officers of the Society for the year 1858:—

President.—G. Hamilton Roe, M.D.

Vice-Presidents.—John Birkett, Esq., F.L.S.; J. E. Pollock, M.D.; E. H. Sieveking, M.D.; E. Hart Vinen, M.D., F.L.S.

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Council.—H. A. Aldred, M.D., W. H. Allchin, M.B., T. J. Ashton, Esq., T. Ballard, Esq., R. H. Goolden, M.D., E. Headlam Greenhow, M.D., G. Reece, Esq., J. Burdon Sanderson, M.D., H. C. Stewart, Esq., H. Thompson, M.B., Haynes Walton, Esq., Charles S. Webber, Esq.

Mr. BALLARD exhibited the

### LARYNX AND TRACHEA OF A CHILD

who had died of croup. It had been treated by Dr. Hastings, who sponged the larynx with caustic. Mr. Ballard consulted with Dr. Fuller as to the expediency of tracheotomy, which was not considered desirable. The child died, in Mr. Ballard's opinion, from asphyxia, the right side of the heart being full of blood. In a similar case, in which leeches were applied, the patient recovered.

Dr. FULLER referred to a case in which there was a large scrofulous tumour in the trachea, accompanied with a croupal sound during expiration, in contradistinction to the inspiratory sibilation of genuine croup, and had given his opinion against operation in Mr. Ballard's case, owing to the presence of this symptom.

Dr. POLLOCK related a case of epithelial growth from the trachea, and exhibited the late Mr. Avery's beautiful speculum and lamp for examining the orifice of the larynx.

Dr. CAMPS wished to know what caustic was used by Dr. Hastings.

Mr. BALLARD did not know, and rather attributed the ill effects of mopping the larynx to the mechanical injury produced by the sponge.

Mr. BROWNING exhibited the

### LUNG OF A MAN,

aged 50, who died from the poisonous effects of six drachms of essential oil of almonds. He walked down stairs after taking the poison, spoke to his son, and lived about ten minutes. The lungs were remarkably emphysematous, the air-cells being distended into bladders. The heart was full of blood, and the foramen ovale open.

Dr. SANDERSON read a paper on the

### NOSOLOGICAL CHARACTERS OF THE YEAR 1857.

The author introduced his subject by remarking that fifty years ago more attention was paid to the modifications which acute diseases undergo from time to time in their general characters than at present. This he attributed to the comparative disregard of prognosis, or that part of medicine which relates to the common or variable characters of acute diseases, in favour of diagnosis, or the study of those constant or special characters by which one disease is discriminated from another. Reference was made in illustration to the opinion of Dr. Bennett, that disease is invariable, and consequently that the same diseases have at all times required the same treatment; and to the controversy at present in existence between the Edinburgh Professor and those who adhere to the doctrine

of Sydenham. The author endeavoured to show—1. That since the end of the last century diseases have undergone two great modifications; that at the beginning of a period of twenty years, terminating in 1805, the inflammatory and febrile diseases exhibited much the same characters as at present, venesection being usually injurious, and active antiphlogistics not being required, or even tolerated; that towards the end of that period the aspects of disease so completely altered, that the very men who had before advocated the opposite practice were compelled to bleed repeatedly, and that not only for internal inflammations, but in continued fever. Since that period, and particularly since the year 1830, a “constitution” has prevailed which is marked by the greater prominence in inflammatory and febrile diseases of symptoms referable to the nervous system. 2. That in refraining from bleeding in 1800, in again having recourse to the lancet in 1820, and in gradually laying it aside since 1830, the Profession has acted throughout on the same principles, these not being founded on speculations as to the nature of inflammation, but derived from observation of the mode of fatal termination of the disease, and of the effects of the remedy on those constitutional states which were found by experience to be most dangerous. The year 1857 was described as favourable to the public health, the mortality having been 6 per cent. below the average. It was shown that this diminution was entirely referable to those classes of disease which are supposed to depend on local causes of unhealthiness, the fatality of pulmonary affections having been greater than usual. The diarrhoea of 1857, which was fatal to 1000 persons in excess of its usual average, was traced in its rise, progress, and decline; and a comparison was drawn between the summer diseases of the present time, and those which prevailed before the first advent of cholera; the summer diarrhoea of this period was of a different character from that which now exists; as a cause of death it was so inconsiderable as not to produce any sensible effect on the mortality of London; and although since 1830 it has existed in its present form every summer, it did not attain more than one-third of its present prevalence until after 1846, the outbreak of that year being 150 per cent. in excess of the previous average, but nearly 40 per cent. below that of 1857. The rest of the paper was occupied with a notice of the epidemic catarrh which prevailed throughout London in November. Reference was made in conclusion to the subject of Diphtherite, respecting which interesting communications were read from Medical men in Devon and Cornwall descriptive of local epidemics of that disease.

Mr. CLEVELAND considered that the large importation of foreign fruit of late years had contributed to the increase of diarrhoea.

Dr. POLLOCK doubted whether the type of disease had changed. We have changed our treatment, but the disease remains the same that Sydenham wrote of. The thermometer would always indicate why diarrhoea increased or diminished.

Dr. QUAIN dwelt upon the importance of the question, whether the constitution was the same now as it was when bleeding was in vogue. As an instance of the asthenic nature of disease now, he mentioned the rareness of rusty expectoration in the pneumonia of late years, and said that cuppers complain that they have lost those patients who used spontaneously to resort to them, which fact showed that the public feels its altered constitution.

Dr. CAMPS related the case of a gentleman who was accustomed to periodical cupping, and who, by its practice, was made paraplegic. Dr. C. thought that the anxieties attending our present mode of life, with its fierce competitions, caused disease to assume a nervous character, and that railway travelling had a similar effect. He had seen many country patients whose lives had been sacrificed by too much bleeding.

Dr. SANDERSON having replied, the Society adjourned.

**ACCIDENTAL DEATH FROM POISONING.**—The *Moulmein Advertiser* records the melancholy death from poison of Mr. J. C. K. Bond, Assistant-Surgeon on the Madras Medical Establishment. The doctor returned in the best possible health from a friendly visit to a neighbour, and previous to retiring to rest took what he supposed to be two blue pills, but which unhappily proved to be pills containing a grain of strychnine each, prepared for the destruction of pariah dogs.

## EPIDEMIOLOGICAL SOCIETY.

MONDAY, JANUARY 4, 1868.

Dr. SNOW, in the Chair.

Dr. McWILLIAM read a paper by FREDERICK H. JOHNSON, Esq., Bishopswearmouth, on the

### CAUSES WHICH INFLUENCE THE ARREST OR SPREAD OF CHOLERA.

The author commenced his paper by expressing the opinion that if cholera did not become a disease indigenous to this country, it was at least probable that the intervals between its visitations would be shortened, and on each occasion would disseminate more widely its influence upon the bills of mortality. It was, therefore, desirable, as a question of pathological interest, and as one upon the settlement of which some groundwork for the establishment of definite sanitary laws might be raised, that more harmonious opinions should prevail among the Profession than at present regarding the origin and propagation of this terrible scourge.

Mr. Johnson stated that the facts upon which his paper is based were the result of observations made at Sunderland during the three occasions on which that sea-port town was invaded by cholera, viz.:—

In 1831-2; 1848-9; 1853-4.

In the 1st period there died 202; or 1 in 200 of the population.

In the 2nd period there died 359; or 1 in 185 of the population.

In the 3rd period there died 28; or 1 in 2,230 of the population.

Mr. Johnson is of opinion that on each of these occasions the first case of the disease was imported by shipping, and that the subject of the disease had first arrived in port from Hamburg. The main object of the paper being to show how far personal intercourse influences the propagation of cholera, Mr. Johnson observes, that in every instance at Sunderland a case has been imported from a remote infected district, and proved more or less fatal to persons in direct communication with it; but that an interval has always existed during which the cases were more or less solitary, before the epidemic or spontaneous eruption took place; that the course of the epidemic has been gradually acquiring a maximum intensity, and then frequently resolving itself finally into the scattered groups with which it commenced; and that not unfrequently during the decline of the disease the seizures were solitary and unconnected, and when always among the most severe, Mr. Johnson continues, numerous examples were furnished in the course of these epidemics in which the transmission of the malady could only be explained on the supposition of its contagious nature. Mr. Johnson then proceeds to relate a series of outbreaks of cholera in isolated groups, where on every occasion the cause is traceable to the agency of immediate or intermediate contagion; adding that, so far as his personal experience goes, with the exception of one solitary instance, when the subject was of imbecile intellect, he has never yet had a case of cholera brought under his notice in which he was not able to refer the cause, more or less circumstantially, to pollution from personal communication. Mr. Johnson offers some instructive remarks on the effect of density of population and drainage in influencing the mortality of cholera and other epidemics; and concludes by an interesting account of the precautionary measures he adopted against cholera, while in the sanitary charge of the river Wear and its shipping during the epidemic of 1853; and also of the means of prevention had recourse to on the same occasion in the town of Sunderland, by a united and unanimous Board of Health, composed of the Town-council and the Board of Guardians.

Dr. SNOW said that the account was very gratifying which the author gave of the benefit arising from the Medical inspection of the ships and crews arriving at Sunderland from ports infected with cholera. This kind of inspection cost very little, and did not interfere with commerce. If the Medical Profession should become satisfied that the importation of cholera could be prevented without a tedious quarantine, the opposition to admitting its infectious nature would soon cease. The great injury which strict quarantine would do to this nation, and the ruin it would entail on particular interests, was a great obstacle to the general admission that cholera was

a communicable disease. He did not mean that individuals knowingly shaped their opinions for these reasons, but that they were unconsciously influenced by them. Mr. Johnson had related a number of instances in which cholera was undoubtedly propagated by close proximity with, and attendance on the sick, and some cases where the disease was communicated by the soiled linen and other wearing apparel of the patients; and it was fair to conclude, in the absence of any other known cause, that all those cases of cholera which arose without any proximity to a sick person or his clothes were also caused by the same *materies morbi*. It seemed that the morbid matter of cholera was not only capable of acting by near proximity, like that of syphilis, but was capable also of being conveyed to a distance, like the matter of small-pox. The remarks which the author of the paper made with regard to the water-supply of Sunderland confirmed the statements which he, Dr. Snow, had previously made to the Society. In this town, which had a supply of water free from the possibility of contamination, the cholera, in 1853, was almost confined to a few imported cases, and a few persons who came in immediate contact with these cases; while in Newcastle, where it was acknowledged that a great part of the population were supplied with water containing some of the sewage of the town, there was a fearful epidemic of the disease.

Dr. WALLER LEWIS said that he thought most men were now coming to the conclusion that contagion must be one of the causes contributing to the spread of cholera.

Dr. CAMPS objected to the use of the term cholera-germ. The existence of any such germ was a pure assumption.

Mr. SPENCER WELLS said, he hoped great practical good would result from the paper of the evening. Repeated attempts had been made to rouse the Government from their culpable indifference to the importation of cholera. The disease had prevailed epidemically in some north-eastern parts of the continent, in Hamburg especially, before each epidemic in England; and the first cases here had not only followed the arrival of ships from infected ports, but the actual arrival of patients suffering from the disease in those ships. It was a heinous crime to permit those patients to endanger the whole population of this country when it would be perfectly easy to have a house in some healthy locality at every port to which sufferers or suspicious cases could be removed immediately after the arrival of any vessel. Medical inspection of the vessel, and crew and passengers on arrival, are all that would be necessary, and he (Mr. Wells) trusted that an authoritative representation from the Society would be made to Government, warning them of the danger of neglect, and the facility of taking due precaution without any undue interference with commercial interests.

Dr. WALLER LEWIS and Dr. M'WILLIAM spoke in favour of this suggestion, and it was arranged to bring this subject before the Council at the next meeting.

Dr. SNOW announced that at the next meeting of the Society, to be held on Monday, February 1, a paper on "Drainage and Water Supply, in connexion with Public Health," would be read by Dr. Snow.

## MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 8th inst. :—

ALLEN, JOHN, Malta.  
BEALE, GEORGE BEWSHER, Finsbury-square.  
BROOKS, ARTHUR D'OYLEY, Henley-on-Thames.  
COLAHAN, JOHN JOSEPH A., Dominick-street, Galway.  
CRAWFORD, MICHAEL RICHARD R. H.E.I.C.S. Calcutta.  
LATHAM, ALFRED WILLIAM, Nantwich, Cheshire.  
MEDCALF, GEORGE, Ball's-pond-road, Islington.  
M'IVER, JOHN, Silver-bridge, county Armagh.  
NEEDHAM, FREDERICK, York.  
SMITH, WILLIAM HENRY, Houghton-le-Spring.  
STOCKER, EDWARD CLEMENT, Congleton, Cheshire.  
TAYLOR, JOHN, Woodstock, Oxfordshire.  
THOMPSON, JAMES CHARLES, Army.

## DEATHS.

ALLEN.—On the 9th inst., John Stewart Allen, Physician and Superintendent Joint Counties Lunatic Asylum, Abergavenny. M.R.C.S. Eng. 1833; L.S.A. 1838; L.R.C.P. 1844.

BYWATER.—On the 3rd inst., at Knottingley, William Bywater, M.D., aged 67.

KNAPP.—On July 1, Dr. J. M. Knapp, Residency Surgeon, Indore, murdered by the Indore mutineers.

ROWELL.—On the 12th inst., at Lead Gates, near Matfen, John Rowell, aged 23.

WHITEN.—On the 6th inst., at Burnley, in consequence of a fall from his horse, Stephen Elworthy White, M.R.C.S. Eng. 1825; L.S.A. 1824.

## APPOINTMENTS.

Dr. V. PINALI has been appointed Professor of Clinical Medicine in the University of Padua.

Dr. JOSEPH MEYER, a gentleman of the Jewish persuasion, now Assistant to Professor Schönlein, has been appointed by the Prussian Government to the higher post of Director of the Syphilitic Department at the Charité Hospital.

Dr. J. G. WESTMACOTT has been elected Medical Officer to the Paddington Provident Dispensary, in the room of Mr. J. W. Howard, resigned. Jan. 6th, 1888.

Her Majesty has been pleased to appoint Thomas Manners, Esq., to be Surgeon to the Penal Settlement in the Colony of British Guiana.

**POCKET-BOOK AND DIARY.**—We have received a copy of a very serviceable little book, called, the "Metropolitan Pocket-Book and Diary," which, for information and careful classification, surpasses anything we have yet seen in reference to the operations under the Metropolis Local Management Act. The list of Medical Officers of Health, Inspectors of Nuisances and Sanitary Commissioners will prove most useful, as showing at one view the names of all officers under the same class in the various parishes and districts.

**CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, VICTORIA PARK.**—The annual general court of the governors of this institution was held yesterday at the London Tavern. It appeared from the report presented that the new cases relieved as out-patients during the last year had been 6228, and there had been an average attendance each week of 908; 308 cases had also been under treatment as in-patients. The receipts had amounted to £6278. 16s., and the expenditure for maintenance £4720. 17s. 3d., and for building and furnishing £1262. 7s. Legacies were reported to the amount of £1113. 10s. 2d. His Royal Highness the Duke of Cambridge, it was announced, had consented to preside at the forthcoming festival, and it was hoped that great endeavours would then be used to increase the funds, so urgently needed to maintain the increased operations of the charity.

**MUNIFICENT BEQUESTS.**—In consequence of the recent decease of the widow of the late Mr. John Hinchliffe, of Notting-hill, there are now being paid over the following princely bequests to metropolitan charities:—The Cancer Hospital, £1000; Charing-Cross Hospital, £1000; Middlesex Hospital, £1000; St. Mary's Hospital, £1000; Asylum for Idiots, £1000; Westminster Hospital, £1000; Magdalen Hospital, £1000; Lock Hospital, £1000; London Fever Hospital, £1000; Indigent Blind Asylum, £1000; Deaf and Dumb Asylum, £1000; London Truss Society, £1000; Journeymen Tailors' Institution, £1000; Houseless Poor Society, £500; and Society for Prevention of Cruelty to Animals, £500; making a total of £14,000. The late Sir C. M. Clarke has bequeathed upwards of £1500 to Medical and other charities.

**SIR JAMES FELLOWES, M.D., F.R.S., L. and E.,** Inspector-General of Military Hospitals, whose death we recorded last week, in his 86th year.—The deceased served on the continent in 1794; was at the siege of Cadiz, and at the battle of Barossa under General Graham, afterwards Lord Lynedoch, and received the Peninsular war medal and clasp for Barossa; he was knighted by George III. for his general services, especially at Gibraltar during the pestilential fever in 1804-5. He was one of the English who were confined in the Temple during the revolutionary period in Paris. On his retirement from the service he was honourably mentioned by the Lords

of the Treasury in a minute dated March 3, 1815. He was Senior Fellow of the Royal College of Physicians, and a Magistrate and Deputy Lieutenant of the county of Hants. Sir James was elder brother of Admiral Sir Thomas Fellowes, who died in 1853.

ON Tuesday evening last a large and respectable audience attended the Debating Society's meeting, which assembled in the Upper Room at Wylde's News Room, Leicester-square, to discuss the following question:—"Should this meeting aid in checking the moral, social, and sanitary evils of prostitution?" After an animated debate of four hours, which elicited many important facts, opinions, and suggestions, the question was put from the chair, and carried in the affirmative by a large majority.

**STARVATION POINT.**—If we cannot with any precision say how long starvation will be in effecting its fatal end, we can say how much waste is fatal. From the celebrated experiments of Chossat on inanition it appears that death arrives whenever the waste reaches an average proportion of 0.4. That is to say, supposing an animal to weigh 100lb., it will succumb when its weight is reduced to 60lb. Death may of course ensue before that point is reached, but not be prolonged after it. The average loss which can be sustained is 40 per cent.; sometimes the loss is greater, especially if the animal be very fat; thus, in the Transactions of the Linnæan Society a case is reported of a fat pig which was buried under 30 feet of chalk for 160 days; his weight fell in that period no less than 75 per cent. Curiously enough, as an illustration of what was just said respecting time not being an index, fishes and reptiles were found by Chossat to perish at precisely the same limit of weight as warm-blooded animals, but they required a period three-and-twenty times as long to do it in; thus, if the experiment be performed of starving a bird and a frog during the warm weather, although both will perish when their loss of weight reaches 40 per cent., the one will not survive a week, the other will survive three-and-twenty weeks. —*Blackwood.*

**ARSENIC IN WALL PAPER.**—Dr. A. Halley has published the following important remarks on this new mode of slow poisoning in the *Times*.—"In the autumn of 1856 my study, a room some 14 feet square by 11 feet high, was papered with a newly made rich emerald green flock paper, manufactured by one of the first firms in London (Messrs. Townsend, Parker and Co.), and shortly after the room was finished I commenced to work in it regularly every evening for some five or six hours, the room being lighted with gas by a single fish-tail burner. Within a few days I began to suffer considerably in my health from constant headache, dryness of throat and tongue, with internal irritation. I could attribute this to no particular cause, as no change had taken place in my habits, and up to this period my health was excellent. Not to enter too much upon detail, suffice it to say that after some three weeks I became completely prostrated, almost losing the use of my left side, and was for some time under the care of two physicians. Not suspecting the room, as soon as I had somewhat recovered I returned to my study, and was alarmed to find that after a few days the same symptoms returned, and obliged me to desist; until at last I found that whenever I worked for any length of time in this arsenic-papered room I invariably suffered from the same set of symptoms, which did not come on if I remained in other rooms not so papered. Still, the cause was a mystery to me, as I was not aware that arsenic was used in paper-hangings, or that the paper in my room contained it, until, upon reading the *Medical Times and Gazette* for May 23, 1857, my attention was attracted to a paper by Dr. W. Hinds, of Birmingham, describing the symptoms in 'a case of arsenical poisoning by a decorative wall paper,' the details of which were remarkably similar to those that I had myself experienced and so severely suffered from. My paper was at once submitted to chemical scrutiny, and found to contain a very large quantity of arsenic in the form of arsenite of copper—nearly a drachm to the square foot. Still the question remained,—Was it the arsenic in this paper that really produced the unpleasant symptoms? The air of the room was next carefully tested (by means of sheets of paper soaked in a solution of the ammonio-nitrate of silver—a very delicate test for arsenic), and distinct crystals of arsenious acid, visible under a low power with the microscope, and sufficiently well defined and numerous to preclude the possibility of mistake, were obtained on two repeated and separate occasions. I need hardly say that after this the

paper, though a costly, new, and handsome one, was speedily stripped off the walls, and a plain wainscot oak paper substituted. I have since regularly used the room—the conditions of which in other respects remain the same—without experiencing any of the ill effects so constant before, and have now recovered my health.

"It may, perhaps, interest your readers if I state that, from experiments since conducted by means of an aspirator, with a view to ascertain the amount and law of volatilization of the arsenic, the following results, though incomplete, may be fairly relied on:—

"1. That at ordinary temperatures with common atmospheric air the amount of arsenic given off is inappreciably small, although, in opposition to Mr. Fletcher's statement, these papers do not take long to decidedly fade.

"2. That even at a somewhat higher temperature with common air the effect on these papers is not very marked.

"3. That no arsenic was detected in the gas supplied and used in the room.

"4. But that the products of the combustion of gas, passed through an 'aspirator' filled with the arsenical paper, gave distinct evidence of the imbibition of arsenic in the passage of the air through the paper, crystals of arsenious acid being obtained from it.

"5. That although from temperament, etc. the deleterious effects produced by this combination of arsenic in the paper with the products of combustion of carburetted hydrogen gas vary considerably in character and amount of intensity, still that they are very generally experienced by persons inhabiting rooms so decorated and thus exposed to the influence of these papers; and when it is considered that the experiments upon the air in the room above detailed extended over a period of only some ten hours each, and yielded distinct crystals of arsenic, it may be readily understood how a person constantly breathing—physiologically the most active means for imbibing the poison, arsenic—for several consecutive hours should suffer so severely in consequence of inhabiting a room so papered.

"My own case is so marked—the results so evidently following the cause, and so immediately ceasing on its removal,—that I feel it but right, with your permission, to add my voice of caution to the public, and to advise them to have full faith in the carefully weighed statements and opinions of Dr. Taylor."

**SEWAGE IN THE THAMES WATER.**—In a Parliamentary paper, Mr. Gurney reports that "sewage from the drains may be divided into three parts—the liquid, solid, and gaseous, or soluble, insoluble, and æriform. It is a vulgar error to suppose that the solid or insoluble sewage floats on the surface of the water, or 'floats up and down with the tide.' On the contrary, its specific gravity is as much as 1.325; it will sink one foot per minute in still water or slow currents, and precipitate (or rather deposit) in stronger currents, moving in parallel lines; at a greater rate than 170 feet per minute, it will not precipitate (or deposit), the force of convection then being greater than, and consequently overcoming, the force of gravitation. Mr. Gurney gives an interesting account of his experiments with the insoluble sewage taken from the river which were made in August, the month of least water. The quantity of sewage retained in the Thames seems to be a ruling or constant quantity; the river is never choked up, nor is it ever even clean; and the most filthy part of the stream lies between Hungerford and the Penitentiary at Millbank, this being mainly occasioned by two retrogrades, the one outside the Speaker's residence, the other at Hungerford. The liquid and soluble sewage is carried away by excess of the downcast, but some part hangs about in the cesspools. The rate of solution of solid sewage after maceration in the river has not yet been ascertained, but it is estimated that generally one-fifth will be dissolved after a week's maceration. Mr. Gurney, in fine, recommends that all the retrogrades and brattice cesspools be destroyed,—that all the obstructions to an uniform flow of the river at low water be removed; that the projections along shore be rounded off, and the hollows filled up; that the serrated edges of the river at low water be made plain, and continued along the whole line of low-water mark; that the width of the water way at the lowest ebb be not more than 140 yards from side to side, so that the river may not only run in an uniform current, but at a minimum rate of 225 feet per minute; and that from low-water mark upwards the beach be so constructed, that the shore may rise at an



angle of about three or four degrees with the horizon, or, in road-making parlance, of not less than 1 in 16, to facilitate the fall of the sewage into the bed of the river." This is all well enough; but when are we to prevent the sewage from entering the river?

## VITAL STATISTICS OF LONDON.

Week ending Saturday, January 9, 1858.

### BIRTHS.

Births of Boys, 890; Girls, 810; Total, 1700.  
Average of 10 corresponding weeks, 1847-56, 1529.

### DEATHS.

	Males.	Females.	Total.
Deaths during the week ... ..	655	672	1327
Average of the ten years 1847-56 ...	..	..	1230
Average corrected to increased population	..	..	1353
Corrected average for corresponding week in ten years 1847-56 ... ..	618 1	612 2	1230 3
Deaths of people above 90 ... ..	0	0	8
Deaths in 13 General Hospitals ... ..	37	16	53

### DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Measles.	Scarlatina.	Hoop- ing- Cough.	Dia- rrhoea.	Cholera.	Ty- phus.
West ....	876,437	2	12	8	2	..	3
North ....	490,396	7	4	9	1	..	9
Central ...	398,356	14	4	11	..	..	4
East ....	485,522	26	9	10	3	..	8
South ....	616,635	11	7	11	3	..	7
Total..	2,362,336	60	36	49	9	..	31

## BOOKS RECEIVED.

On Dislocations and Fractures. By J. Maclell, F.R.C.S. Fasciulus I. London: 1858.  
The Diseases of Children. By F. Churchill, M.D. Second Edition. Dublin: 1858.  
Human Histology. By E. R. Peaslee, A.M. M.D. Philadelphia: 1857.  
Sanitary Legislation and Administration in England. By H. W. Rumsey. London: 1858.  
The Origin and Objects of the New Oxford Examination for the title of Associate in Arts. By T. D. Acland, Esq. London: 1858.  
A Reply to the Charge made by the Commissioners in Lunacy against the Management of the Portland-house Lunatic Asylum. By S. Millard. London: 1857.  
Alcohol: its Place and Power. By James Miller, F.R.C.S.E. Edinburgh: 1858.  
De la Cause Immédiate et du Traitement Spécifique de la Phthisie Pulmonaire et des Maladies Tuberculeuses. Par J. Francis Churchill, D.M.P. Paris: 1858.  
A Short and Plain History of Cholera: its Causes and Prevention. Written for Popular Use. By W. E. C. Nourse, F.R.C.S. London: 1857.  
The Hygiene of the Turkish Army. By J. N. Radcliffe, M.R.C.S. London: 1858.

## TO CORRESPONDENTS.

Mr. Wright has sent us a long reply to Mr. Wilde's last letter, but as it contains much not likely to interest the great body of our readers, we need only say that Mr. Wright published full particulars of the Duke of Wellington's case, which he says may be procured from Mr. Wesley, 54, Paternoster-row.

If Dr. Silvester will send woodcuts of the diagrams illustrating his letter it shall appear immediately.

Alia.—The girl must have been recovering before the handkerchief was used.

Jacobi should say on what grounds he recommends the internal use of camphor and chloroform in poisoning by strychnia.

A Correspondent.—The summer Preliminary Examination in Classics and Mathematics at Apothecaries' Hall will take place on the third Tuesday in July. Particulars may be learned by application to the Secretary to the Court of Examiners, at the Hall, in Blackfriars.

Mr. Garner's case of Malformation shall appear in an early number.

Mr. Greenwood's notice of operations at the Westminster Hospital arrived too late for insertion last week. Such notices should be at the office before 1 p.m. on Thursdays.

Mr. Lacy.—We regret as much as any one can the delay which has occurred in the publication of Dr. Jenner's lectures; but the fault is not ours. The lectures are invariably printed immediately after they are received from Dr. Jenner.

B.—The remarks on Croup by our esteemed Correspondent are scarcely adapted to our pages. Medical men are well acquainted with the use of small doses of Ipecacuanha and stimulating liniments to the chest, but are naturally sceptical as to their powers as preventives of croup, and slow to admit that because a child for whom they have been prescribed has escaped this disease, the relation between the remedy and the escape is made out satisfactorily.

M.D.—The last new cure for hydrophobia used by Dr. Roser is probably about as useful as all former ones. As the internal remedies, *Synanchus erectum* and *Myiobris simaculata*, are preceded by cauterization of the bite, there can be little doubt that the cauterization is the really efficient part of the treatment.

A Correspondent says, "I have remarked that Jewesses, fishermen's wives, and the wives of mechanics, who scarcely pass a day without their salt herring, are extremely prolific, scarcely ever barren. Witness the wives of the mechanics at Poplar, a cold, moist, unhealthy district,—births there are in excess of those of any other place of the same size. This points to a fish diet, with iodine and iisinglass. The common domestic hen becomes a prolific layer of eggs, if kept on a fish diet."

A London Surgeon.—As Dr. Jacob has published a full apology for the attack he admitted into the Dublin Medical Press upon Mr. Coulson, Mr. Childs, and Mr. Shillitoe, on the authority of a writer "not known" to him, we can only express surprise that Dr. Jacob should have admitted week after week personal attacks from an individual "not known" to him, and one "known" by every one who reads his trash to be indebted solely to his imagination for his facts.

Oculus.—A census report gives the number of blind in France at 37,000.

### COMMUNICATIONS have been received from—

Dr. RIGBY; Professor SYME; Mr. TOYNBEE; Dr. HALFORD; Mr. HOLMES COOTE; Mr. BIRKETT; Mr. WEEDON COOKE; Mr. SMITH, Southam; The REGISTRAR-GENERAL, Edinburgh; Staff-Surgeon ROBERTS, Cairo; Dr. SYLVESTER; Mr. WRIGHT; Dr. MOORE; Mr. MACKENZIE; Mr. BARLOW; Mr. HUGHES; Mr. DALTON; Mr. LAWRENCE; Mr. GARNER; Mr. GREENWOOD; Mr. MARSDEN; Dr. BAINES; Mr. McDERMOTT; Mr. NEWMAN; Mr. WALMSLEY; Mr. PRICHARD; Mr. LACY; Dr. FRANKS; Mr. DAVIS; Mr. BAINBRIDGE; Mr. BROWN; Mr. STOKES; Mr. WATTS; Mr. HARTLEY; Mr. D. DEVENY; Dr. J. HOOVER; Mr. J. S. SYKES; Dr. J. WAY; Mr. W. H. RADLEY; Dr. McKINLAY; Mr. W. T. HUNT; Mr. J. McCREA; Mr. E. MEADE; Mr. A. L. BOGLE; Dr. MILLER; Dr. ASHTON; Dr. DAY; B. C.; Mr. CRUMMEY; Mr. COLLINS.

## APPOINTMENTS FOR THE WEEK.

Jan. 16, Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m. Charing Cross, 1 p.m.  
MEDICAL SOCIETY OF LONDON, 8 p.m. Dr. Semple, "On the Inflammatory Diseases of the Respiratory Organs."

18. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopaedic Hospital, 3 p.m.

19. Tuesday.

Operations at Guy's, 1 p.m. Westminster, 2 p.m.  
PATHOLOGICAL SOCIETY, 8 p.m.  
ROYAL INSTITUTION, 3 p.m.: Professor Huxley, "On Vital Phenomena."

20. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopaedic Hospital, 3 p.m.  
GEOLOGICAL SOCIETY, 8 p.m.

21. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.  
ROYAL SOCIETY, 8½ p.m.  
ROYAL INSTITUTION, 3 p.m. Professor Tyndall, "On Heat."  
LINNEAN SOCIETY, 8 p.m.  
HARVEIAN SOCIETY. H. C. Stewart, "On the Epidemic Diarrhoea of the Past Season."

CHEMICAL SOCIETY, 8 p.m.  
GROSVENOR PLACE SCHOOL MEDICAL SOCIETY, 7½ p.m.  
MIDDLESEX HOSPITAL MEDICAL SOCIETY, 8 p.m. Mr. Eaton, "On some Diseases of the more important Structures of the Eye."

22. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.; Great Northern, 2½ p.m.  
ROYAL INSTITUTION, 8½ p.m. Professor Tyndall, "On some Physical Properties of Ice."

## EXPECTED OPERATIONS.

At the Westminster Hospital, next Tuesday, Mr. Barnard Holt has two strictures cases for forcible dilatation.

King's College Hospital.—The following operations are expected at this hospital to-day (Saturday), at 2 o'clock:—

Lithotomy; examination of wrist; operation for ununited fracture; division of cicatrix following burn, by Mr. Fergusson.

## Great Saving in the Purchase of Six

GROSS of NEW MEDICAL GLASS BOTTLES and PHIALS assorted to suit the convenience of Purchasers, at ISAACS & SON, Medical Glass Bottle Manufacturers.—London Warehouse, 6, Warren-street, Tottenham-court-road.

	s.	d.
6 and 8 oz., any shape, plain, or graduated ..	8	0 per gross.
3 and 4 oz., ditto ..	7	6 do.
1 oz. Moulded Phials ..	4	6 do.
1 oz. ditto ..	5	6 do.
1½ oz. ditto ..	6	0 do.
2 oz. ditto ..	7	0 do.

No remittance required until the goods are received. Packages free. Delivered free within seven miles. Immediate attention to country orders. Post-office Orders payable to S. Isaacs and Son, at the Post-office, Tottenham-court-road, London. Bankers: Unity Bank.

## Recent Improvement by Mr. Jeffreys

in the RESPIRATOR. J. E. PERCIVAL respectfully invites the attention of the Profession to an important improvement in the Oral Respirator, which, having a maximum warming power of no less than 40°, can be instantaneously reduced, even without being displaced, to any of five grades down to a minimum of about 15°, and vice versa. So that, in an atmosphere varying between 30° and 55°, air may be respired of one steady temperature of about 70°, or lower if desired.

The Profession are doubtless aware that the name Respirator is being assumed for various defective imitations. The RESPIRATOR may be had of the principal Chemists and Surgical Instrument Makers in town and country. Wholesale Office, 25, Bucklersbury, City. J. E. Percival, Manager.

## Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS, at the ISLINGTON GLASS BOTTLE WORKS, ISLINGTON-PLACE, PARK-ROAD. Warehouse—2, UPPER COPENHAGEN-STREET, BARNESBURY-ROAD, ISLINGTON, LONDON. N.

E. and H. HARRIS beg to submit the following prices for quantities of not less than 6 gross, assorted to suit the convenience of the purchaser.

	s.	d.
6 & 8 oz., any shape, plain or graduated ..	8s.	per gross.
3 & 4 oz., do. ..	7s. 6d.	do.
1 oz. white moulded phials ..	4s. 6d.	do.
1 oz. do. ..	5s. 6d.	do.
1½ oz. do. ..	6s.	do.
2 oz. do. ..	7s.	do.

No remittance required until the goods are received. Packages free. Delivered free within 7 miles. Immediate attention to country orders. Post-office orders, made payable to E. and H. HARRIS, at the Chief Office, London.

Bankers: Union Bank of London.

## Williams and Son's Pure Glycerine

SOAP. Analysed by Dr. Hofmann, F.R.S., and Professor Redwood, Ph.D., strongly recommended by many eminent members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.  
THE MEDICAL TIMES AND GAZETTE.  
THE BRITISH MEDICAL JOURNAL.  
THE MEDICAL CIRCULAR.  
EDINBURGH MEDICAL JOURNAL.  
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, etc.

SOAP-WORKS, CLERKENWELL, LONDON, E.C.

## PURE SPIRITS FOR THE FACULTY.

S. V. R. 56 O.P., 17s. 6d. net Cash.

This quotation admits of neither credit nor discount, and 1s. per gallon must be added for packages, to be allowed on their return.

HENRY BRETT and CO., Old Fumival's Distillery, Holborn.

## The Medicated Cod Liver Oils,

comprising  
OLEUM MORRHUE CUM QUINA.  
OLEUM MORRHUE CUM FERRI IODIDO.  
&c. &c. &c.

Prepared only by SAVORY and MOORE, 143, New Bond-street.

## Liquor Pepsinæ.—A Convenient and

efficacious preparation by  
SAVORY and MOORE, 143, New Bond-street.

## Wines from Cape of Good Hope.—

PORT, SHERRY, MARSALA, MADEIRA, BUCCELLAS, &c., all at 20s. per Dozen—pure and wholesome Wines, free from acidity and brandy, the produce of vineyards at the Cape of Good Hope, where the vines of Portugal and Spain are now being carefully cultivated, and have escaped the disease. Her Majesty's Government allows these Wines to be imported at half the duty, hence the low price of 20s. per dozen. Samples of any two qualities sent on receipt of twelve stamps.

"That wine, equal to any ever produced, can be made at the Cape, all the world has acknowledged."—Times, Nov. 8th, 1856.

THE UNIVERSAL BRANDY, 15s. per Gallon, or 30s. per dozen.  
W. and A. GILBEY, Wine Importers, Brandy Distillers, &c., 372, Oxford-street, London, W. Cheques to be crossed to our Bankers, the Bank of England.

## Kamala, a Powder obtained from the

Capsules of Rottlera Tinctoria. Recommended as a remedy for Tape-worm; medium dose, two drachms; see Medical Times and Gazette, May 2, and December 19, 1857.

ALLEN and HANBURY have a supply of the above-named Medicine, price to Members of the Profession, 1s. per ounce; if by post, 1s. 4d. Tincture of Kamala, dose two to three drachms, price 1s. per ounce.

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## Pepsine.—M. Boudault begs to state

that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with Remarks by English Physicians Edited by W. S. SQUIRE, Ph.D., published by J. Churchill, London, may be also had of the Author, 277, Oxford-street, price Sixpence.

## Broughams.—Kinder, M'Naught, and

SMITH, MANUFACTURERS, WORCESTER, beg respectfully to invite the attention of professional men to their improved Medical Broughams, as under:—

Width of Seat.	Weight.	Price.
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3 ft. 6 in. ..	8½ cwt. ..	95 Guineas.
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The latter, including a segmental front, with seat for third person.

These Carriages are constructed, by the aid of machinery, of the best material, are of excellent workmanship, and particularly adapted to the wants of medical men, either in town or country. Drawings and other particulars forwarded on application.

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MARKWICK'S PATENT SPONGIO PILINE.

As a substitute for common poultices and fomentations, the superiority of this article is unquestionable. It is strongly recommended by the most eminent of the Faculty for its cleanliness, economy, lightness, and general efficacy, and is now used in several of the hospitals. Also, Markwick's Patent Piline, for Cholera Belts, Rheumatism, Chest Protectors, Respirators, Lumago, etc.

Sold, retail, by Chemists and Druggists, and wholesale only by  
GEORGE TRIMBEY, 41, Queen-street, Cheapside.

## A New Discovery. -- Mr. Howard,

SURGEON-DENTIST, 52, FLEET-STREET, has introduced an entirely NEW DESCRIPTION OF ARTIFICIAL TEETH, fixed without springs, Wires, or Ligatures. They so perfectly resemble the newest teeth as not to be distinguished from the original by the closest observer; they will NEVER CHANGE COLOUR or DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support to and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed Teeth rendered sound and useful in mastication.

## For Infants.—The British Feeding

BOTTLE (registered) may be placed in any position without the Food running out. The supply can be regulated by a stop-cock: being electroplated, it may be instantaneously cleaned. Unlike wood, ivory, or bone, it is impervious to moisture, cannot crack or become sour; there is no possibility of the infant drawing air with the food.

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## The Artificial Tympanum for the

Relief of Deafness, attended by loss or Injury of the Membrana Tympani, and for the Cure of Discharges from the Ear. The Invention of JAMES YEARSLEY, Esq., M.R.C.S. Eng., Surgeon to the Metropolitan Ear Infirmary, Sackville-street, etc. etc.

Superintendent of the Patent, Mr. CHARLES GREENE, to whom all communications should be addressed. Depot, *pro tempore*, 20, King William-street, Strand.

PRICE—Silver Tube and a Month's Supply of Prepared Cottons, with Printed Directions, 2s. 6d.; sent by post, 2s. 8d. Prepared Cottons without the Silver Tube, 1s.; by post, 1s. 2d.

This invention has been Patented, not with a view to Profit, but to insure the transmission of Printed Directions with each Apparatus, for the guidance of the patient; and secondly, to prevent further piracy by the substitution of improper materials, which by constant failure, bring the principle of treatment involved in the invention into disrepute.

## Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloaters Pastes, Strasbourg and other Potted Meats, and Cal's Foot Jellies of various kinds for table use. C and B. are also sole agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSS and BLACKWELL, 21, Soho-square.

## ORIGINAL LECTURES.

## LECTURE

ON

## THE RADICAL CURE

OF

## REDUCIBLE INGUINAL HERNIA.

DELIVERED AT THE

Grosvenor-Place School of Medicine.

MONDAY, JAN. 11, 1858.

By T. SPENCER WELLS, F.R.C.S.

Lecturer on Surgery at the School; Surgeon to the Samaritan Hospital, etc.

GENTLEMEN,—As I am about to perform before you an operation for the radical cure of reducible inguinal hernia, I avail myself of the opportunity of advocating a method of treatment which, as it is proved by very ample experience to be both safe and successful, is worthy of general adoption in the treatment of one of the most common and most fatal diseases to which the human race is subject.

You have probably seen in the *Medical Times and Gazette*, during the last year or two, reports of several cases in which what is called WUTZER'S OPERATION has been performed. This is the operation, with an instrument modified in some essential particulars upon that of Wutzer, I am about to demonstrate before you; and it is with very great satisfaction that I do so, as I was the first Surgeon to perform this operation in Great Britain, and the first who brought it before the notice of the Profession here. I did so in a paper which was read before the Royal Medical and Chirurgical Society on the 9th May, 1854, and was published in the 37th volume of the "*Medico-Chirurgical Transactions*." I had assisted Dr. Burmester to do the operation in Malta in 1847. I did it myself in Malta in 1848, and in England in 1850, after a visit I had paid to Wutzer in Bonn, when I saw some of his cases and procured his instruments. Between May, 1854, and February, 1855, I did four other cases in England. I then went to the East, and Mr. Stretton, one of the Surgeons in my division of the Hospital at Renkioi, did it upon a Greek. Mr. Holmes Coote was there at the time, and saw this case. He was so pleased with the result, that on his return to England he performed the operation at St. Bartholomew's Hospital, and thereby deserves the credit of introducing it into London Hospital practice. This was more than two years after my paper had been read at the Medico-Chirurgical Society—a curious example of the slow progress practical improvements make in our large Hospitals. Then Mr. Jones, of Jersey, took up the operation, and as he asked me to get the instruments made for him by Mr. Coxeter, I directed Mr. Coxeter to have the needle silvered, to obviate the rusting, which I had found objectionable. I think Dr. Vaudin, of Jersey, and Mr. Hutchinson were the next to take up the practice, and then Mr. Erichsen. More recently Mr. Cumming, of Exeter, has done it. I have had three more cases since my return from the East, and these are all the cases I have heard of in this country. If you add Dr. Burmester's, Mr. Stretton's, and my own case done abroad, to the eight of my own, seven of Mr. Jones's, three of Dr. Vaudin's, three of Mr. Coote's, two of Mr. Hutchinson's, four of Mr. Erichsen's, and one of Mr. Cumming's, done in England, you will find that thirty-one of these operations have been performed by British Surgeons, and there has not been a death or dangerous symptom in any one case. But, more than this, the operation has been almost uniformly successful. I do not lay great stress on the cases operated on within the last year, although they assist in proving the safety of the operation, as they are still open to the possibility of relapse; but some of my own cases have now passed, ten, nine, seven, and three years, without a sign of return. I have not had a failure, a relapse, or a bad symptom, in any one of the nine cases. Mr. Jones tells me the same thing. He says he has not seen anything to give him the slightest fear or anxiety after the operation; and its success has been complete. He did it in one person as old as 63.

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He told me of one man whom he saw drunk in a wine-shop in Jersey a few weeks after the operation, wearing no truss, and jumping on and off the counter to show how well he had been cured. Mr. Coote's three cases were all successful, but he tells me that in another case "a man was persuaded against his will to undergo the operation. The needle was too thin, and it bent, and missed the border of the ring, consequently the plug of integument slipped out. The patient had no bad symptom, but refused to have the operation completed." Mr. Erichsen informs me that of his four cases three succeeded, but "in the fourth it failed in consequence of the patient, a lad, walking about the ward while the instrument was still applied." One of Mr. Hutchinson's cases succeeded; in the other he tells me the man had a very large hernia, and suffered from violent cough. Symptoms of inflammation of the sac—not peritonitis—came on, which induced him to remove the instrument on the fourth day. The man did well, but the hernia was not radically cured.

A case related to me by Dr. Vaudin, of Jersey, tested the value of the operation most completely. A man, 30 years of age, the subject of phthisis, had had a large oblique inguinal hernia for seven years. The operation was performed on the 6th of Oct. last. The man died about the 1st of January, but notwithstanding the severe coughing there was no descent of the hernia. Unfortunately a post-mortem was not permitted. Dr. Vaudin adds, "I have not heard one of the patients operated on complain of pain or discomfort caused by the operation." In another of his cases, the operation was severely tested by a two-months' pedestrian tour, but no relapse has occurred. Two of Mr. Jones's patients were seamen, who are now following their occupation without wearing trusses. Some of my own patients are men of very active habits, and I have not yet seen a sign of recurrence of protrusion.

I think I may say, therefore, that the experience of British Surgeons, so far as it has gone, speaks strongly in favour of the operation, and if we look to the continent we find a much larger store of recorded experience. Wutzer, in a letter to me, in 1853, says, "I am not able at present to give you the statistical results of all the cases upon which I have operated, as I have not time to collate them. I can now only say that, since the autumn of 1838, I have repeatedly practised my operation in the clinique every session before many witnesses, and that I have never seen severe peritonitis follow it, still less any fatal result. All those operated on have not been cured. In several, relapse followed, but this was traceable either to the patient leaving off the truss too soon, or undertaking very hard bodily labour soon after the operation." Professor Sigmund, of Vienna, informed me that he had performed the operation nineteen times in the great Hospital of that city, with complete success in fifteen cases. No death happened, but in two cases there was some gangrene of the integuments, and in two relapse occurred.

Last autumn I was in Munich, and I called on Professor Rothmund, who has a larger experience of the operation than any other Surgeon. I saw him perform the operation in one case, and saw two men upon whom he had operated, on one three days, and on the other ten days before. I had a long conversation both with the Professor and his assistants. They said the increasing number of patients coming for operation was the best proof of its safety and success. At first Rothmund found it difficult to induce ten patients to submit to it in a year. Now they apply every day. They are mostly working men; and one tells the other how he has been cured. On inquiry as to relapse the answer confirmed my previous impressions, namely, that in cases where the canal is not larger than to admit the finger easily, the radical cure may be relied on with almost absolute certainty, and that the probability of relapse increases with the size of the canal and rings. When the rings are very large and the canal very short, the chief use of the operation is to make a truss effective. In these cases of widely dilated rings and short canal my impression was that the operation might be hazardous, but the experience at Munich shows that this fear is unfounded, provided very large cylinders be used, so that the rings are well filled and descent of intestine by the side of the cylinder is impossible. Rothmund has done the operation about 400 times in the Clinical Hospital at Munich, and he told me that he had done it much more frequently in private practice, so that he felt convinced he must have operated a thousand times, and without one fatal result. This, I think, is more than almost

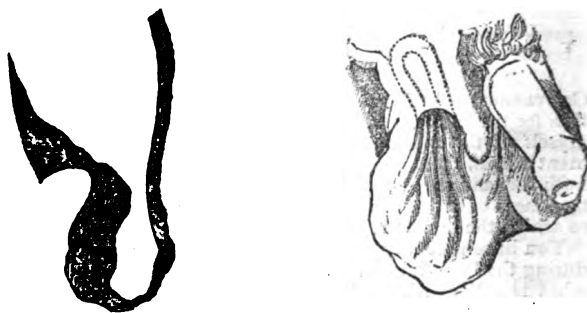
any one could say of the most trifling operation. No one could expect to do a thousand operations for hare-lip—to tie a thousand navels or piles—to remove a thousand small tumours—in fact, do the most trivial surgical operation a thousand times, without some untoward result following, accidentally, in some one case. So that this evidence is very strong indeed in favour of the almost perfect safety of the proceeding.

You see I am anticipating objections already; I do so because there is still so strong and general a feeling among Surgeons against the adoption of any operative proceeding whatever for the radical cure of hernia, that I feel it necessary at the very outset to convince you that I am not advocating some novel and dangerous innovation, of the safety and propriety of which I am not fully assured. I have really proceeded with great caution—I may say too great caution—in this matter, under the influence of the general prejudice against any operation of this kind. I was very careful indeed—too careful I think now—in the selection of cases. I waited two years after my first case before I found a second patient—four years after my second before I found a third—willing to have the operation done upon the very qualified manner in which I advised it. I did not venture to urge the operation upon patients. It was only when warmly requested to do it that I consented; and when I read the paper in 1854, I did not advocate it very strongly, but simply asked the members of the Society “to consider how far the evidence I have adduced of its safety and success should lead to its further adoption in this country.” With further experience, however, and especially since my visit to Munich, I feel much more confident, and take every opportunity, in suitable cases, of recommending patients to submit to the operation, and of bringing it before you and the Profession generally.

Before showing you the instrument of Wutzer, and the modified instrument of Rothmund which I now use, it will be well to make you acquainted with the principles of the operation. There are two ways by which the radical cure of reducible hernia can be effected. The sac may be destroyed or closed, or the sac and hernial apertures may be filled up. A great variety of proceedings, with the first object in view, have been adopted from very early periods in the history of surgery down to the present time. Celsus advised incision of the integuments and sac, so as to lay open the sac, and allow it to heal by granulation. This practice was followed so lately as by Pott and Abernethy, but the most dangerous results followed. Then castration was performed in the hope of closing the sac, and it was carried to such an extent in France that it was made penal by statute. This led to what was called the “Royal Stitch,” because by leaving the testes uninjured, it “gave subjects to the king.” This operation consisted in laying bare the sac, excising a portion of it, and bringing the upper remaining portions together by suture. Then the sac has been destroyed by caustics or the actual cautery. It has been tied close to the ring, after exposure, by incising the integuments. It has been tied subcutaneously by passing pins beneath it. The adhesion of the opposed surfaces of the sac, and consequent obliteration of the cavity, have been attempted by subcutaneous scarification, by acupuncture, and by the injection of iodine. This injection of iodine is alluded to by Mr. Fergusson in his last edition, as a plan followed in America by some charlatans who attempt the radical cure of hernia by a secret method. Mr. Fergusson seems to think well of it, though it proved very unsuccessful in the practice of its originator, Velpeau. Indeed any attempt merely to obliterate the sac, putting aside its great danger, is bad in principle, because the mere obliterated sac offers very little impediment to a new hernial protrusion. We must do more than this. We must contract or close the passage through which protrusion takes place. Now all attempts to do this, with the single exception of compression, have been exploded as dangerous or useless. Compression by a truss and well-fitted pad, properly applied, frequently leads to the radical cure of hernia in young persons, by exciting exudation and adhesion. In adults, however, a radical cure is so seldom effected in this way that we all look upon compression after the age of puberty as a simple safeguard against the descent of the hernia, very seldom attempting to produce a radical cure by a truss; and when the attempt is made, it leads in the great majority of cases to disappointment. The principle of the second plan is closure of the hernial canal by a portion of skin, forming a sort of plug pushed into the canal, and

made to adhere in its new situation. In other words, the inguinal canal must be closed by a portion of the scrotum pushed into it, and fixed there. It can only be fixed there securely by adhesive inflammation of the serous coat of the sac occupying the canal, and it is necessary for the safety of the patient that the inflammation so excited should not extend to the peritonæum lining the abdominal cavity.

Now look at these diagrams of the parts implicated in such an operation. In that to the left you see the sac and abdomen empty; the peritonæum and its prolongation forming the lining membrane of the canal or sac are of course continuous. Now see the effect of pushing a portion of scrotum into the sac as I do now, and as you see represented in the diagram to the right. Gerdy supposed that the sac remained behind the inva-



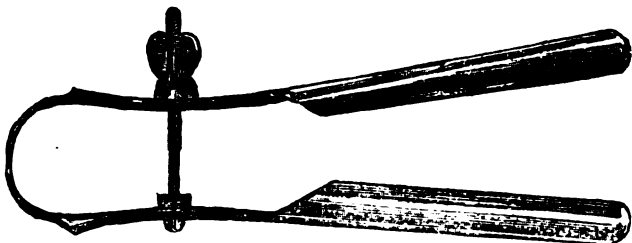
ginated portion of skin, or was pushed before it, and that the plug might be fixed without piercing the sac. I am convinced that this does not hold good as a general rule. Even in very recent cases the serous layer of the hernial sac is so firmly adherent to the walls of the inguinal canal, that it can only be separated from it by dissection. This, I believe, is what commonly happens—the sac is folded upon itself before the invaginated portion of scrotum; and if this portion be fixed by the passage of a needle, or needle and thread, that needle and thread transfix the sac. This wound of the sac we must consider fairly, and not shut our eyes to it.

I do not wish to assert that the sac can *never* be pushed before the invaginated scrotum. On the contrary, you may meet with cases where the patient has not worn a truss, in which the sac can be pushed completely into the abdomen. In other cases of old hernia, where the sac has been thickened and the surrounding cellular tissue is very loose, the same thing may happen, the sac hanging into the abdomen from the internal ring like an empty purse.

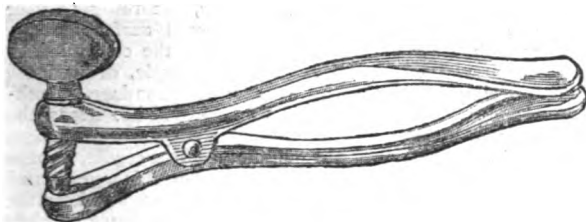
I will now show you Gerdy's operation on this subject. The invagination of the skin of the scrotum is the first stage of this operation, as it is in that of Wutzer, but Gerdy merely fastened the plug in its new position by a suture. You see I now form the plug, push the needle along my finger, through the canal and integuments, fasten the thread, withdraw the needle, then make a second puncture, cut off the thread, and remove the needle. I could do the same thing easily with two needles, one at each end of the thread. In either case this diagram shows you the result, and I feel convinced that it represents what really happens in most cases, and I suspect Wutzer is right when he says that the puncture of the sac is almost necessary to secure firm adhesion. The result of this suture is just what you would expect—union of the opposed surfaces of the sac at one point. This slight union would appear likely to give way before very slight force, and this proved to be the case, for relapses were extremely common after operations performed in this manner. A more perfect closure of the canal than can be obtained by Gerdy's operation being evidently desirable, various plans were devised for effecting this closure. One of the simplest is that of Schuh, of Vienna, who used the thread of Gerdy for drawing up and holding in the inguinal canal, as I now show you,



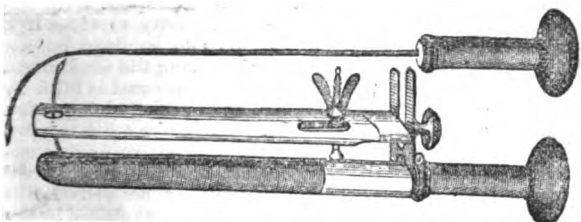
a sort of wick of cotton of sufficient size to fill the canal. The pressure of this, however, is not sufficiently firm or uniform. Here is an instrument contrived by Leroy d'Etiolles.



It is a metallic cylinder and a cover, which can be so screwed together as to press the invaginated scrotum and abdominal parietes together. If this could be fastened tight enough to prevent its slipping out without injuring the compressed skin it might be a useful instrument, but it cannot. Here is another, something like the common American clothes-peg.



It was contrived by Max Langenbeck, and has been used by him with success, but it was purposely left so long applied that sloughing of the compressed parts followed, and it was to the subsequent granulation that Langenbeck looked for closure of the ring. The process requires long confinement to bed, so that you see we want some much milder process than that. This Wutzer has afforded us. Here is his instrument, made by his own maker in Bonn, the one I used in my early operations. In this diagram the entire instrument is shown below, while above there is a second view of the needle which passes through its centre when withdrawn.



The cylinder, which is intended to take the place of the index finger after it has pushed a plug of scrotum through the ring into the canal, is made of very hard wood of different lengths and diameters according to the condition of the canal in each case. In its centre is a canal through which an elastic steel needle passes, and comes out on the upper surface near the point. Over this a concave cover, also of hard wood, is made rather wider than the cylinder, with an opening to admit the point of the needle, and another opening for a metallic staff which rises from the cylinder near the handle, on which a screw works, by which the cylinder and cover can be screwed together. The handle of the needle can be removed by unscrewing.

After using these instruments of Wutzer's I soon found certain alterations desirable. The needle got rusty, caused undue irritation at the point of puncture, and became unfit for use again. This was soon obviated by electro-plating it. Then the necessity for varying the size of the cylinder in each case was troublesome and expensive. I obviated this, though imperfectly, by rolling strips of adhesive plaister round the cylinder until I made it as large as I desired. But this led to irregular pressure, and in Mr. Stretton's case caused a little sloughing, which though it did no harm might as well have been avoided. The cylinder, too, was too round for the normal shape of the canal. The point of the needle

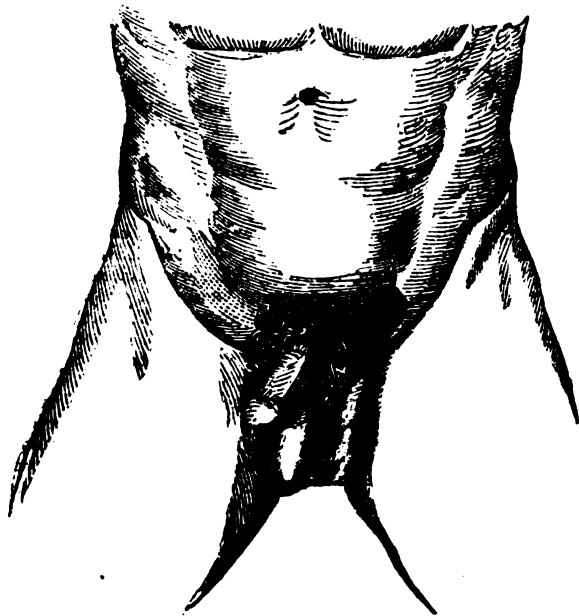
had to be guarded by a piece of cork, which would per-  
versely be knocked off sometimes, and, worse than all, there was nothing to prevent the needle itself from slipping back—the only thing keeping cylinder and cover in their place. I had thought of different plans for correcting these faults, but not of anything so good as those for which we are indebted to Professor Rothmund. Here is his instrument. It is made, as you see, precisely on the same principle as that of Wutzer, and at first sight resembles it exactly in appearance, but the cylinder is oval, not round; the needle is not steel but silver, with a moveable steel point, and there is a knob which can be screwed on after the point is removed, and at the handle there is a spring which is an effectual safeguard against the needle slipping from its place. Lastly, in order to admit of the same cylinder serving for the occlusion of canals of various dimensions it is so made that side-pieces of different sizes can be fitted on to the central portion of the cylinder. I have here covers of different sizes, and you see that by altering the side pieces I can make the cylinder quite as large as one needle could fix well. In cases of very large rings and canals it is necessary to have the central piece perforated for two, or even three needles, but I shall use to-day this one with the single needle, as that which you would employ in the great majority of cases.

Now see what power this instrument gives us. We can alter the dimensions of the cylinder so that while perfectly filling the canal it may push the plug of the invaginated scrotum before it well up to the internal ring, and even project some little distance into the abdomen. We can fix the plug much more securely and evenly than by a suture, or either of the other compressing instruments, and we have complete command over the degree of pressure exercised.

Now for the manner of using the instrument. I need hardly say that the patient's bowels should be opened a day or two before the operation, and the rectum cleared the same day by an enema of warm water; the bladder is emptied, and of course the hernia returned if it be down. This being done you place the patient on his back, with the shoulders raised, the thighs semi-flexed, and the knees separated, just as if you are about to reduce a hernia by the taxis. You place yourself, as I do now, on the side you are about to operate on.

If you can use right and left hand equally well, you may use the left forefinger for invaginating on the left side, and the right to hold the instrument—the reverse for the right side. But the left finger will do for invaginating on either side very well. You see I operate on the left side—so I stand on the left side of the patient. I place my left forefinger here on the scrotum, about an inch below the external ring, and then push a fold of the scrotum before my finger with a little rotatory movement slowly and steadily into the canal, keeping the palmar surface of the finger turned forwards and a little outwards, until it is well under the tendon of the external oblique, and the plug of scrotum is well pressed up to, or through, the internal ring. If you place one forefinger on the abdomen, just over the internal ring, while the other is in the canal beneath the tendon of the external oblique, you will feel the tendon very distinctly. As you move the finger backwards and forwards it rolls over the tendon. You should accustom yourselves to feel this, because it is the test by which you know and can be certain that you are well in the canal, and when you have introduced the cylinder that it is in the canal, and has not slipped anterior to it. When you are quite sure that your finger is in the canal, the next thing is to get the cylinder into the place of the finger, and then to fix it there by the needle. To do this you take the cylinder with the needle passed within it as far as you can without permitting the point to project, and hold it as I do now in the right hand with the thumb before the screw, the forefinger and second finger on either side of the prong which supports the cover, and the ring and little finger on the under side of the cylinder. Then bend the left forefinger a little, draw it forwards, and slip the cylinder along its dorsal aspect at the same time as the finger itself is being withdrawn. This is the most important step of the whole operation, and the only step which is at all difficult. Without care the plug may follow the finger. Without care the cylinder, instead of slipping beneath the tendon of the external oblique, may slip between it and the integument. You must be very careful that this does not occur, by feeling, as you felt when your finger was in the canal, that the tendon rolls over the cylinder. If you do not feel this, and if the cylinder moves freely beneath the integument, you

may be quite sure it is not in the canal, and you must begin again. I wish particularly to guard you against this mistake, because I know it has been made at least once, and I suspect oftener. If you feel the tendon rolling over the cylinder you may be quite sure it is in the canal, and the end well up to the internal ring. To fix it there I have only to push on the needle till its point appears through the abdominal parietes, then to put on the cover, and use the horizontal and perpendicular screws until the cover and cylinder are evenly pressed together. Then the point of the needle is unscrewed, the knob put on, the handle of the needle removed, and all is done. You leave the patient with the instrument secured thus,



The whole affair does not take a minute, and as the only part of it at all painful is the simple puncture of the needle, it is quite unnecessary to give chloroform.

This diagram shows what I believe to be the real action of the instrument. Here you see how plug, sac, and integument are fixed and pressed together. In some few cases the sac may be pushed up before the cylinder, in some only a very small portion may be below the needle, and in others it may extend throughout the whole line of compression. If the cylinder fill the canal well the pressure is quite sufficient to cause adhesion behind as well as before the cylinder. Some to insure this have kept up pressure on the cylinder by a compress and bandage; but this is unnecessary, and even injurious, as it leads to inflammation of the spermatic chord.

I should have told you that you should oil the cylinder before using it, or else smear it as Rothmund does with cantharides ointment. Wutzer does not think it at all necessary to remove the epidermis of the invaginated scrotum. He looks upon the adhesion of the sac as the really important part of the operation. Rothmund, however, thinks additional security is obtained by removing the epidermis, and thus procuring adhesion of the opposed surfaces of the plug. He thinks also the irritation of the skin set up by the cantharides hastens the adhesive process in the sac, so that the instrument may be removed as soon as the fifth day, instead of leaving it to the seventh or eighth. He speaks from such very large experience that I feel inclined to follow his practice for the future, although I am sure it is not at all necessary to success.

Then as to the degree of pressure you apply with the screw

upon the cover—it should be very slight the first day to allow for a little swelling. The next day the screw may be tightened or loosened according to the state of the skin. The patient should be kept in bed lying on his back, with the knees raised by a pillow, and the scrotum supported by a cushion or folded towel or two put between the legs. Every day the cover should be raised, to see whether the pressure is equal and not too great. If it does not press evenly a little cotton wool may be inserted, or if it press too much at any point this may be raised by a little cotton put near it.

About the fourth or fifth day you see a little inflammatory redness and swelling round the needle puncture and commencing suppuration. On the sixth or seventh some serous fluid begins to escape round the end of the cylinder. This shows that the epidermis is separating. There is more purulent discharge from the puncture, and the instrument may then be taken away by withdrawing the needle, and carefully removing the cylinder. You will find that the skin of the scrotum may be pulled tolerably hard without yielding at all, showing that pretty firm adhesion has taken place. If it appear to yield on pulling slightly it would be well to replace the instrument for two or three days longer.

The after treatment will vary a little, according to your desire to produce adhesion of the opposed surfaces of the plug to each other or not. Wutzer filled the cavity left by the withdrawal of the cylinder with charpie, dressed the puncture simply, and then put on a common bandage. Rothmund endeavours to obliterate the cavity. He keeps the patient in bed, raises the scrotum by a suspensory bandage, keeps off the pressure of the bed-clothes by a cradle, applies simple dressing to the puncture, and over this a graduated compress which is made to exert some pressure and keep the two sides of the cavity together by a common figure of eight bandage. The bandage is changed as often as it becomes dirtied by the secretion, and is carefully reapplied. It requires from twelve to fifteen days to secure obliteration of the cavity and cicatrization of the puncture. As I said before, it is only Rothmund's great experience which would lead me to think much of the importance of this obliteration. I tried it in my second case, but no union took place, and in cases where union has taken place the condition of parts a few months after the operation has been precisely similar to those in which Wutzer's practice was followed. Perhaps a middle course will eventually be followed, not filling the cavity with charpie, nor keeping the patient to the bed or sofa after cicatrization of the puncture, but keeping him quiet until this cicatrization is firm, and leaving the cavity to close if it will under the pressure of a compress and bandage, but not being sufficiently anxious about it to prolong the confinement of the patient. In either case the inguinal canal is filled by a firm plug, and for some weeks a sort of puckered depression is seen at its mouth, but this disappears after a few months, although the plug may still be felt. After five or six years the plug itself can scarcely be felt, and the most careful examination can hardly detect anything abnormal. Rothmund convinced himself that this could not be explained by the sinking of the invaginated scrotal plug to its former position, by tattooing round the opening of the cavity, and observing that the marks did not change their position as they would have done had the plug descended.

If the pressure has been unequal, or the instrument left a day or two too long, there may be a little sloughing around the needle; but I have never seen a slough larger than a sixpence, and this only once. The only ill effect of it is some delay in the cicatrization. I believe if there is ever more sloughing than this, it must be from carelessness of the Surgeon, or some unfortunate constitutional condition of the patient, or the crowding and defective ventilation of some Hospital ward.

Allowing six or seven days for the period the instrument is applied, and from seven to fourteen days more till cicatrization is complete, you should generally prepare a patient to expect a confinement of three weeks to his room. After this he must wear for two or three months a very elastic truss, with a weak spring and large well-stuffed pad. If the pressure is too great, or the pad too small, absorption of the plug may take place, and relapse of the hernia follow. If no truss be worn, the adhesions, which are still soft and yielding, might give way. It is also well to have a suspensory bandage worn as long as the truss, that the weight of the testicles may not drag down the skin of the scrotum to its former position.



You should also forbid violent exercise until the truss can be left off. After three months the truss may be left off, and I believe the patient is fully as secure against the occurrence of hernia on the side operated on as on the other side, perhaps more so; in other words, that he has not only been cured radically of his hernia, but he has been protected against its occurrence—he is less likely to become subject to hernia on that side than a healthy man.

We are still in want of knowledge of the precise anatomical conditions resulting from this operation which post-mortem examination alone can afford. One of my patients died of phthisis while I was abroad, so that the opportunity was lost in that case. Rothmund has never in all his cases had one fatal result, although he had several when he operated by the methods of Gerdy, Bonnet, and Belmas, nor has he happened to be able to open one of his patients who have died of some other disease; but Dr. Thormann, of Chur, opened a patient of Rothmund's, who died a *short time*—the precise time is not given—after the operation, of some other affection, and he has described the appearances. The patient, 20 years old, of middle size, suffered from a reducible oblique inguinal hernia, of the size of a hen's egg, on the left side. The canal and rings were small, and the smallest cylinder was used. The radical cure was effected; and when the patient died of some other disease, Dr. Thormann found, after death, the invaginated scrotal plug so firmly united by adhesive inflammation to all parts of the canal, that it could not be separated without dissection. The external ring and the whole canal, to within six lines of the internal ring, were completely filled and closed up by the adhesion of the plug. This is the only account of a post-mortem examination after Wutzer's operation that I have been able to find.

In conclusion, let me offer some reply to objections you may hear raised to the operation.

*Firstly.* The danger and inutility of other operations is no objection to this. We do not incise or excise the sac—we do not destroy it by caustic or the hot iron—we do not tie it—we do not scarify it—we do not inject it with iodine, or do any one of the foolish things which experience teaches us to lay aside. We perform a simple operation, which experience teaches us to be both safe and efficacious.

*Secondly.* Don't be frightened by those who shake their heads at every new thing. When I brought over the ophthalmoscope from Berlin in 1853, and made it known to the Profession here by a paper in the *Medical Times and Gazette*, it was ridiculed as a toy, and denounced as dangerous, because the retina is sensitive to light!—yet now you hear the instrument extolled on every side by those who are learning to interpret its revelations. Some eighteen months ago I demonstrated before you, for the first time in London, the use of the *Écraseur*, and described the instrument in the *Journal* I have just named. Well, it was ridiculed in Edinburgh as a "preposterous engine," and in London as a return to the "barbarous ages of surgery;" yet every day practical men are now finding it more and more valuable. So it will be with this operation. Having overcome distrust and indifference, it is now on the fair way to general favour.

*Thirdly.* You will be told that we want no radical cure for hernia; that the palliative treatment is sufficient; that a good truss is far better than any radical cure. There is some plausibility here, but let me remind you that the fatality after operations for strangulated hernia is very great, and that a large proportion of those who become the subjects for these operations have worn trusses. The trusses have not proved a safeguard against strangulation; nay, by causing thickening of the sac, and contraction of the hernial apertures, they have increased the danger of strangulation when it has taken place. Then all trusses are not good, and good trusses are expensive. They get out of order, and patients get careless and do not keep them in order; and even when good and in order they are very insecure safeguards in sudden and violent motions of the body, or in cases of long-continued exertion. Besides, those who wear trusses will tell you that it is not pleasant to have to wear them all their lives, and carry about with them a constant memento of bodily imperfection and possible danger. Contrast this with the three weeks' confinement to the house, and the subsequent safety obtained by the operation I have brought before you, and I do hope you will do your best to assist in hastening the general recognition of its value.

## ORIGINAL COMMUNICATIONS.

### ON THE PAINLESS EXTIRPATION OF CANCEROUS GROWTHS.

By JAMES ARNOTT, M.D.

ALTHOUGH cancerous affections are, as a general rule, better treated by other and milder measures than by operation, it must be admitted that there are exceptions to this rule. These exceptions would be more numerous if any safer mode of extirpating cancerous growths could be substituted for the two measures at present employed, namely, excision by the knife and destruction by caustic. So dangerous or otherwise objectionable are both of these measures that many judicious practitioners have doubted whether it would not be preferable on all occasions to allow the morbid part to remain than have recourse to either. Statistical inquiries by Mr. Paget, M. Lebert, and others, show that at least a tenth part of those upon whom operations with the knife have been performed have died in consequence of them; and although the use of caustic is not immediately fatal to the same amount as excision, it cannot be doubted that the excessive and long enduring pain to which it subjects the patient—a pain far too acute to be subdued by opium, and far too lasting to be prevented by chloroform—must, by weakening the constitutional powers, precipitate the relapse of cancer, as well as predispose to other disease.

A means of extirpating malignant growths, unattended with pain and productive neither of shock, inflammation, nor permanent debility, would not only be free from immediate danger, but by relieving the patient's sufferings, and removing a perpetual source of irritation, would strengthen the constitution and put it into the most favourable condition for overcoming the tendency to relapse. I have discovered that such a means exists in the combination of long continued congelation with caustic.

Although I had been for some time aware that this expedient constituted an infinitely better mode of extirpating cancerous growths than either excision or caustic, I was unwilling to bring it forward without the most indisputable evidence of its excellence. On this account permission was requested of the Governors of the Middlesex Hospital to exhibit in its cancer wards what I had already ascertained respecting the use of long continued congelation in cancer, and to prosecute other inquiries in connexion with it. A brief report of the truths which I was able to establish by this liberally granted permission, will not, I conceive, be an unintended communication to the Profession.

My first and principal object was to show that cancerous growths may not only be extirpated by congelation and caustic, without pain, but if not absolutely without danger, with much less danger than accompanies the means usually employed for this purpose. This was satisfactorily fulfilled by the following case, which was watched by the surgical staff and students of the hospital, and seen by several eminent Surgeons unconnected with that institution.

On the 28th of November, at noon, Sarah H., No. 1, Luffan Ward, had a circular portion of the right breast, three inches and a-half in diameter, and enclosing a large occult cancerous tumour, congealed for two hours by a frigorific mixture, at a temperature ranging from 8 to 12 degrees below zero Fahr. This mixture, which was frequently renewed, was confined to the part by a cup or broad flat ring of gutta-percha, having a short flexible tube, closed by a stop-cock, issuing from its lower border. Immediately after removing the mixture, nitric acid was applied to the skin, and after the acid a thin layer of chloride of zinc paste was placed on it, and allowed to remain until the next day. There was no expression of pain made during or after these proceedings, but being questioned on the subject, the patient stated that for about five minutes, while the congelation was being effected, there was a sensation of tingling like that produced by a mustard plaster. The uneasiness from this was not sufficient to interrupt her account of the origin and progress of the disease, which I had requested her to give just as the congealing process commenced. This tingling of short duration was the only disagreeable feeling experienced during the day. She took her usual

dinner while the congelation continued, and slept well during the night. It is proper, however, to relate that previously to the application of the strong frigorific mixture, I had taken pains to benumb the part very gradually; and after its removal another refrigerating mixture was applied for about eight hours over the chloride of zinc, but kept separate from it by a very thin intervening membrane.

By the middle of next day, a large white slough or eschar had been produced by the combined measures, of exactly the dimensions of the lower opening of the gutta percha vessel, which (from having been previously heated) had adhered firmly to the breast till midnight. For the purpose of ascertaining the extent of the disorganisation, the slough was cut in the presence of the resident Medical officers to the depth of an inch without causing the least sensation. No inflammation followed, nor did any redness appear at the margin of the slough till the third day, when its separation had probably commenced. Notwithstanding the continued action of the caustic (which was daily inserted in the manner practised by the French) the patient's general health remained undisturbed until she left the hospital. The lower part of the eschar separated on the 21st December, and when I last saw her at her own residence on the 7th of January the cicatrisation was nearly complete. As her appetite had remained good during the whole of this period, and she had been able to take exercise in the open air, her strength continued unreduced. There had been no occasion to have recourse to cold again for its anæsthetic effects, and the only medicine taken by her during her stay in the hospital was two laxative pills.

I have not considered it necessary to describe minutely more than the first stage of the treatment; for, as my principal purpose was to show that the dreadful pain produced by caustic can be certainly prevented while its action is much promoted, and the hazardous use of the knife superseded by a comparatively safe measure, a report restricted to that part of the treatment in which the suffering has always been the most acute and the inflammation greatest, would have been sufficient. Whether it proceeded from the deep and lasting preliminary congelation, or from her not having been rendered morbidly sensitive by the very severe suffering that has usually ushered in the treatment by caustic, the patient hardly felt what could be termed pain during the whole period—except on one occasion, when a little of the chloride of zinc paste spread from the slough to the adjoining sound skin.

The absence of all inflammation, excepting that slight degree which is necessary for the separation of the slough, is as remarkable a circumstance in the above case as the absence of pain, and, in respect to danger is, perhaps, still more important. I have on several occasions endeavoured to draw the attention of surgeons to the important fact, that congelation judiciously employed often constitutes an unfailing preventive of inflammation; but no evidence of this can be more satisfactory than a statement recently made by Dr. V. Pettigrew, and reported in the *Medical Times and Gazette* of the 5th Dec., 1857. So completely is all injurious or excessive inflammation prevented by intense cold in incised wounds, that of ninety-three operations performed by him under it, and of which ninety were perfectly painless, only one did not heal by the first intention when this was desired(a).

Questions of considerable importance as respects the removal of growths by congelation and caustic are, whether one slough should be allowed to separate by the natural process before another is formed; whether a fresh slough should be made under a previous one; or, finally, whether the sloughs produced should be removed by some mechanical or chemical means, in order to give these combined measures ready access to the living parts beneath. Each of these plans may be the most appropriate to certain cases. The first is the most tedious, unless a very powerful and deeply operating combination of these agents be employed, and in that case there is danger of the destruction of texture extending too far. The making of incisions in the slough for the insertion of caustic has been practised for the last fifteen years by M. Girouard, a

physician at Chartres, though it is uncertain whether Canquoin, the celebrated cancer-curer, did not precede him in the use of a similar method. The surgeons of the Hospital at Chartres sometimes burn holes with cylinders of caustic potash and lime, into which they insert pieces of chloride of zinc paste; and, more lately, caustic has been inserted deep in the flesh, either by previously puncturing the part with a knife (the practice of M. Maisonneuve), or by injecting liquid caustic through a capillary tube. (b)

When perfected, the third plan will probably be the best. The slough formed by intense cold could be easily removed by bent scissors, and under congelation, without uneasiness. Still softer, and more easily removable, is the slough produced by alkaline caustics, and the objections to them hitherto may be obviated by using the gutta-percha cup in their application. They are thus prevented from spreading, and any hæmorrhage produced by them can be immediately checked by chloride of zinc, or by extreme cold alone. The contrivance of the cup will also enable us to soften or dissolve the harder eschars formed by the mineral acids or metallic salts. I am now engaged in investigating this subject (c).

The union of pressure with frigorific agents facilitates the extension of congelation, by arresting the circulation through the part. They may be combined in a variety of ways, such as by pressing on the part a metallic vessel filled with a frigorific mixture; dipping such a vessel into mercury, confined to the part by a gutta percha cup; pressing a surface under the action of a frigorific, with a cylinder of wire-work; compressing the air in a close cup, containing a refrigerating mixture, etc. These plans complicate the process, but under certain circumstances their adoption may be indispensable.

The combination of disorganizing and benumbing cold with caustic renders it of less importance to terminate the process of extirpation speedily. The extreme sufferings of the patient under the usual caustic treatment have too often induced the Surgeon to hasten the removal of tumours, at the risk of leaving some portion of the disease behind.

It was my intention, after describing the mode of removing tumours by the combination of intense cold with caustic, to enter upon the question, whether congelation, sufficiently prolonged, might not alone answer the same purpose, and, on some occasions, more advantageously. In two cases at the Middlesex Hospital this method was adopted, and with results of a very satisfactory nature, the description of which, however, as this paper has already exceeded its proper limits, must be deferred to another occasion. I will only state that these trials showed that the destruction of cancerous growths can be effected in as well-defined a manner by intense cold alone, as by its combination with caustic, but that the part must be kept thoroughly congealed for several hours. Such slow destructive action, though an inconvenience as respects this particular use of intense cold, is a fact of immense value in reference to its employment for operations and other remedial purposes, inasmuch as the knowledge of it will dispel the fear of injury to the textures which has hitherto impeded these uses of it. It were unreasonable, however, to consider the difficulty and trouble of pursuing this treatment of cancer, as an objection to it. Difficultly, if surmountable, is no sufficient reason for rejecting a remedial measure, for which there is no substitute; and no conscientious practitioner will object to what is requisite for his patient's safety, or freedom from suffering, merely because it is troublesome. Besides other advantages, the far-pervading influence of congelation may be absolutely required to destroy the vitality of those germs of the disease that lurk in places which cannot safely be invaded either by the knife or caustic; for extreme cold, as I have explained at length in my work on "Cancer," will destroy the cells and granules constituting the essence of the disease, without injury to the structures enveloping them.

50, Baker-street.

(b) In my "Essay on the Present State of Therapeutical Inquiry," published in 1846, a screw syringe for this purpose is described.

(c) In the November number of the *Edinburgh Medical Journal*, Mr. Syme speaks of this use of gutta percha as an invention emanating from the Royal Infirmary of Edinburgh. Considering that the contrivance may be usefully extended to other purposes, as in applying water directly to a part by means of the current apparatus, I think it worth while to state that my pamphlet on "Chloroform," containing the suggestion of applying a mineral acid in a flat ring or open cup fitted to the part, was in the hands of three of Mr. Syme's colleagues at the Infirmary in August last; and that I have, three years ago, described such a ring of gutta percha as a convenient mode of limiting the action of frigorific mixtures in certain operations in my treatise on "Benumbing Cold," page 10.

(a) It is very possible, however, by continuing the cold too long, to reduce the vital powers beyond the degree required for union by the first intention. This happened some time since, in two cases at Guy's Hospital, under the care of Mr. Birkett. From the congelation having been continued at least four times longer than was necessary, the wound healed slowly and by granulation.

## WOUND OF THE POSTERIOR TIBIAL ARTERY.

SECONDARY HÆMORRHAGE—DELIIGATION—RECURRENCE OF HÆMORRHAGE FROM LOWER ORIFICE—DELIIGATION—RECOVERY.

By J. C. WORDSWORTH, Esq.

Assistant-Surgeon to the London Hospital, etc.

William Smith, aged 33, a labourer, was brought to the London Hospital, September 6, 1857, having wounded himself with a narrow sharp-pointed knife, while engaged in cutting cabbages. The wound was about an inch in length, oblique in direction, and situated at the lower third of the left tibia, on the inner side, and in the fleshy part of the leg. On probing the wound, it appeared about three quarters of an inch in depth. The patient stated that the infliction of the wound was followed by an immediate gush of blood, which spirted out to some distance, and that a considerable quantity had flowed. As there was no bleeding, the wound was closed by sutures, and a compress.

Sept. 7.—Going on well; the dressings remained unchanged.

8th.—The foot swollen and painful. The bandage somewhat saturated with blood, which had oozed from the wound since early morning. On removing the compress there was considerable hæmorrhage, much of which appeared, however, of venous character. Mr. Forbes, the House Surgeon, enlarged the wound downwards about an inch. With some difficulty he succeeded in tying a bleeding vessel, but was unable to find its lower orifice. From the comparatively superficial situation of the artery, it was considered to be a muscular branch. The hæmorrhage ceased, and the wound was dressed with lint dipped in iced water; the limb was elevated, and left uncovered.

9th.—The wound had a very unhealthy aspect; hæmorrhage recurred, but was controlled by the tourniquet on the femoral artery.

10th.—Since last report, he had lost blood on two or three occasions, and once copiously. Mr. Wordsworth was requested to see him, and at once decided on the propriety of endeavouring to secure the bleeding vessel. Chloroform was administered, and the wound dilated to the extent of about four inches, and on removing some coagula the posterior tibial artery and nerve were found—the former completely divided, the latter partially so; blood, of brick-dust colour, was flowing freely from the lower orifice, which was therefore secured by ligature. The upper part of the artery had retracted, and was lost in the softened tissues; all bleeding ceased, and the wound was closed by strips of wet lint, and a bandage lightly applied from the foot to the knee.

No more bleeding occurred, and the man made a good recovery, and left the hospital quite well. The above case, for the particulars of which I am indebted to Mr. Mackenzie, the dresser, affords some points of interest and of practical importance deserving a few comments. In the first place it illustrates the physiology of wounded arteries in a particular manner. Secondly, it demonstrates the accuracy of modern Surgery; and lastly, it enforces the importance of complying with the established deductions of science. We see that though the means adopted by nature sufficed to arrest the hæmorrhage in the first instance, yet that as soon as the collateral circulation was established, bleeding recurred from the lower orifice; and remembering the large and direct communication between the posterior tibial, and peroneal arteries, we should have anticipated that event, for physiology teaches that the contraction and plugging of the lower end of an artery are very imperfect, and therefore easily overcome; but that in the upper these means suffice if not disturbed for some hours.

Again, on the recurrence of bleeding, it was noticed that it oozed slowly for some time, and was of venous character, and that the vessel then ligatured was probably divided in the necessary dilatation of the wound, and not the posterior tibial artery; and as no ligature was found in the subsequent operation, it is probable that such was the case, for it could not have separated in the interval from the large artery. Then, as the bleeding recurred after the vessel had been secured, it was at once decided to enlarge the wound, and follow the artery to its bleeding point. Under the presumption that the hæmorrhage came from below, the wound was extended downwards,

principally in the course of the artery, with a view of tracing it upwards, if, as often happens in these cases, the bleeding orifice was lost in a mass of softened tissues and coagulum. Considerable difficulty was experienced in controlling the flow of blood, part of which was venous. The coagula being removed, the nerve was at once found, and afforded a good clue to the artery; by a little dissection it was separated from its sheath, and a ligature passed around it by means of the aneurism-needle, and secured. This case also fully confirms the dogma that no delay should occur in securing the lower end of a vessel when there is reason to consider it the source of hæmorrhage, as the prospect of Nature's closing the orifice is very uncertain.

Lastly, it determines the importance of attempting, without delay, to secure a bleeding artery of large size, when there is a fair presumption of its having been wounded, provided the artery can be ligatured at the seat of injury.

41, Finsbury-square.

## SERIES OF CASES ILLUSTRATIVE OF DISEASES OF THE ABDOMEN, AND ESPECIALLY OF THE DIAGNOSIS AND TREATMENT OF ABDOMINAL TUMOURS AND INTUMESCENCE.

By CHARLES J. HARE, M.D. Cantab., L.R.C.P.

Assistant-Physician to University College Hospital, etc.

### MOVEABLE KIDNEYS—THEIR DIAGNOSIS AND TREATMENT.

(Continued from p. 9.)

*Symptoms, etc.*—The symptoms presented in different cases of this condition of the kidneys, vary considerably, but as there is not necessarily associated with it any structural change in the organs themselves, they are, as might *a priori* be expected, chiefly of a local character. In some instances, indeed, no pain or inconvenience whatever has been experienced by the patient, and the presence of the affection has been only accidentally discovered. In by far the majority of cases, however, certain symptoms are present which, if not altogether characteristic of the affection, should at least make us suspect the possibility of their dependence upon it, and should therefore lead us to an examination of the abdomen, so as to determine whether it be present or not. The symptoms most frequently complained of are a feeling of uneasiness or weight about one or both loins, but much the most commonly the right one; or a similar sensation may be experienced in the antero-lumbar region, or even lower down in the abdomen; or a so-called "sinking sensation" or "fainting pain" is referred to the same parts. Sometimes more decided pain is experienced: it is usually of a dull character, but varies at different times, and is sometimes even rather sharp; it is almost always described as being associated with more or less of a "dragging" sensation; in one case a kind of colicky pain was present. Rayet mentions an instance in which the pain extended to the lower part of the abdomen, and in the course of the crural nerves as far as the knees; and another in which it affected the back part of the thigh and leg as far as the ankle, and, commencing in the right loin, radiated to the labia majora: this patient also described the habitual pain which she experienced in the abdomen, in exactly the same words as were used by a patient under my care, namely, as of a "pinching" character.

The pains are almost invariably relieved by the recumbent posture, and are not unfrequently entirely (for the time) removed by it. On the other hand, they are increased by too long sitting, by walking or over exertion of any kind, and remarkably so by standing for any length of time. A costive condition of the bowels augments the discomfort arising from the kidneys, and the pain is also increased, according to Professor Oppolzer, during defecation. A miscarriage, in the case mentioned to me by Dr. Gueneau de Mussy, considerably aggravated the symptoms for a while.

Sometimes there is a little superficial abdominal tenderness on pressure in the neighbourhood of the displaced kidney

but this is not generally the case. In one or two cases (a), also, pressure upon the mobile kidney itself has produced no tenderness or pain, but usually (especially if the organ be seized, as it were, between one hand placed at the postero-lumbar region, and the other on the anterior part of the abdomen), it gives rise to some pain, and very frequently to a peculiar sensation of faintness: now and then it causes pain to shoot to other parts of the abdomen. One patient (Mrs. D., Case 1, *infra*) told me that when she lay on the left side, she experienced a dragging sensation from the right loin, "as if something were falling from the right side over towards the left."

I have already described the physical signs presented by the mobile kidney. In one case, quoted by Rayer (b), oedema of the right leg was caused by a moveable kidney. In four out of six cases which I have seen, I have detected a very strong aortic abdominal impulse, and in three of these cases it was so strong as to be a source of complaint on the part of the patients. One cause, probably, of the impulse in these cases being felt so strongly was this: that the same flaccid and moderately thin condition of the abdominal parietes which facilitated the detection of the mobile kidneys likewise permitted the fingers more easily to reach deeply towards the spine. But this, I feel convinced, was not the only cause of the strong impulse detected: two, if not three, of the patients were anæmic, and suffered a good deal from general debility. It has been recorded of several patients affected with moveable kidneys, that they have presented symptoms closely resembling hypochondriasis. In all uncomplicated cases the urine presents nothing abnormal.

Though the foregoing symptoms include all, I believe, which are essentially connected with a mobile state of the kidney, it must not be forgotten that other diseases may be present so as to complicate the case—the occurrence of this state not excluding, of course, the possibility of other diseases of the organ being present. Thus calculi, etc. may exist in the moveable kidney,—they have, indeed, been found in more than one case,—and may give rise to nausea, vomiting, hæmaturia, pus in the urine, etc., which are symptoms quite alien to a case of simple mobility of the kidney.

The following very brief outlines, condensed from notes of some of the cases I have observed, will tend to illustrate several of the preceding observations.

Case 1.—Mrs. D., aged 36, the mother of several children, had been occasionally under my care for several years. She had suffered from anæmia and oligomenorrhæa, but got quite well of these. I afterwards saw her for an attack of gastrodynia, when she also had much languor and debility, with weight and sinking sensation at the epigastrium.

In the spring of 1852 I attended her for a slight bronchial attack: when she got better of that she complained to me of a "beating sensation" down the middle of the abdomen, and also of having at the upper part of it, on each side, "some swellings which on pressure slipped up under the ribs." She had had a sinking sensation at the epigastrium for years, but it was only about twelve months that she had felt, on applying her hand there, a tumour in one (the right?) hypochondrium, and about four weeks, another on the other side. The aortic impulse had been troublesome for five weeks past.

On making an examination of the abdomen (which was rather thin, and of short antero-posterior diameter, while the parietes were also flaccid), the aortic impulse was found to extend from the upper part of the epigastrium to more than an inch below the umbilicus, and it was exceedingly well marked and strong. The left kidney was situated lower than usual, but readily glided, when pressed upon, from under the fingers, deep into the hypochondriac region, while, on the other hand, it might be pushed some distance downwards: the right kidney presented the same phenomena, except that it was much more mobile, and could be detruded downwards so far that the whole of it could be felt some distance below the costal cartilages, and its form well made out owing to the thinness of the parietes (see fig. 1, p. 9).

A belladonna plaster was applied to the abdomen, and some tinct. ferri sesquichlor. and tinct. columbæ were given. I

have seen her several times since, and again very recently: at times she has been free from all renal pain, but lately she has again felt somewhat weaker, and she has had more both of the abdominal impulse and of the dragging sensation in the loins, though the pain is by no means so much there as it was a few years ago. On examining the abdomen the mobility of the kidneys (especially of the left one) appeared to me less than formerly, though that of the right one was still very notable.

Case 2.—Miss A. S., aged 25, resident in the country, first came under my care in September, 1852, for dyspepsia and spinal irritation, accompanied with superficial pain in the left infra-mammary region. When I saw her about the middle of the following month, she had improved, but still complained of some pain in the left side, from the mamma to the level of the crista ili. On examining the abdomen (see fig. 2, p. 9), I detected both kidneys lower in position than usual, and moveable. The abdominal aortic impulse was also distinctly though not very forcibly felt. For some months prior to my seeing her she had complained of a "beating sensation" at the epigastrium, but had scarcely any pain referable to the kidney; indeed, as she subsequently told me, she only felt it if she walked faster than usual, and then it was "a kind of pinching sensation—not a weight."

During the ensuing twelvemonths, I had several opportunities of confirming the diagnosis as regards the moveable condition of the kidneys, but it appeared to me that though both kidneys were readily detectable and moveable, the left one was at that time rather more so than the right. Firm pressure on the left kidney gave rise to an uneasy sensation in it, but scarcely amounting to pain.

She was placed on a course of steel medicines, and became quite free from all abdominal symptoms, except a very slight amount of the "pinching sensation" when she much over-exerted herself. Indeed, I only saw her once again until the spring of last year—an interval of three and a-half years—when the accompanying diagram was taken, which shows the position of the kidneys at that time (see fig. 2, p. 9). She then complained of headache, but the abdominal symptoms, so far as her own sensations were concerned, were quite in abeyance. The urine was stated to be then, as it had been previously, quite natural. The physical condition of the kidneys, however, appeared to have altered somewhat; though the left one was quite as easily detected as before, the right one seemed to be rather lower down in the abdomen, and to be perhaps somewhat more moveable than previously. On relaxing the abdominal parietes, the right kidney was found to extend nearly two and a half inches below the level of the costal cartilages, and on deep inspiration it descended another inch downwards: by a little manipulation, when thus depressed by inspiration, the whole of the kidney could be placed below the level of the cartilages, when it assumed the more oblique position represented in the drawing. The outlines at E and F show the position of the left kidney.

It would appear that in this case the left kidney had, in the interval of between three and four years, become *relatively* less mobile, so that it could not, when I last examined her, be detruded so far downwards as the right one, though previously the more moveable of the two.

I may mention, as an interesting circumstance in connexion with the above case, that a niece of this patient (a sister's daughter), aged 21, has her kidneys considerably lower in the abdomen than is usual, and that one of them is also a little moveable.

Case 3.—Mrs. R., aged 27, married eight years; has had four children, the last one fifteen months ago.

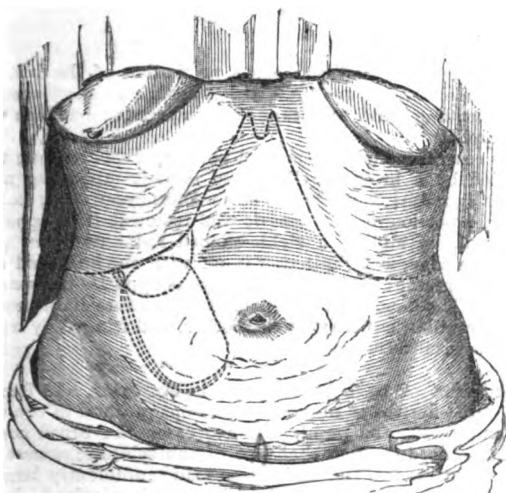
This case presented an example of one kidney being moveable to a very considerable extent, while the other one occupied the normal position, and was not affected with any unusual mobility. The right kidney, as she lay on the back, extended some little distance below the costal cartilages, but it was very easily moveable so far down in the abdomen that the lower end reached to a point five inches below the costal cartilages, at the mid-sterno-nipple line, or two below the level of the umbilicus (fig. 3.) The entire kidney could thus be seized between the hands, and its size pretty accurately estimated. As thus ascertained, it measured four and three quarter inches in length, by three and one-eighth

(a) Gazette Méd. de Paris, 1846, p. 993. In the case of Miss A. S., the tenderness or pain was exceedingly slight.

(b) Rayer, loc. cit. vol. iii. p. 791.

in breadth; it did not, therefore, exceed the average dimensions.

FIG. 3.



Moveable kidney of one side only.

(To be continued.)

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### THE CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST. ILLUSTRATIONS OF THE TREATMENT OF THROAT AFFECTIONS.

(Cases under the care of Drs. PEACOCK, BENNETT, and BIRKETT.)  
(Continued from page 61.)

**Case 4.—Chronic Laryngitis, with symptoms of impending phthisis.**—Six months' treatment by cod-liver oil and topical counter-irritants.—*Recovery.*—Peter Burness, aged 46, a warehouseman, was admitted on May 4, 1854, under the care of Dr. Bennett, when the following notes were taken:—"Voice hoarse, and all but lost. He states that he has been gradually losing it for the last eighteen months, during which time he has been out of health, and slowly emaciating. He has several times spat blood in small quantities, and for a year past had had a troublesome cough. His aspect is phthisical; nails incurved; pulse quick; tongue coated. The physical signs are, however, not decisive of phthisis. The throat is relaxed, streaky, and congested. He has had but little treatment." Dr. Bennett prescribed two teaspoonfuls of cod-liver oil to be taken three times a-day; and for a night-dose two pills, containing five grains of the compound squill pill, one of blue, and three of Dover's powder. The throat was also ordered to be painted externally with the strong solution of iodine, and the nitrate of silver to be applied to the larynx by means of the probang.

On May 18, the treatment having been steadily continued, the note states: "No soreness of gums, but the voice is much improved. Much difficulty has been encountered in using the probang, on account of the irritable state of the fauces, and it is not certain that the sponge has ever really reached the larynx. The mercury is to be omitted from the pills, and the treatment continued."

July 13.—Voice improving.

August 3.—Much better in every respect. The solution of iodine has been repeatedly applied outside the throat.

31st.—Has been for a fortnight to Brighton. The voice continues to improve.

Sept. 14.—To omit the oil, and take in its stead the compound decoction of bark, with dilute hydrochloric acid, three times daily.

This case ended in most complete recovery. It was judged well to continue the tonic treatment for some time after the voice had regained its clearness, and on the date of discharge (Nov. 23, after rather more than six months' treatment) the note taken was as follows: "He has now a good clear voice, and for two or three months past it has been so without any relapses. He looks well, is florid, and can walk fairly. Is as stout as he ever was, and feels much stronger than this time last year. Pulse 100. Free respiratory sounds over both apices, and no dulness over either."

While there is every reason to believe that true chronic laryngitis is far more common in men than in women, due no doubt to their much greater exposure to the inclemencies of weather, yet cases of loss of voice are perhaps on the whole more frequent among the latter. Hysterical aphonia constitutes a considerable class, but a far larger one is that in which a hysterical predisposition aggravates a slight catarrhal affection, and renders it very difficult to cure. A delicate, susceptible woman takes cold, and has a slight pharyngitis, there is some discomfort in speaking, and the voice is not clear. Upon this she forthwith becomes wholly aphonic, and the aphonia probably lasts some weeks, while, had one of the sterner sex been the subject of precisely the same original condition, a hoarseness would have been all that would have resulted, and even that would probably have soon been got rid of. These cases are very likely to be followed by relapses, and as is well known, many women "lose their voices" whenever they take cold. We need not cite many or lengthy examples of these so common cases, in which the hysterical diathesis complicates a slight inflammatory affection, and exaggerates it into a very troublesome one. Besides, they are much more often met with in private than in Hospital practice. The completeness of the aphonia, while there is scarcely any laryngeal ring on coughing or attempting to speak loud, and the occasional very sudden improvements which take place are diagnostic symptoms. The treatment must address itself to the double cause, the nervous temperament and the local congestion. Severe counter-irritants to the throat do not appear to be generally serviceable, nor do powerful applications to the larynx. Stimulant gargles, protection to the throat, and nervine tonics appear to be the most useful remedies. Sometimes a blister at a distance, as to the nape of the neck, is very useful. The following case exemplifies these remarks:—

**Case 5.—Hysterico-catarrhal aphonia.—Fourth attack.**—*Treatment by sulphate of zinc and blister to nape of neck.—Recovery.*—Sarah Cherry, aged 41, married, but childless, was admitted under Dr. Peacock's care, on August 5, 1853. She stated that on three former occasions she had lost her voice for a few weeks at a time after taking cold. On the present occasion the aphonia, which was complete, had lasted ten days. She complained of much sense of choking and spasm in the throat. Her cough was very troublesome, but was not attended by expectoration. She was stout, and rather florid. Dr. Peacock ordered a turpentine liniment to be rubbed on the throat, and a draught to be taken three times a-day, containing an ounce of the infusion of valerian, two grains of the sulphate of zinc, and twenty minims of the tincture of hyoscyamus.

These remedies were continued up to August 26, when, as no improvement had resulted, it was determined to try the effect of painting the throat with the strong solution of iodine. This was done freely, but the note on Sept. 2 states that it was followed by no improvement.

On September 9 Dr. Peacock ordered a blister to be applied to the nape of the neck. The mixture was continued.

The note on September 16 states that while the blister was sore she regained her voice, and for a whole day spoke quite clearly. Afterwards, however, she relapsed, and became almost as aphonic as before. The mixture was continued.

On October 14 she was discharged nearly well, the affection having gradually passed off.

The relative proportions of the two elements in this mixed affection may vary very considerably, and just in proportion to the amount of the local disease as evidenced by hoarseness, laryngeal twang, persistence, etc., is the indication for the employment of local counter-irritation. The following cases illustrate this rule of practice.

**Case 6.—Very Chronic laryngeal aphonia in a delicate woman.**—*Treatment by counter-irritants and tonics.—Recovery of the*



voice.—Elizabeth Chesshire, aged 30, was admitted under Dr. Peacock's care on September 19, 1854. She was married, and the mother of five children. Her voice was a soft distinct whisper, but the cough was rough and very hoarse. She had pain in the effort to speak loud. She stated that she had been aphonic without intermission for two years, and that twelve years ago she had suffered from a similar state of things for five months, and then regained her voice. During the last year she had lost flesh greatly, but had never spat blood. Her father had died of phthisis at the age of 32, but her mother was living and healthy. Ordered two teaspoonfuls of cod-liver oil twice daily, with a draught containing quinine and iron, also to have the throat freely painted externally with the strong iodine solution.

The above remedies were steadily continued, and on Oct. 24 the painting was repeated. On Oct. 31, the note states, "She can speak almost clearly;" and on Dec. 12 it is, "The voice is quite clear." She had not at this latter date, however, quite regained her health, and she was accordingly advised to continue the tonic, etc., a few weeks longer; but a miscarriage occurring, she soon afterwards ceased to attend. While under observation her voice had remained clear.

(To be continued.)

## THE ROYAL LONDON OPHTHALMIC HOSPITAL.

### REPORT OF OPERATIONS PERFORMED FROM NOV. 25TH 1857, TO JAN. 1ST, 1858.

(Communicated by Dr. C. BADER, Curator.)

#### LACHRYMAL APPARATUS.

Three cases of diseased lachrymal sac treated with the actual cautery. In two (probably incompletely) treated in this manner before, the discharge had reappeared, and cauterisation was performed a second time.

In another case of distension of the sac by pus an attempt was made to carry a thread through a skin incision, the sac, and nasal canal, and out by the corresponding nostril, and by gradually increasing the thickness of the thread, to produce a permanent distension of the nasal duct. On account of some defect in the spring to which the thread was attached the attempt failed, and the actual cautery was resorted to.

Another case of distension of the lachrymal sac by tears and mucus was caused by a polypus in the corresponding nostril, which appeared to press upon the nasal duct. Mr. Wordsworth removed the greater part of it, which at the time allowed the contents of the sac to escape on pressure into the nose and mouth. In another case No. 6 probe was passed through a fistulous opening in the skin over the sac into the nasal duct and the nose. The further treatment consisted in frequently emptying the sac into the nose by pressure. (This case is progressing very favourably, and the fistulous opening has closed. It certainly is advisable to try this plan before resorting to Desmarre's treatment of entire destruction of the sac.)

#### EYELIDS.

Excision of a hazel-nut sized pediculated sebaceous tumour from the skin, near the inner canthus, and in another case of a naevus, situated on the outer upper portion of the left eyebrow. The hairs which grew on it were pale, and inferior in development to those of the remainder of the eyebrow.

In a case of malformation of the palpebral aperture, after excision of the globe, an oval piece was removed from the middle of the inner aspect of the lower lid, leaving the skin intact. After uniting the wound with sutures, the palpebral aperture was thought to be sufficiently narrow to retain a glass eye.

The treatment of a severe case of ectropium was commenced by slitting open the lower lachrymal canals.

Another case of ectropium was operated upon by grooving the fibro-cartilage, near and parallel to the palpebral edge. To prevent troublesome bleeding during the operation, a compressorium forceps (see Desmarres, second edition) was used. This manner of operating leaves the palpebral edge entire.

#### MUSCLES OF THE EYEBALL.

Internal strabismus; subconjunctival division of the internal rectus eighteen times. In seven cases both internal

recti were divided; in many cases the improvement of vision was immediate. In one case (Mr. Poland) of congenital double external strabismus with muscæ (not seen with the ophthalmoscope) both external recti were divided, both eyes are straight, and the muscæ have entirely disappeared from one eye.

#### CORNEA.

In two cases of staphylomatous protrusion of the iris, the staphylomata were punctured with a needle, to allow some of the distending fluid to escape; a compressive bandage was then applied.

One case, in which the central portion of each corneæ was occupied by a brown, well-defined deposit (appearing nine months ago, during the use of some white eye-water); in the one eye a portion of the deposit was removed from opposite the pupil, by sliding a sickle-shaped knife under it, producing an edge, and dissecting it off with the knife and forceps. At present the pupil of this eye is opposite transparent cornea. The deposit consisted (500) of minute light-brown, round granules, adherent to each other, and fringed by transparent corneal tissue.

#### IRIS.

Formation of an artificial pupil in six cases. In four of them three-fourths of the cornea were opaque, and in two that portion opposite the pupil. In five cases the broad needle was introduced through that part of the sclerotic nearest the transparent cornea, and an incision made sufficiently large to admit the canula forceps, the iris was then seized, drawn out, and snipped off with scissors. In the last case, in which the central part of both corneæ was opaque, Mr. Bowman operated on the right eye by opening the cornea near its lower edge with the broad needle, then drawing out the iris with the blunt hook, and snipping it off with scissors. On the left eye, in which the pupil appeared to be adherent, he seized the iris with the canula forceps near the pupillary edge, leaving the drawn out piece in the corneal incision. The eyeball, which had been oscillating before the operation, remained so when the patient left the Hospital after fourteen days. She reads large letters with the left, and recognizes large objects with the right eye. Formation of an artificial pupil in both eyes in one case, and on one eye in a second, in which the cornea was transparent, the pupil adherent and occluded, and no inflammatory symptoms present; the cornea was opened at its lower and outer transparent edge, the blunt iris hook inserted, and at the margin of the pupil where it was adherent a piece of iris withdrawn and snipped off; the patient left the Hospital six days after the operation, and reads large type with either eye.

In a case of adhesion of the iris to a corneal cicatrix, Mr. Bowman's needle-hook was introduced through the transparent cornea furthest distant from the adhesion, advanced to the latter, and the piece of iris withdrawn and left in the corneal wound.

Two cases of detachment of iris adhesions in the pupillary area; the adhesions easily detached by moving the blunt spatula between them and the capsule—the pupil at once regained its round shape but vision remained as before the operation. Excision of the upper third of the iris for treatment of chronic glaucoma in the right eye, with which the patient could only distinguish lines on a printed page. The left eye was slightly misty, but as he was still able to read any type with it, it was not operated on. The patient was in the Hospital from the 18th to the 29th December; the blood which filled the anterior chamber immediately after the operation, had disappeared within eight days. The patient on leaving sees to read well small letters with the right eye. The cupped appearance of the optic nerve at its entrance is less distinct.

#### CRYSTALLINE LENS.

Extraction of Cataract.—Case 1.—E.B., aged 54. Commencement of cough six years ago, of dimness of vision three years ago; at present both lenses of unequal gray colour, the eyes otherwise normal; perception of light with either eye. Double extraction by upper corneal section. 4th December, 1857. Some bleeding from the conjunctiva; course regular; left Dec. 21, 1857. Central pupils; reads with glasses any type with either eye.

Case 2.—E. T., aged 65. Both lenses opaque; general health good; commencement of cataract six years ago, temporarily relieved by leeching. Left lens most advanced, sees large objects with it; extraction of the left lens by an upper corneal section. Dec. 2, 1857.—Course regular. Left Dec.



14, 1857.—Central pupil; reads any type with glasses, and sees to do his work.

*Case 3.*—C. H., aged 20. Congenital cataract and external strabismus of the left eye, perception of large objects. Right eye normal. In pupillary area of left eye when under atropine is seen suspended a yellowish-white disc, on whose surface particles of chalk are visible. Dec. 18.—Mr. Critchett first divided subconjunctively the external rectus, then removed, through a small corneal incision, part of the lens with the canula forceps, and the remainder with the scoop; then re-introducing the broad needle, the posterior capsule was opened, and part of it extracted with the canula forceps; the pupil became black and dilated by the advancing vitreous humour. Left the Hospital 19th Dec. On the 22nd December the patient reads large type with glasses; the conjunctiva slightly chemotic; the pupil extremely dilated; lacrymation. (Under treatment as out-patient.)

*Case 4.*—H. E. R., aged 11, congenital cataract in both eyes, perception of large objects, colour, etc. The patient has been for several years in an asylum for idiots. Dec. 24th.—The left lens superficially broken up with one needle by Mr. Dixon; the central white disc on the grey substance of both lenses, easily detached, and projected with some soft lens matter into the anterior chamber. Dec. 28th.—Attends as out-patient.

*Case 5.*—I., aged 33. Cataract in right eye from accident sixteen days ago. Cornea transparent; part of the soft lens matter scooped out through a small corneal incision eighteen days after the injury; more perception of light after the first operation. Thirteen days afterwards the greater part of the remaining lens substance was scooped out; the patient immediately recognized people, and six days afterwards left the Hospital.

*Case 6.*—D. A., aged 19. Detachment of the iris followed by cataract, linear extraction; the patient sees at present to recognise people. Duration of treatment seven days.

*Case 7.*—T. S., aged 26. Sequelæ of former inflammation of the globe, right eye; the iris dragged into a corneal cicatrix near the outer lower edge, the cornea flattened and wrinkled, the globe softened and squared; perception of light. Operation December 2. The broad needle introduced at the outer corneal edge was advanced between the cornea and iris to the middle portion of the latter; then thrust through it, and the wound enlarged on withdrawing the needle. December 21.—With this eye the patient sees the window well. Left eye softish; the area of part of the pupil occluded by a chalky deposit; the patient recognizes features with this eye. December 2.—Operation; the corneal incision about four lines long; detachment of the deposit with scoop and iris forceps; considerable force was used in doing this, one-third of the fluid vitreous escaped. December 21.—Central irregular pupil; no pain or inflammation. The patient sees large print; no active inflammatory symptoms were present before these operations.

Six cases of false membranes in the area of the pupil treated with one or two needles; among them was a case of congenital cataract, in which both lenses had several times been touched with the needle; at present the lenses give the impression of flattened grey membranes, which Mr. Streetfield opened out with two needles, when the vitreous humour advanced dilating the pupils; on first sight such a black pupil is very satisfactory, and in several cases the result was favourable, and was not disturbed by inflammatory symptoms; in other cases this admission of vitreous humour into the pupillary area was followed by sickness, and severe pain and other inflammatory symptoms in the eye.

#### EXCISION OF THE GLOBE.

*Case.*—D. H., aged 13. Removal of the right globe; general staphylocoma after purulent ophthalmia; hardly any bleeding. Left the Hospital three days after excision.

## ST. BARTHOLOMEW'S HOSPITAL.

### LIGATURE OF THE COMMON CAROTID ARTERY.

(Under the care of Mr. COOTE.)

(Reported by Mr. CHIFFENDALE, House-Surgeon.)

E. B., an agricultural labourer, aged 64, was sent from the country on account of a fungoid disease of the right superior maxillary bone. He states that he first noticed an enlarge-

ment of that side of the face about three months ago, and that he has not suffered much pain. Its growth has since made very rapid progress, for it has already acquired the size of a small clenched fist. The features are, of course, much distorted; the nose is pressed over to the left side, and the right nostril is distended by the morbid growth, so that its passage is completely occluded. The vision of the right eye is also interfered with, owing to the extension of the disease upwards. The tumour projects into the mouth, and can be felt as a soft semi-elastic body to descend into the upper part of the pharynx, the soft palate being thrust forwards. The condition of these parts renders deglutition difficult. The skin over the tumour is tense, and in parts red and shining, as if inclined to ulcerate. An operation for its removal was not thought advisable, considering the extent and rapid growth of the disease, the age and weak condition of the patient. During the short time that he remained in the Hospital the tumour greatly increased in size, becoming one-third larger, while at the same time his strength rapidly diminished from his inability to take sufficient nourishment, and from the frequent hæmorrhage that took place from the nostril and the portion of the growth which protruded into the mouth. This latterly occurred on the average about every other day, and frequently amounted to a half pint, the blood flowing in a full continuous stream, and being with difficulty checked.

As the patient was rapidly becoming exhausted from these repeated attacks of hæmorrhage, Mr. Coote decided upon tying the common carotid artery. The vessel was secured about half-way between its origin and its termination, below the point where the omo-hyoid crosses. No hæmorrhage subsequently occurred from the tumour. Paralysis of the opposite side came on in about thirty hours after the application of the ligature. The man sank on the third day. On a post-mortem examination the right hemisphere was found to be of a softer consistence than the left. With this exception, no difference was to be observed in the condition of the two hemispheres.

The diseased growth proved to be encephaloid, and appeared to have had its origin in the antrum, the cavity of which was filled with a soft, easily-broken-down mass. The disease had made its way through the orbital plate, and also had almost filled the nasal fossæ.

The examination of the artery about the seat of ligature was especially interesting, as the opportunity of examining the state of a large vessel, so soon after an operation of this kind, does not often present itself. Below the ligature there was a small, pale, delicate coagulum, rather more than half an inch in length, very loosely connected with the coat of the artery. Above the ligature there was a similar clot, but of less size, scarcely exceeding a quarter of an inch in measurement.

## HOSPITAL NOTES.

### AFTER-TREATMENT IN CASES OF LINEAR EXTRACTION.

Mr. Bowman made some remarks the other day respecting the after-treatment of cases in which linear extraction had been performed. The chief point on which he insisted was, that belladonna ought always to be employed, and the pupil kept dilated to the utmost. Very frequently, he observed, small portions of lenticular matter remain which, if allowed during the inflammation which follows to press upon the iris, may cause much irritation. To prevent this was the object of the belladonna treatment. A second point to which he adverted was that the Surgeon ought not to allow himself to feel too confident that all would go on well, but should watch the case just as carefully as after more serious operations, and be prepared promptly to interfere should indications of inflammation of the globe ensue. He had in one case known the globe to suppurate, proving that the operation was not so entirely devoid of danger as might be supposed.

### EMPLOYMENT OF SUGAR IN THE DYSCRASIA ATTENDING BRONZED SKIN.

Dr. Todd, in a case of bronzing of the skin, now under his treatment in King's College Hospital, has ordered the free dietetic employment of sugar. The patient, a woman, is believed to have derived considerable benefit from it in relief

to the malaise and debility from which she suffered. The theory of the treatment is, we believe, based on the belief, founded on analysis of the blood, that the sugar-making function of the liver is interfered with by the disease. The suggestion is certainly well worth a trial, since the treatment can at any rate do no injury.

#### LARGE MALIGNANT TUMOUR IN THE ABDOMEN —DIFFICULT DIAGNOSIS.

An autopsy was performed the other day on a patient who had died, under Dr. Ramskill's care, in the Metropolitan Free Hospital, which illustrated remarkably the difficulty of forming a correct diagnosis respecting certain abdominal tumours. An elderly woman had suffered for nearly a year from a tumour, which she attributed to a blow on the epigastrium. At the time of her admission it was very large, and distended the upper half of the abdomen. The percussion note was dull from the thorax downwards to a level of about a handsbreadth below the navel, where the tumour ended in an irregular nodose border. In the left side and lumbar region it was very prominent, and distinctly fluctuating. In all other parts it appeared solid. At first the liver only was suspected as its seat; but the discovery that the transverse colon, empty and contracted, crossed over its surface, altered this opinion, and led to the belief that there must be a large secondary growth from the lumbar glands or spine. The functions of the stomach and intestines were remarkably little interfered with, considering their very altered positions. At the autopsy the growth proved to be an enormous mass of medullary cancer developed from the lumbar glands. The liver was healthy and small, but pushed upwards by the tumour, with which it was in close apposition. The stomach was quite empty, and compressed by the growth upwards and backwards. There was thus no space between the tumour and the liver over which the percussion note could have been clear, and hence the impossibility of ascertaining that the liver itself was not involved.

#### TREATMENT OF ECZEMA ON THE EARS OR SCALP.

Mr. Startin is accustomed to teach, as a practical rule in the treatment of eczematous eruptions when located on the scalp or ears, that arsenic is always indicated. This, he states, has been the result of his experience, both in private and at the Hospital for Diseases of the Skin. The same remedy is required, whether the patient be old or young, but in some cases in young children, it may be desirable to combine the iodide of potassium with it.

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## Medical Times & Gazette.

SATURDAY, JANUARY 23.

#### PROSTITUTION.

In two recent articles we called the attention of our readers to the subject of Prostitution. We asked our Professional brethren to consider whether something might not be done by them towards diminishing the evils which are being infused into the minds and bodies of the people through this large source of corruption; whether the legitimate influence which they exercise over society might not be turned to

good account in this respect. We will now endeavour to point out how the evil may best be encountered, and how most effectually stayed or diminished.

No remedy, it is certain, will act effectively upon this social malady which does not tell directly upon the causes which produce it. The roots of the poisoned tree must be destroyed, if the vigour of its growth is to be arrested. A knowledge of the causes, therefore, will indicate the proper remedial agent. Now, a calm investigation of the causes of Prostitution naturally leads the inquirer in this sense to the conclusion that the vice must be operated against through three different agencies—through the individual, through society, and through the civil power.

We will therefore consider how each of these forces may be brought to bear against prostitution; and what are the duties which appear to appertain especially to each of them in this respect. And firstly, as regards the individual, we may observe, that of the many causes of the vice, there is one pre-eminent in force and constant in action, and this is, the uncontrolled gratifying of his illicit passions by man at any cost. This is what has been well called, the "major force of prostitution." It is the head and front of the offence, *fons et origo mali*.

Its consideration brings home to the heart and mind of every thinking person the duty which devolves upon him of restraining by precept and example, and as far as his individual action reaches, those wild and uncultivated desires of mankind—this reckless profligacy of the age. Every one of us may here bear a part. Youth itself should be better instructed. There must indeed be something radically defective in a system of education which throws young men upon the world utterly unprepared to struggle with this fever of the passions, and which indeed completely ignores their existence. It should be remembered that these passions are necessary parts of man's perfect nature, and that when disciplined they bring great happiness upon him, but misery when left to rage uncontrolled. Youth is taught the beauty of virtue, and the deformity of vice in the abstract; but, as Mr. Acton truly asks, What sort of armour is this to shield him against the temptations of lust which surround his steps, and, syren-like, beckon him on to sin, when he comes forth into the world, his own guide and monitor? Those who propose a "physico-moral" instruction for youth will of course be met with the objection, that great difficulties surround its administration; but it is certain that by prudence and due care such difficulties may be overcome. At all events we may fairly try the experiment, it being manifest that our present system is, in this respect, a complete failure.

Who, again, is so well fitted as the Physician to explain the untruthfulness of the reasoning, so often urged by individuals in palliation of fornication, that the passion which leads to the act is implanted in him by nature, and that its gratification is, therefore, permissible and necessary? He will tell the bad reasoner that this illicit gratification of the passion, so far from assuaging, only whets the appetite for further excesses; and that every man, through the means of mental and bodily gymnastics, has in his own power the cure for inordinate excitement. What sin, indeed, might not find its justification in such argument as this? And on this head we must appeal to the conscience of those of our brethren who recommend to their patients, on particular occasions, the commission of the act as a remedial agent. Such advice is, in our opinion, wholly unjustifiable; and we are convinced that a full consideration of the subject will demonstrate the gravity of the error to every candid mind. If followed, its beneficial effects, in the sense inferred, are very problematical; but its evil consequences are great and certain. It aggravates prostitution. It initiates, authoritatively, the individual into

sin, perhaps leads him into the first step of the *facilis descensus*, which leads to the depths of degradation, moral and physical. And the woman, too,—of whom it makes a mere vessel fitted only for pollution, to be turned to use just as a brute material agent,—why is she to be sacrificed, soul and body, for the supposed temporary gain of another, and her moral existence totally ignored? How can any right-thinking man reconcile to his conscience the giving of advice which leads to such results as these?

Individuals estimate this vice much too lightly. Immense encouragement, again, is given to the practice of it through the light and easy manner in which men converse upon it in social life. The jesting language on the subject which falls from their seniors upon the ears of young men just entering into the world, naturally brings them to look upon this illicit traffic as one of the common and ordinary affairs of life, in which every gentleman may indulge. Such conversation paves the way to sinning for the uninitiated, and confirms those who are already engaged in the error. It is a direct encouragement of Prostitution, and as such should be met on all occasions with reprobation, and be scouted from decent life as dishonest and intolerable.

The study of the history of Prostitution has forced the conviction upon us, that the main battle against it must be fought out in the heart of man himself. Men cannot be dragooned into virtue by Government. Every individual must put his shoulder to the wheel, and not idle his time in belling upon Jupiter to interfere. So long as men let their passions rage uncurbed, so long will Prostitution spread its upas branches through the heart of society. The ill-regulated passions of the individual are the "major cause of Prostitution," and necessarily, therefore, their due regulation will be the major force that must operate in the diminishing of the evil. The great work of regeneration must be done in the breast of the individual; and there is not one of us who may not here labour with an assurance of reward.

Next let us consider what is the duty of society as regards Prostitution. We have before seen that society indirectly encourages the vice, through a negligence in the performance of some of its duties. It permits innumerable habitations to exist in this city where boys and girls are, from their earliest days, modelled and fashioned to a life of thieving and prostitution. Prostitution, under such conditions, becomes, for the female, a logical necessity. The penalty of her guilt lies at the door of society, which knowing, performs not, its duties. Society again does not give a fitting help to those of the female sex who live by the needle, and who are frequently driven to the crime under the pressure of want and misery. Nor does it visit with its heavy judgment the villany of the seducer, who is ever ready to entice and precipitate the unfortunate victim, so urged to sin, to her fall. Men have yet to learn the true import of the word Prostitution—the human misery involved in the term. Not until they have done so will seduction be branded as a crime, and the seducer expelled from society, as one would drive a slaveholder from his domestic hearth. Society, also, indirectly fosters Prostitution by preventing marriages; it has established certain artificial necessities as indispensable to married life, and has decreed that he who cannot attain unto them shall not marry. How long will men submit to this wicked slavery of fashion?

What part society then should take in this work is clearly enough shown from these facts. To use the words of Mr. Acton as a summary: "The most obvious checks upon the supply (of Prostitution) in the power of society are—a modification of the restraints now imposed upon lawful wedlock among the educated classes, and a graver treatment of seducers and deserters of women. The measures which the

State should adopt in the same direction are—the punishment of seducers; continued improvements in the dwellings of the poor, higher education of poor females, and larger encouragement of emigration."

Thirdly, we have to consider, what are the duties of the Civil Power, as guardians of the public morals, in face of Prostitution. This is a very important question, but one which, in our opinion, is capable of receiving a very definite answer. In the first place, we may observe, that any State-interference with Prostitution, any special regulating of the vice by the Government, such as is practised by so many of the Continental powers, is not for one moment to be thought of as applicable in this country. The free spirit of the people, their inborn love of personal liberty, and the moral sense of the country, are entirely opposed to such interference. Nor do we see anything to regret in the fact. External decency may, perhaps, be better served thereby; but the vice itself is left to work its evil ways in secret.

Whatever may be the result of State interference in lessening the physical evils which are associated with Prostitution, it is difficult to believe that even in those countries where this interference is carried out with all the rigour of an organized Bureaucracy it lessens the amount of the vice. In Paris, for example, there are about 4000 registered prostitutes; but those engaged in what M. Parent Duchatelet calls clandestine debauchery are estimated at about eight or ten times that number. Now clandestine debauchery, he tells us, is of far more importance than public prostitution; "through it innocence is perverted and corrupted, it braves and paralyses authority, and propagates with impunity the most fearful contagion and the highest immorality."—Duchatelet, vol. i. p. 471, 3rd ed. In Austria again, and in Rome, where the Government is even still more straightlaced—where the existence of Prostitution is utterly ignored, and the prostitute treated as a criminal—we find that an enormous amount of the vice lies festering beneath the surface. It is the tale of the whitened sepulchre all over again—the affecting a virtue without the having of it. What Mr. Wilde calls "the disgusting exhibitions witnessed in the capitals of Great Britain are not permitted by the Austrian force; but notwithstanding the apparent moral condition of the City after night-fall, which must at once strike a foreigner, I am much inclined to think that the public exhibition of vice is often a test of private morality; as instances pro and con, I might adduce the cities of Rome and Vienna on the one hand, and Dublin on the other." Of the godly city of Munich, also, where public women and tobacco-smokers are not permitted in the streets, Mr. Wilde records, that in the year 1838 the number of illegitimate children born in it exceeded the legitimate by 270. In Vienna the proportion is only a little less than one illegitimate to two legitimate children.

We shall on a future opportunity show that our Legislature has already very properly placed in the hand of the civil magistrate powers sufficient to enable him to repress all outrages against public decorum which may arise through Prostitution—that the magistrate, in fact, at this moment possesses greater powers than he cares to exert, through fear of touching unfairly the liberty of the subject—and that he will undoubtedly exercise his authority and power more efficaciously than he has hitherto done, if called upon so to do by the voice of public opinion.

#### THE WEEK.

An epidemic of influenza has for some time past been very prevalent in Paris. At the same time cases of croup have become far more frequent than usual, not a day passing without tracheotomy being performed once or twice at the Hô-

*pital des Enfants.* A very unfortunate accident recently occurred there to M. Guérant in practising this operation. Notwithstanding his well-known dexterity, he made the incision into the trachea much too small, so that the canula could not be introduced in repeated attempts. While he was endeavouring to enlarge the aperture the little patient expired.

Dr. Thomson has mentioned an interesting fact respecting the prevalence of catarrh in London. In his last report on the health of Marylebone he says that, "in the highest and best ventilated parts of the parish, colds are less frequent than in the lower and more densely populated districts. In Portland-town the proportion of bronchitis and catarrh to the whole sickness was 9 per cent. during November, and about 8 per cent. in December; while in Lisson-grove, the ratio was 17 per cent. in November, and 9 per cent. in December; in the neighbourhood of Welbeck-street the proportion was 25 per cent. in November, and in December 28 per cent."

We have received some further information upon the results of the Poor-law investigation in the case of Mr. Symes, of Bridgewater, to which we alluded in our Number of January 9. According to our present impressions that gentleman has been very hardly used, and the hardship of his case is not diminished by the alleged fact that some of his Medical colleagues, practising in the same town with himself, are among his persecutors. We are now informed that the Poor-law Board have forwarded to Mr. Symes a letter requesting him to resign his situation, but upon what grounds this request has been made we are unable to understand. As is usual in such cases, a candidate has already started for the expected vacancy, but we do not publish his name, as we hope that he will see the propriety of withdrawing from so disreputable a course as endeavouring to supplant a professional brother, who has been made the victim of unjust representations. The candidate in question is said to be a relative of another Medical gentleman, who distinguished himself in the late proceedings by his hostility to Mr. Symes. We understand that Mr. Symes has refused to resign, and that he demands a further investigation of his case, or a positive dismissal. Public opinion, we learn, is strongly in his favour; and we believe that he has the goodwill of nearly every Medical man in Bridgewater, besides the unanimous voice of the inhabitants, both rich and poor, in that town. As we have before stated, it seems to us that the charges made against him were of the most trumpery description, and such as could not have been sustained for a moment in any court of justice in the empire; and unless we receive more evidence than that which has already been published, we can find no reason for altering our opinion of the conduct of the Bridgewater Guardians, and of the very one-sided course taken by the Assistant Poor-law Commissioner.

Those who are acquainted with the weekly report of the "Rise and Decline of Disease in the Metropolis," prepared by the Association of Medical Officers of Health, and published by the Board of Health, will be surprised to hear that the members of the latter body have declined to continue the publication of the Report. The reason assigned for the sudden discontinuance of this valuable publication is the expense. We hope that public expostulation will be in time to stop this suicidal step. Almost the only thing the Board of Health has done of value in relation to the health of the metropolis is the publication of these laboriously compiled statistics of the actual state of disease in London. A weekly return of the occurrence of disease in

connexion with the meteorology of the period is very important, as it will probably prove to be a much more accurate means of ascertaining the relation between disease and climate than the registration of death. Death frequently occurs long subsequently to the action of the causes producing the fatal disease; hence the importance, in a sanitary point of view, of these weekly reports of the occurrence of disease. We cannot imagine a more thoughtless proceeding than calling into action a powerful organization for the purpose of effecting an acknowledged good, and at the moment when the good was about to be attained to crush the means by which it could be realized. It would have been better for the Medical Officers of Health to have depended on their own unaided efforts than have depended on such a broken reed as the Government support has turned out to be. If the tottering Board of Health expects to curry favour with the House of Commons by such economy as this, we think they will find themselves mistaken. They ought well to have considered the question of the publication of this report at the beginning. They knew what its expense would be, and if worth the money at first, it certainly is now, after each week's successive improvement in the variety and number of its details. On looking over these reports we feel that they are far from perfect; but imperfect as they are, there is not existing anywhere a body of information on the prevalent diseases in so large a community as that which they furnish. Had they been continued, then, and improved gradually, they would have formed a no less valuable contribution to the science of Vital Statistics than the Registrar-General's reports. Nothing could be a better commentary on the feebleness of the Board of Health and its managers than the fast-and-loose manner in which they have treated the Association of Medical Officers of Health in this subject. But we hope that something may yet be done to save us the almost national disgrace of not carrying out this valuable project. Every one is interested in a knowledge of the laws of health and disease, if not in the health of London; and we hope yet to hear that this publication, so necessary to the efficient action of the Medical Officers of Health, will be continued. If the Government refuses its aid, would it not be within the scope of the function of the Metropolitan Board of Works to assist the Officers of Health?

The Birmingham controversy is taking a more amicable turn. It is proposed as a means of settlement that Mr. West shall be appointed Surgeon to Queen's Hospital as well as Mr. Gamgee. The only difficulty which attends this plan, is the settlement of the point who is to be the Senior Surgeon. Forseeing this difficulty Mr. Gamgee has written to the Principal of the Queen's College proposing that the question should be settled "after full and impartial consideration of professional claims—scientific and practical—as considered by academical career, public positions held, original investigations conducted, and works published." He adds,—"Lest it should be thought that circumstances might in the proposed basis of arrangement for the senior position be at present unduly in my favour, I suggest that the point be left unsettled for six or twelve months, then to be decided by the Council of Queen's College or by arbiters appointed by it; such decision or arbitration to be final." We trust some such arrangement as this may put an end to this unfortunate affair.

The event of the week is the inaugural meeting of the New Sydenham Society, which took place on Monday. Dr. Williams was in the Chair, and the various resolutions constituting the Society, defining its objects, accepting the laws proposed by the Provisional Committee, appointing the officers, etc.,

were proposed and seconded by Dr. Watson, Dr. Hodgkin, Dr. Budd, Dr. Quain, Dr. Peacock, Dr. Gull, Dr. G. Johnson, Dr. Sieveking, Mr. Erichsen, Mr. Solly, Mr. S. Smith, Mr. Spencer Wells, etc. It appeared that 246 members had already joined the Society. From this fact, from the cordial feeling which prevailed at the meeting on Monday, and from the approval expressed in numerous letters from the provinces, we augur a brilliant career to the New Society. The list of officers will be found in another column.

A reply to Dr. Rigby's letter in our last number on the Ventilation and Mortality at the General Lying-in Hospital, will be found in another column from Mr. Robinson, a Member of the Committee. Dr. Odling's letter to the Committee has also been placed at our disposal, and we extract the following passages, which completely bear out the statements we made in our first notice of the subject:—

"In the following years it is, I believe, admitted by both parties that systematic ventilation was not practised:—

Years.	Deliveries.	Deaths.	Years.	Deliveries.	Deaths.
1837	197	3	From April, 1850....	157	0
1838	76	20	— 1851....	192	7
1839	197	7	— 1852....	216	8
1840	213	15	— 1853....	234	7
1841	119	16	— 1854....	272	10
			To May, 1855....	87	3
	802	61		1,158	30

"In the first five years we have 802 deliveries and 61 deaths, or 7·605 per cent.; in the second five years we have 1158 deliveries and 30 deaths, or 2·590 per cent.; and in the two periods taken together we have 1960 (802 + 1158) deliveries, and 91 (61 + 30) deaths, or 4·642 per cent.

"In the following years it is, I believe, admitted by both parties that systematic ventilation was efficiently practised:—

Years.	Deliveries.	Deaths.
From April, 1842	138	0
— 1844	179	0
— 1845	187	1
— 1846	221	0
— 1847	274	2
— 1848	320	1
— 1849	278	4
To April, 1850	64	0
	1,661	8

"In this period of seven years we have 1661 deliveries and 8 deaths, or 0·481 per cent.—a rate five times less than that of the period 1850-55, and  $9\frac{1}{2}$  times less than the mean of the two periods 1837-41 and 1850-55, in which systematic ventilation was not practised.

"It is, I believe, admitted by both parties that since May, 1855, the ventilation has not been carried on in such a definite manner as to allow of any results being deduced one way or the other.

"From April, 1842, to April, 1843, there were 219 deliveries and 19 deaths. You contend that this period should be included among the ventilation years, inasmuch as the ventilation arrangements were at that time completed. Dr. Rigby contends that this period should be included among the non-ventilation years, inasmuch as by the misuse of the apparatus, and the constant closure of the valves, all ventilation was effectually prevented. Seeing that your evidence is of a negative kind, and that Dr. Rigby's is of a positive kind—seeing, moreover, that his objections were made at the time of the occurrence, that he then made a written report to the governors on the subject, and that a circumstantial account of the difficulties he then encountered is on record in minutes of evidence before a committee of the House of Lords in 1844, I think that his views on this point should not altogether be disregarded; but even including this disputed period among the efficient ventilation years we arrive at the following result—that 1,880 (1,661 + 219) deliveries furnish 27 (8 + 19) deaths, or 1·436 per cent., whereas we have found in the non-ventilation years a death rate of 4·642 per cent.

"I fully believe with you in the influences of bad drainage, epidemic outbreak, and illegitimate pregnancy; nay, that with such conditions and good ventilation we may have a higher death rate than with imperfect ventilation in the absence of such conditions; but the point I wish respectfully to impress upon your attention—the point which you do not seem clearly to recognise—is that for seven years coincidentally with efficient ventilation, there was an extraordinary low death rate, and that the change from ventilation to non-ventilation was in a few months' time followed by an increase of mortality."

While we are wasting the sewage of London and polluting our river by it, it may be well to see how they manage matters in China. If the Chinese might imitate our "domestic arrangements" with advantage, we may certainly learn a lesson from their use of human ordure in agriculture, as described in the following extract from a letter of the *Times'* correspondent:—

"Stable-yard manure is scant. Nor is it much coveted. Human ordure is, in a Chinaman's opinion, the only perfect fertilizer. This is collected with the most oppressive care. In the cities and in the neighbourhood of cities enormous dark open earthenware pans offend the senses at every town, poisoning the air, inviting, and too often receiving, the contributions of the passers-by. The privilege of collection is sold for a large price, and the Cantonese have a proverb that a fortune every day passes in that form out of their gates. In the suburbs every cottage has its open earthenware cess-pool. In the country every house has its public latrine, ostentatiously placed with its open doorless entrance to the public path. In these temples the Chinese worship with a deliberate solemnity which savours of the ostentatious performance of a religious rite. The numbers and suffocating effluvia of these opposition manure-traps are to an Englishman a never-ceasing horror. They constitute his first and his last impression of the country. Like everything else in China, the favour awarded by law and custom to the collection of manure is used as a contrivance for extortion. This manure is sprinkled over the plant. It is too precious to be worked into the ground. The straw and the burnt halm of the cotton-plant are returned to the soil—that is all. The Chinese transplant every root of rice by hand, just as we should transplant young trees, and each has its little blessing of liquid manure as it is sown."

The competitive examination for Assistant-Surgeons in the East India Company's Service terminated last Saturday. There were thirty-seven candidates. Three of these gentlemen retired on the first day. Appointments have been obtained by fifteen. Dr. Walshe has examined in Medicine during the temporary retirement of Dr. Parkes. We will publish a copy of the questions and a list of the successful candidates in an early number.

## REVIEWS.

*De la Cause immédiate et du Traitement spécifique de la Phthisie Pulmonaire et des Maladies Tuberculeuses.* Par J. FRANCIS CHURCHILL, D.M.P. Pp. 255. Paris. 1858.

*On the Immediate Cause and the Specific Treatment of Pulmonary Phthisis and of Tuberculous Diseases.* By J. FRANCIS CHURCHILL.

DURING the last summer it may be recollected that a proposition was made to the Governors of the Brompton Hospital for Consumption by Dr. Churchill, to treat the patients of that institution by a secret remedy; but this proposition was, as we think very properly, declined. We pointed out at the time the impropriety of subjecting the patients of any charitable institution to any such ordeal; and it soon became known that the remedy employed was phosphorus in a low state of oxidation. It was then stated that Dr. Churchill had drawn up his cases and his conclusions in the form of a memoir, which he had presented to the Imperial Academy of

Medicine in Paris. This memoir constitutes the great bulk of the volume now before us.

Dr. Churchill explains that his reasons for publishing his memoir at this early period, before the Academy has made any report upon its merits, are the uncertainty which exists of any official decision being pronounced, owing to the present state of Medical science, the prejudices which exist on the subject of therapeutical questions, and the necessity of making known to the world the chief features of the proposed treatment, which has already encountered much opposition. It appears that Dr. Churchill, having experienced great difficulties in obtaining a trial of his plan in the Parisian hospitals, at last succeeded in gaining the co-operation of M. Bernard, of the Hospital of La Charité, who allowed some of his patients to be treated by the hypophosphites; but the course of the experiments was arrested by orders from the Administration which prohibited the further use of the remedy. Leaving Paris, Dr. Churchill visited London, and made the unsuccessful proposition to which we have before alluded, to the Hospital at Brompton. In his preface he blames not only the Governors of that Hospital for refusing to acquiesce in his views, but he also complains very bitterly of the English Medical press, although, as it appears to us, without any just grounds. We ourselves blamed Dr. Churchill for proposing to employ a *secret* remedy; but when the nature of his treatment was made known, we offered no objection to its employment, although it was mentioned that it was not new or original. However, Dr. Churchill being disgusted with England and the English Medical press, returned to Paris, and presented his memoir to the Academy, where it now remains, the members of the Academy having not yet offered any opinion upon the views which it advocates.

Dr. Churchill's theory of phthisis and of the tuberculous diathesis in general, is that it consists in a diminution in the economy of phosphorus in the oxygenable state, and that the specific remedy for this disease, therefore, consists in a preparation of phosphorus, which presents the double character of being immediately capable of absorption or assimilation, and which is, at the same time, at the lowest possible grade of oxidation. The hypophosphites of soda and lime are said to be the preparations which best fulfil these two conditions, this medication having an immediate action upon the tuberculous diathesis, properly so called, and causing the disappearance, with wonderful rapidity, of all the symptoms which result from it. When the morbid deposit, which is at once the special result and the pathological character of the dyscrasia, is recent; when the softening has only commenced, and is not proceeding too rapidly, the tubercles are absorbed, and disappear without leaving any nosological traces. When the deposit is of a more ancient date, and when the softening has somewhat advanced, it sometimes continues in spite of the treatment, and the result of the disease depends upon the anatomical state of the lesion and, above all, on its extent, and on the presence or absence of complications. The hypophosphites are said to have a double action upon the economy, for, on the one hand, they immediately augment the principle, whatever it may be, which constitutes nervous power; and, on the other, they are hæmatogenous agents of a marked character, and superior to all other medicines which are known to us.

The cases which have been submitted to this treatment were thirty-five in number; out of these, nine were completely cured, eleven experienced a great improvement, and fourteen died; one being still under treatment.

Whatever may be thought of these results, we can only remark that Dr. Churchill's reasonings are entirely hypothetical. Whether the treatment he proposes be really efficacious in the cure of tuberculous diseases time and experience can alone decide; and whatever prejudices may be supposed to exist against the trial of his remedy, we certainly entertain none, so long as it is not shrouded in the veil of secrecy, but fairly laid before the Profession.

*On Dislocations and Fractures.* By JOSEPH MACLISE, F.R.C.S. Fasciculus I. London: 1858.

THIS fasciculus contains four plates, in imperial folio, uniform with the Surgical Anatomy of the same author. Mr. MacLise proposes to proceed on a plan which must prove highly acceptable to the practical surgeon. He illustrates the mechanism of the healthy joints, in order to show by

contrast the derangements resulting from dislocations and fractures. He illustrates the various dislocations of each joint, not only with reference to the normal condition of the articular parts, but of the muscles which modify the dislocating force. The ligaments, as safeguards against dislocation, and the blood-vessels and nerves as involved in the accidents, are also illustrated.

It is really surprising that four large well-executed engravings can be supplied for the low price of five shillings, and it is equally clear that nothing but a large sale can make such a work at such a price remunerative either to author or publisher. Complaints are made of the dearth of Medical books, and often with justice; but in this case Mr. MacLise and Mr. Churchill have combined to produce a specimen of cheap Medical literature which is highly creditable to them both.

*Notes on the Cholera at Varna, in 1854, and more especially in Her Majesty's Ship "Agamemnon" in the Black Sea, between the 1st August, 1854, and 8th September, 1855.* By GEORGE MACKAY, M.D., late Surgeon of Her Majesty's Ships Bellephophon and Agamemnon. Pp. 43. Edinburgh: 1857.

It will be recollected that during the Crimean war, the ship Agamemnon was actively engaged in the Black Sea, in surveying the coasts and harbours, in aiding and directing the embarkation of troops and stores from Varna, in assisting the hostile invading army in the battle of the Alma, and afterwards taking part in the siege of Sebastopol. It will also be recollected that during that eventful period the horrors of war were aggravated by the outbreak of disease, which in the form of cholera first appeared at Varna, and afterwards raged in the ships composing the fleet of the allied squadrons. The present pamphlet contains a concise history of the origin and progress of the disease, from notes taken by Dr. Mackay while he was actively engaged as a Naval Surgeon, and it will be read with interest by all who desire to gain information on one of the most striking episodes of the operations in the Black Sea. Dr. Mackay is a contagionist, and he attributes the outbreak of the disease to infection from the French troops arriving from the south of France, where cholera had been raging previously to their embarkation. At page 610 of our last volume, there is a passage referring to the outbreak of Cholera in the Dobrudzsch, which confirms Dr. Mackay's opinion that the French troops carried the germs of the disease with them into that inhospitable region. "M. Baudens is certain that no cholera prevailed in the Dobrudzsch before the invasion of the French troops. Cases had already shown themselves in the Varna hospital, and these troops took the germs with them into only a too favourable soil." At p. 35 of the pamphlet before us, Dr. Mackay expresses his opinion that the outbreak in the Allied fleets at Baljik was due to the dispirited remnants of this expedition which had encamped on the heights overlooking Baljik. The treatment of this fatal malady appears to have been as unsuccessful in the ships of the allied powers as it was elsewhere, the greater part of the cases having terminated fatally. Dr. Mackay, however, is inclined to believe that calomel produces more beneficial effects than any other medicine. He gave it in scruple, ten grain, five grain, and two grain doses, sometimes alone, and sometimes combined with opiates. Another important measure was friction of the whole body, especially of the parts attacked by spasm, performed by strong muscular men, and continued until some degree of warmth was restored to the surface. These "Notes" will add to the high reputation Dr. Mackay has attained in his own service.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### ON INVOLUNTARY SEMINAL EMISSIONS.

By Dr. DICENTA.

Dr. Dicenta states, that for several years he has made this subject one of especial study. It is a well-known fact, he observes, that the bulk of persons liable to seminal emissions become the victims of fleeing quacks, while those of them



who resort to regular practitioners frequently meet with no correct appreciation of their case, or satisfactory treatment. The comparative rarity with which these affections come under the notice of individual practitioners, and the necessity of solid practical experience for the effectual management of a complaint exhibiting so many varieties and such obstinacy, sufficiently explain why this is the case. Sometimes the account given of themselves by these patients is very defective, and important points may be omitted unless they are questioned and examined by one who has full practical acquaintance with the matter. There is a general prejudice prevailing that these persons are hypochondriacs, and that their sufferings are mere creatures of the imagination; but the author, although commencing practice under the influence of this idea, has not found it confirmed. Patients suffering anxiously are frequent enough, but hypochondriacs, in the proper sense of the word, are seldom met with. The literature of the subject is barren, if we except a vast number of popular writings, which only feed the patient's anxiety. Individual opinions, derived from ill-understood or misinterpreted facts, take the place of a well-assured experience; and the disturbances of the functions of the organs of generation has become the arena for the exhibition of more adventurous proceedings than any other portion of human pathology. How it must fare with the therapeutics may be judged of from such a condition of the pathology of the organs in question—blind empiricism, barrenness, and uncertainty being the general characteristics.

**Physiological Preliminaries.**—It is well known that nocturnal involuntary emissions in many persons are physiological phenomena, analogous to the menstrual periods in women. A great number of unmarried men are liable to them in the midst of perfect health; but in others, though leading quite continent lives, they never make their appearance. The author has for a long period been engaged in investigations upon this subject. For the sake of comparison with the pathological conditions that result from such emissions, he here communicates the results derived from the questioning of 203 individuals, who have not sought medical assistance on account of these emissions, and whose statements can be implicitly relied upon. In the following account he understands by the word "rare," intervals of months in duration, by "not rare," intervals of three to four weeks, (the usually admitted normal frequency) by "frequent" intervals of eight to fourteen days, and by "very frequent," intervals of only three or four days. Distributing these persons according to their ages, we have the following results:—

a. From the age of 15 to 19, there were 44 persons questioned, and of these 13 had, and 31 had not, nocturnal emissions. Of the 13, in 4 the emissions were rare, in 5 not rare, and very frequent in 1; and in 4 there was constitutional reaction. b. From the age of 20 to 29 there were 96 individuals, 58 having and 38 not having the emissions. These were rare in 38, not rare in 16, and very frequent in 4—constitutional effects being observed in 22. c. Between the ages of 30 and 39, 43 persons, 24 with and 19 without emissions; these being rare in 16, not rare in 5, frequent in 1, and very frequent in 2, constitutional symptoms occurring in 5. d. From the age of 40 to 49, there were 13 individuals, 7 with and 6 without emissions, these being rare in 4, not rare in 3, and 3 with constitutional influence. e. Between 50 and 61, 7 persons, 3 having and 4 not having emissions, and these being rare in 2, and very frequent and with constitutional influence in 1.

Thus, among the 203 persons in question, there were 105 who exhibited nocturnal emissions and 98 who did not. Of these, in 34, or about a third, there had been symptoms of constitutional influence. These consisted in a feeling of debility, weakness in the legs, giddiness, pains in the head and in various parts, tremors, muscular cramps, nausea, sweating, defective vision, chronic exanthemata of the scrotum, etc. In 71 persons the emissions produced no effect upon the general system. Among the 105 persons the emissions were rare in 67, not rare in 29, frequent in 1, and very frequent in 8. The constitution was feeble in 6 persons, and normal in 197. Experience shows that the general constitutional condition exerts far less influence upon the exercise of the genital functions than does the condition of the genital organs themselves. Small, ill-developed genitals, a small penis covered with the prepuce, and a deficiency of pubic hair, generally betoken a slight degree of development of sexual life.

In 14 of these cases the genital organs were feebly developed,—the author regarding a pendulous scrotum as a frequent sign of such feebleness, although in other persons this is met with without any external sign of its existence. Of the 203 persons, 106 admitted that they had had recent cohabitation with varying frequency. In 64 of these the nocturnal emissions occurred (rare in 51, not rare in 8, frequent in 3, and very frequent in 2), and in 42 they did not occur. It results from these figures that involuntary nocturnal emissions occur oftener in those who resort to coition than is generally supposed. The ejaculations which take place in the unmarried state do not occur with sufficient regularity and frequency to displace involuntary emissions.

**Pathological observations.**—The distinguishing abnormal emissions from those which are consistent with health is not always easy; for what the indolent nature passes by unnoticed, the more sensitive may resort to Medical aid for. It is commonly stated, that when they occur but once within three or four weeks, they should be considered as a normal condition; but, according to the author's observation, a wider interval should be stated. This is not to be determined, indeed, by the interval alone, but by the condition of the health, and whether the emissions are preceded by dreams and erections, or are accompanied by regular coition.

The involuntary discharges may consist in either nocturnal or day emissions, and these last always constitute a pathological condition. From ample observation, the author is convinced that the emissions are frequently but the external sign of a congenital or hereditary diseased disposition of the ejaculatory apparatus. In different persons this abnormal disposition exists in very different degrees. Masturbation may be continued in some persons for years without any ill effects resulting, while in others a few months suffice to exhibit its ill consequences under various forms. In some persons night pollutions have continued so long and so abundantly, that we are surprised that they have not passed into day emissions, while in others they also rapidly become associated.

The pathological portion of this essay is founded upon 155 cases observed by the author, 131 of these occurring in the unmarried, 21 in the married, and 3 in widowers. The following is the distribution according to ages:—From 16 to 19, 16; from 20 to 29, 95; from 30 to 39, 32; and from 40 to 50, 12. The 28th year furnished the greatest number, viz. 16.

**Symptoms of Abnormal Emissions.** (a.) *Nocturnal Emissions.*

—These were met with in 140 of the 155 cases. In 100 of these the normal genital orgasm manifested itself in the form of dreams and erections, and in 61 there was no venereal orgasm.

(b.) *Day Emissions or Spermatorrhoea.*—These occurred in 33 instances from psychical or sexual excitement (as by the presence of women) of the genitals, generally with, but sometimes without, erections. In 25 they occurred, almost always without erections, during the passage of feces, especially when indurated. In 19 they succeeded the passage of urine. In 4 the discharges occurred without any exciting cause, and in 8 from different and varying causes. In 9 cases semen was unexpectedly found in the urine. In many cases the nocturnal emissions existed alone; but the day-emissions were usually accompanied by nocturnal ones, constituting an advanced degree of the latter affection. The different forms of day emission mentioned above were variously combined with each other and with the nocturnal emissions; and, indeed, any one form was seldom observed alone.

The diseased functional performances of the male sexual organs exerts a very manifold reflex action upon the general economy; and this action is much less dependent upon the nature and degree of the disturbance than upon certain innate dispositions, the vulnerability of the nervous system being the chief of these. The author exhibits the various local effects which abnormal seminal discharges exert upon the genito-urinary apparatus, and the general effects upon the various functions of the body, with great detail. For these we must refer the reader to the paper itself.

**Etiology.**—Abnormal seminal emissions are a disease of the young, occurring especially between the 20th and 21st year. The causes which give rise to it are very different, St. André enumerating as many as 21 occasional causes. In the author's view of the disease, two circumstances are necessary to its production, a peculiar innate disposition of the ejaculatory apparatus and occasional causes, which may be very different. Of these occasional causes onanism is the most frequent; but its influence differs much according to the

topical disposition of the ejaculatory apparatus. Various affections of the genito-urinary organs have been from time to time thought to play an important part in the production of this disease by Lallemand, St. André, Eisenmann, and others. In some cases these suppositions may be true, but the author's cases do not confirm this view. In his opinion it is a diseased condition, having its site in the muscular and contractile tissues of the ejaculatory apparatus. The proximate cause is an increased irritability of the reflex apparatus of the ejaculatory organs, and a diseased disposition of the muscular portion of these brought on by frequent repetition, whereby insignificant causes, which usually are without effect, give rise to ejaculation. The more this morbid disposition increases the less energetic does ejaculation become, as is well seen in spermatorrhœa. Among the 165 cases, masturbation was confessed to in 109, and in 69 there was a disposition to indulge in erotic mental representations.

*Treatment.*—This being a disease chronic and slow in its nature, we are to look for no rapid results from the employment of heroic remedies. A spontaneous recovery is far less to be reckoned upon than in the majority of other diseases. Our object is to restore the functional integrity of the affected part, and remove the disturbed conditions that have arisen. We have to deal with not only the various forms and degrees of the involuntary emissions, but also with the forms of incomplete exercise of the sexual function known by the name of *impotentia virilitis*. As in all other diseases our primary indication is to remove the cause. But, as a general rule, the occasional cause is no longer in operation; but years of mischievous influences have given rise to an anomalous condition, which is only susceptible of melioration by the gradual operation of well-adapted measures. For the realisation of this various means may be employed, less, indeed, depending upon the particular means in question than in their mode of employment, and in their judicious combination, succession, and continuance. To this end measures of a calming, composing, and strengthening character are those chiefly resorted to by the author. The constitutional symptoms are those which most readily yield to therapeutical agencies, while the local ones arising from the conditions of the genital organs are much more difficult to influence. Anomalous emissions, and their consequent evils, independently of their form and degree, present great differences in their amenability to treatment. Sometimes recovery takes place with surprising rapidity; but, as a general rule, their treatment is one of the most difficult tasks in practical medicine. The means to be employed are in part hygienic, in part medicinal, in part surgical, and in part psychical or moral. The author cannot agree with those who regard internal medicine in such cases as superfluous or useless. One favourable point for the treatment of this, as compared with other chronic diseases,—we know the source and origin of the mischief, and consequently the direction towards which therapeutical agencies should tend. On the other hand, for the attainment of a successful issue the most unwearied perseverance is demanded in bad cases from both patient and practitioner.—*Deutsche Klinik*, 1857, Nos. 2, 18, 19.

#### COMPLETE ABSENCE OF VAGINA AND UTERUS.

Dr. J. N. Warren related a remarkable instance of this to the Boston Medical Improvement Society. A woman, aged 25, was sent to him, supposed to have an occlusion of the vagina. She was well developed, 5 feet 2 or 3 inches in height, and had been married four years. She had never menstruated. On examination, there was found to be what at first seemed a very small vagina, that would only admit the little finger with much suffering, to which it imparted the sensation of passing through an old cicatrix. The breasts were well developed, the external organs were normal in appearance, and there was hair on the pubis. On further examination, during etherisation, the aperture corresponding to the vagina was found to lead to a cul de sac, and no urethra could be found. This aroused suspicion as to the nature of the case, and a catheter having been introduced into the aperture, urine at once flowed through it, showing that, in fact, the finger had only been passed into the dilated urethra. The finger having been re-introduced, and a finger of the other hand passed into the rectum, no traces of vagina or uterus could be found, while the forefinger of the hand in the rectum could be hooked, as it were, into the cul de sac of the peritonæum, and thus dragged down nearly to the anus. It was

evident that no surgical operation could be of any avail, but she was kept awhile in the hospital for observation during the next menstrual effort—this, according to the patient's account, occurring monthly, being announced by pains in the back lasting four or five days. In case any rudiment of the uterus existed, it was thought probable it would be manifested at that time. At the stated period the usual pains in the loins came on, but the most careful examination made by numerous physicians could not detect the slightest evidence of uterus, or of any pelvic or abdominal tumour, although the complete muscular relaxation from the ether allowed the finger to be forced high up into the pelvic cavity. The case is interesting from the fact that the patient presented perfect external development, accompanied with the usual sexual feelings. No vicarious discharge supplied the place of the menstrual secretion.—*Boston Journal*, vol. lvi. p. 297.

#### EXCERPTA MINORA.

*III Effect of Ferruginous Mineral Waters upon Lactation.*—M. Stanislas Martin observed at Chateaufort in Auvergne, that gallinaceous and ruminant animals were exceedingly fond of the ferruginous waters, but that these exerted the mischievous effect of drying up the milk of the cows. Wishing to see whether this effect extended to the human subject, he induced a young mother to make use of some of the strongest of these waters during several days; and the result was that if she had continued to drink them, all her milk would have disappeared. From this fact, among others, he cautions practitioners against prescribing ferruginous substances for nursing women, and when their employment seems clearly indicated.—*Bull. de Thérap.* Dec. p. 564.

*Shampooing in Sprain.*—This means of treating sprain, recently revived by M. Girard, is frequently had recourse to by M. Nélaton with complete and rapid success both in recent and old-standing sprain. A case recently presented itself, in which a man sprained his ankle while leaping. Cold water was immediately and continuously applied, but he remained unable to walk for three weeks, when he came under M. Nélaton's care. It having been ascertained to be an example of simple sprain, one of the *externes* slid his fingers under the feet, and having greased the two thumbs, pressed these with increasing force over the painful parts for about a quarter of an hour. In the course of the day the patient began to walk, and next day left the Hospital.—*Ibid.*

*Reduction of Hernia by Compression.*—In the employment of the taxis too much weight is sometimes laid upon the energy of the efforts and the violence exerted upon the herniated parts. A man, aged 54, was brought into M. Nélaton's wards, having a large irreducible inguinal hernia. Many attempts at reduction had been made without success, when M. Nélaton employed compression in the following manner: A strip of gutta-percha was placed over the upper part of the thighs, below the scrotum, and kept immovably in this position by means of bandages; a canvas bag filled with three or four pounds of sand was then applied over the tumour; this produced an uniform pressure, which was easily borne, and the mass diminished in size. The taxis was practised from time to time, until the whole was returned.—*Ibid.* p. 588.

*Oxide of Zinc in Profuse Sweating.*—Dr. Jackson has had repeated opportunity of confirming the utility of this substance in the nocturnal sweats of phthisis. He freely gave it whenever there was sweating enough to call for treatment without regard to the stage of the disease. Seven grains were generally (sometimes ten) given at bed-time, and if necessary the dose was repeated every few hours. He has also tried it with success in violent nocturnal sweating in intermittent fever, and in the sweating of acute rheumatism.—*Boston Journal*, vol. lvi. p. 294.

*Tartrate of Antimony in Colic.*—Dr. Puffer states, that having employed enemata of tartar emetic with good effect in several cases of rigid os uteri, he was induced to extend the same practice to a case of obstinate colic. About three grains were administered in eight ounces of sweetened water; and in about forty minutes the obstruction yielded without any apparent additional nausea or prostration, the patient rapidly recovering.—*Ibid.* vol. lvi. p. 326.

*Ergot of Rye in Phthisis.*—The Italian Practitioners continue to publish from time to time instances in which this substance has been used with great advantage, employed as recommended by Dr. Parola. Dr. Rossi now relates four

cases in which, after subduing inflammatory complications by antiphlogistics, he gave with success from 10 to 20 centigrammes per diem of the ethereal resinous extract of the ergot.

*Omodei's Annali*, vol. clxii. p. 216.

## FOREIGN CORRESPONDENCE.

### FRANCE.

PARIS, January 19, 1858.

In our sceptical age, we hardly take notice of assertions of practitioners concerning the therapeutical influence of new medicines. This may be right, but when the assertions come from respectable and intelligent men, we must at least take notice of what they say, and try the medicines. These considerations will explain our mentioning here the details of a paper of M. Ozanam, presented to the Académie des Sciences by Professor J. Cloquet. According to M. Ozanam the *Camomile* (*Anthemis nobilis*) has the power of stopping extensive suppurations, and, sometimes, preventing their appearance. The flowers of the plant are employed in an infusion of one-quarter to three-quarters of an ounce for one pound of water, to be drunk every day until the cure be complete. Besides, local applications of a strong infusion must be made on the suppurating surfaces. These applications are not essential, however, as without them the cure may be obtained.

M. Ozanam relates four cases, which certainly seem to prove the correctness of his views. The first is that of a man who had a very extensive erysipelatous inflammation of the face and head. Five abscesses had formed beneath the skin of the cranium, and almost the whole bony surface of the head was covered with pus. There was delirium and high fever. The infusion of *Camomile* was given, and after a few days, during which the suppuration went on increasing, it began to decrease, and after twenty days the patient was entirely cured. The other cases were as bad, if not worse than this one, and the patients were cured in from three to six weeks. If there is an increase of the suppuration in the beginning, in case that a very strong infusion has been given (one ounce a-day), the author says that the dose must be diminished.

A very interesting communication has been made to the Académie de Médecine, by M. Briquet, Physician of the *Charité* Hospital. The object of the paper is the nature and treatment of lead colic. What is the seat of the violent pain which then exists? Is it the digestive canal—the muscles of the abdomen—the diaphragm? Is the spinal cord affected, as Laennec and Barbier admitted? Is the pain purely neuralgic, as maintained by Andral and Grisolle? M. Briquet affirms, from researches made on forty-four patients, that the pain is in the muscles of the abdomen, sometimes in one, sometimes in many. He says also, that there is in some cases a real hyperæsthesia of the skin in the neighbourhood of the painful muscles. In some patients, however, the reverse exists: the skin is anæsthetic. He affirms that constipation has no influence whatever on the abdominal pain. He proposes in another paper to relate cases to prove that the application of galvanism to the painful muscles usually takes away the pain at once. We can assert that it is perfectly true that the pain may disappear immediately in cases of lead colic after one application of an electro-magnetic current.

M. Coulier has read a paper at the Académie de Médecine on some characters of blood-stains. He states that the presence of a colourless blood-corpuscle (white globule) may be of great importance, as it positively proves that the stain is from either blood or muco-pus. If the stain is red and of a uniform tint, and if besides fibrin be found with all its characters, then it can hardly be doubted that the stain is due to blood. M. Coulier, who is a very learned chemist and physiologist, seems, however, not to have been aware that Professor Jeffries Wyman, of Cambridge (U. S.) had already pointed out the value of the presence of colourless corpuscles in suspected blood-stains. Professor Wyman has insisted also on an interesting fact, which is that the red-corpuscles of the blood are much more easily altered by putrefaction and desiccation than the colourless or white corpuscles.

A young physiologist, M. Calliburçès, has announced to the Académie des Sciences that the application of heat on

the bowels and on the uterus of mammals produces in these organs very energetic movements. The contractions of the uterus may be powerful enough to expel one or two embryos.

Professor Bernard has shown to the Société de Biologie an interesting experiment. He applies galvanism to branches of nerves going to the sub-maxillary glands, and as a result, the secretion of saliva (as shown already by Ludwig) is increased, and, at the same time, the blood coming out by the veins of the gland, instead of being black as when the secretion is not active, is red. After the excitation has ceased the colour of the blood becomes black again.

Various means have been proposed against vomiting during pregnancy, in hysteria and other circumstances. Several French Physicians have lately tried with success in many cases some remedies either too neglected or quite new. During pregnancy vomiting has been stopped by the use of a potion of tincture of iodine (10 drops), iodide of potassium (10 grains), and 120 grammes (4 ounces) of water and syrup. This prescription has been employed by M. Becquerel. A physician of the south of France, M. Bacarisse, has made use of iodide of potassium alone, which he thinks to be more successful than tincture of iodine. Professor Buisson, of Montpellier, has tried three remedies: tincture of iodine with alcohol (a remedy much spoken of in Germany); iodide of potassium alone, and with tincture of iodine. With the first of these three medicines he has seen an increase of the vomiting; with the second, vomiting has hardly diminished; with the third it has completely ceased. He has made this trial three times. Dr. Martin Magron, of Paris, has employed successfully dry cupping on the spine, and in a case of obstinate hysterical vomiting he has succeeded at every fit in stopping the vomiting by this mode of treatment. In a case of paraplegia, with convulsive fits and vomiting, he has succeeded a great many times in stopping at the same time the vomiting and the fit, by cupping applied on the spine and slight bleeding.

## GENERAL CORRESPONDENCE.

### TREATMENT OF UTERINE HÆMORRHAGE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Not having seen the letter from Dr. Pretty, which called forth Dr. Ramsbotham's reply in the last number of your Journal, I am, perhaps, somewhat rash in venturing to add my testimony to that of the latter gentleman, against the propriety of administering opiates in all cases of exhaustion from puerperal hæmorrhage. If I rightly understand the point at issue, Dr. Pretty attributed the recovery of his patient to the stimulating effect of the drug: as, therefore, I consider such practice, if universally adopted, likely to produce most pernicious results, I have selected two cases that occurred to me during the past year, strikingly showing how opium may check the tonic contraction of the uterus, both in instances of ante- and post-partum hæmorrhage.

Case 1.—Mrs. J. H., aged 22; primipara; of slight frame and highly excitable temperament, was taken in labour, at the full period, on February 1. I was sent for about 3 a.m., the pains having commenced an hour previously; they were then slight, but soon increased, and a succession of violent expulsive efforts brought the child into the world at five o'clock, the placenta following almost immediately. Having bandaged her firmly, I was about to leave the room, when hearing a slight moan, I returned to the bed side, and found she had fainted. The bandage was instantly loosened, but the uterus was felt firmly contracted. While, however, stimulants were being administered by the nurse and husband, the organ, under my hand, completely gave way, and a copious gush took place; alternate contractions and relaxations occurred at short intervals during the next half hour, although constant pressure was maintained, and a full dose of ergot got down. The right hand was then introduced, some few coagula removed, and the left hand being applied externally, a firmer contraction was brought about by the compression thus exercised upon the uterine parietes. Ice, which from the severity of the weather, was easily procured, had been employed during the whole time. She had now somewhat rallied

though still fearfully low, and after waiting another half hour to see if flooding returned, I gave her a dose of Battley's solution with sulphuric ether. Instead of this allaying nervous irritation, and further reviving her, relaxation again took place within a few minutes of the draught being swallowed, and she hovered between life and death until nearly 1 p.m., when, after vomiting freely, she became quiet, and from that time gradually improved.

Nothing in this case sufficed but the constant grasping of the womb by the hand; a task in which of course I had to be repeatedly relieved; but I have no doubt the relapse would not have occurred if the anodyne had been withheld until more permanent contraction had been insured.

Case 2.—Mrs. J. B., aged 41, in the eighth month of her ninth pregnancy, was seized with faintness and shivering about noon.

Nov. 11.—I saw her at 7 p.m., when she expressed herself as feeling better; she was then sitting up, and complained only of a little backache; there was no discharge, and on examination the os was found to be closed. The uterus felt externally of full size, and rather hard; pulse weak, 65.

From her own account one of her previous labours had commenced prematurely in a similar way, and I was at first inclined to believe that her faintness was only a nervous symptom of incipient parturition. I therefore made her keep the recumbent posture, and administered a full dose of liq. opii sedat. and sp. æth. s. co., waiting to see the effect.

I had not long to wait, for on returning to the room in about ten minutes, I found her unconscious and pulseless. The womb now appeared softer and larger. Stimulants freely administered were almost instantly rejected, as was also a dose of ergot. I immediately proceeded to dilate the os uteri, which up to this period was closed, and having at length reached the membranes, punctured them with a sharp pointed probe, and allowed a considerable quantity of coloured liquor amnii to escape; the uterus now contracted, and the pulse slowly returned. A second dose of ergot, after a short interval, was kept down, and regular action came on in about half an hour afterwards, the child being born (dead) a little before 10.

The same pain expelled the placenta, and with it coagula large enough to fill a full-sized hand basin.

She again fainted, but was soon restored, and had no bad symptom. There were no after pains.

In this case, it appears evident that the opium had a most injurious effect in relaxing uterine fibre, at a moment when its tonicity proved a natural safeguard to further loss of blood from partial placental separation. Had I not been influenced by the patient's own opinion, and by the absence of any urgent symptoms to call for the induction of premature labour, I should certainly have hesitated longer before I administered it.

I am, &c.

Peckham, Jan. 6, 1858. JOHN S. GRIFFITH, F.R.C.S.

### THE ANATOMY ACT.

[To the Editor of the *Medical Times and Gazette.*]

SIR,—As one who has some years' experience in the working of dissecting rooms, I beg to thank you for your judicious remarks on the faulty working of the Anatomy Act, in the last number of your Journal. The subject is one which requires discussion, and I should hope that in the present advanced state of popular education those prejudices which were so powerful thirty years ago, will not be found to exist, and that the public generally will perceive the necessity which exists, and which had better be met fairly at once, lest we should return to the ancient horrors of Hare and Burke. A young and active inspector might do much, but in addition I would suggest the following as regards the act. Let the Inspector of Anatomy change his title to that of "Inspector of Burials" (which would be less offensive to the pauper mind), and let it be his duty to superintend the burial of all bodies, the relatives of which are themselves unable to afford the necessary cost. Let a clause in the act make the delivery of all such bodies, whether in Poor-house, Hospital, or Prison, compulsory, and not as at present, at the caprice of the several boards of guardians, who do not scruple to incur great expense in doing that which they had much better leave undone. It may be objected that this is hard upon the friends and relatives; but private interests must give way to

public good, and by far the greater number of the paupers have no real relatives or friends to follow them, even if they were allowed to do so. I would suggest that the Inspector of Burials should give a formal receipt for each body, which, if drawn up in a proper form, would go far to tranquillize the scruples of any sorrowing relative.

The inspector would thus have a large supply of bodies, which should be distributed among the Schools in the proportion of the number of students; and should the supply more than equal the demand (as it would possibly in the summer), let the surplus be buried in the ordinary way. This plan would relieve the several parishes of all their burials, and would place the whole thing in the hands of a Government officer, who would effectually prevent such disgraceful occurrences as those at Newington. It would be necessary that the parishes should contribute towards the expenses; and this could be easily arranged, as the sum would probably be considerably less than the cost of the funerals under the present system. The inspector would, of course, employ undertakers at a contract price, and would be enabled to supply the schools at a price considerably lower than at the present time; and the undertakers being thus the servants of the inspector would not be able to raise their price capriciously as at the present time.

If the several Lecturers and Demonstrators of Anatomy would join and pull together something might be done; but as long as one or two hold aloof things will continue in their present miserable condition.

I am, &c.

DEMONSTRATOR.

January 17, 1858.

### MR. SYME AND HIS COLLEAGUES.

[To the Editor of the *Medical Times and Gazette.*]

SIR,—The brief review in your journal of the 9th instant, of the correspondence and statements regarding the teaching of Clinical Medicine in the University of Edinburgh, by Professor Laycock, has evoked from Professor Syme a letter, published in your columns last week, which in my mind claims notice on one or two important points referred to by him.

Professor Syme represents Dr. Laycock as the *protégé* of Dr. Simpson. As a member of the Edinburgh Town Council at the period of Dr. Laycock's appointment, and one who took a deep interest in the election, and part in his nomination, and well acquainted with the professional proceedings on the occasion, I trust you will deem this communication not irrelevant to the present bearings of the question in dispute, nor unworthy a place in your periodical. Mr. Syme has an undoubted right to express his strongest convictions with reference to Dr. Christison, as a man of "the strictest honour, and the most unimpeachable integrity;" but I hold that he is neither entitled nor justified in conveying inferentially (what he does not hesitate to do) the imputation that Dr. Laycock does not possess those good qualities which he has assigned to another, and far less in insinuating that the public sympathises with his allegations regarding the truth of Dr. Laycock's statements.

Dr. Simpson is thus implicated by his alleged "*protectorate*" of such a Physician, and the town council still more so (who are the legal patrons of Dr. Laycock's chair), by the appointment of such a Professor, and my attention has been called chiefly to the latter aspect of the question by Mr. Syme's letter. Now I most solemnly affirm I never heard, during the whole course of the canvass, that Dr. Simpson had either directly or indirectly interfered with a single elector. Dr. Laycock was elected most honourably to himself, for he was an utter stranger, without a personal friend at the Municipal Board to support him, and in the most independent manner by the town council, who considered him the most eligible candidate solely on the ground of his professional testimonials, and that in defiance of an open and unrelaxed opposition, up to the last hour of the election, by a section of the Professors, who had arranged that the successor to Dr. Alison should be chosen out of their number, to the exclusion of all foreign competition. It is much to be regretted that Dr. Laycock, after his induction into office, should not have received from his quondam opponents that right hand of fellowship which he had every title to claim

and expect, and which they, in duty and honour, were equally bound to have bestowed—a fellowship which, if conscientiously tendered, would, I need hardly add, have prevented a recurrence “of those constant and bitter feuds” which you have referred to so justly as being “not less discreditable to the parties, than injurious to the University.”

With regard to the other important point referred to by Mr. Syme in his letter, viz. that “Dr. Christison’s letter was returned to him, in order that he might correct an error pointed out by himself,” I have received the most undoubted authority (although I am not at present a municipal representative), from several members of the College Committee, to which the whole proceedings of the Professors on the subject of clinical teaching were remitted for consideration, for stating that Dr. Christison’s letter was withdrawn at his own request, and that the Committee permitted him to do so, *simpliciter* and unconditionally, without any reference to retraction or correction. The Committee, after hearing at two meetings the explanations of all the Professors, unanimously came to the conclusion that Dr. Laycock’s conduct was most honourable throughout. Indeed, several of the members referred to unreservedly expressed their opinion to me that Dr. Laycock was perfectly right, and they thought that he had been very badly used. In proof of this, the ungracious treatment which Dr. Laycock had received from a section of his colleagues was openly commented on at the public meeting of the Council, when the report of the Committee was brought up.

My sole object in entering into such an arena of unworthy contention, is simply to vindicate the Council, in electing Dr. Laycock, from having been actuated by any other motive than placing the right man in the right place. It is very gratifying to them to know that he has realized their fullest hopes, and that public opinion, after ample experience, has attested their decision by the confidence reposed in him as a scientific and most instructive lecturer, as well as a highly skilful practitioner. Hope delayed unquestionably maketh the heart sad, but there can be no doubt that the sharp edge of opposition directed against him must eventually, and at no distant date, be turned scatheless aside, by patience and perseverance on his part.

I am, &c.

JOHN KENTON, M.D. L.R.C.S.E. &c.

5, Eastfield, Leith, Jan. 18, 1886.

### VENTILATION AND MORTALITY AT THE GENERAL LYING-IN HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

SIR,—Notwithstanding your suggestion that personal feeling would be better excluded from the discussion between Dr. Rigby and the Committee of the Lying-in Hospital, the staple of that gentleman’s letter, published in your last Number, consists chiefly of uncomplimentary remarks upon me individually, and I must therefore request you to give me space for a reply.

I am bound to admit that the calculations sent to Dr. Odling were mine, and that they were erroneous. I am sorry that they were so; but must deny the charge of “wantonly misleading” Dr. Odling, who was furnished not only with my deductions, but also with the data on which they were supposed to be founded. The chief source of error was the omission of the deaths in 1853 from the series; and this was patent on the face of the letter, but does not appear to have attracted Dr. Odling’s attention.

I was not a member of the Committee in 1842-3, and can know nothing of what then took place, except as I find it recorded on the minutes, of the “earnest written communications” alleged by Dr. Rigby to have been made by himself and Dr. Reid in the latter end of 1842 to the Committee, on the unhealthiness of the Hospital, or the systematic closing of the valves,—it was therefore impossible for me to notice them. The first notice of the subject entered upon the minutes is a resolution of the Committee, dated Feb. 18, 1843, calling upon Dr. Reid and the Medical staff for their opinion on the causes of the mortality then prevailing; and the letters from Dr. Reid, dated Feb. 27, 1843, and from the Medical staff on Feb. 26, were the official answers to the inquiry of the Committee. If any suspicion had then existed that the valves were systematically closed, it must have been noticed in these official communications, and the absence of such an

allegation, and the suggestion of other causes of the epidemic is irreconcilable with the account now given by Dr. Rigby.

Moreover, in the letter of Dr. Rigby, of the 14th Feb. 1843, it is broadly asserted that “the ventilation of the wards and the purity of the air were then satisfactory,” and the whole letter is an elaborate attempt to show that the Hospital was healthy, and that the deaths in that month were to be ascribed not to puerperal fever, but to the individual circumstances of the patients.

Dr. Rigby is now wholly silent as to the effect on the insalubrity of the Hospital produced in the beginning of March by the arrival in the following April of his two pupils from St. Bartholomew’s, on whose exertions he laid so much stress in his letter to Lord Galloway.

I do not see how these facts are to be reconciled with Dr. Rigby’s statement that the valves were kept constantly closed till April 1843, by the perversity of the matron and the nurses under her, and that the mortality ceased on the arrival and in consequence of the exertions of his two pupils in that month. And I cannot at present withdraw the charge that his statement is wholly unfounded.

As regards the mortality of 1855-6, no deaths took place in the months of January and February 1855, two in March, one in April, and none in May or June; and it is difficult to understand how the deaths which occurred in the following July and the eleven months following can be attributed to the previous contamination of the wards. However that may be, Dr. Rigby was not in any way interfered with by the Committee during that period, and his ill success in managing Dr. Reid’s ventilation might have taught him more forbearance for others, whose motives are probably as pure as his own, and who have not been more unsuccessful than himself.

Dr. Rigby’s version of the facts is indeed still more unfavourable than that set forth in the letter of the Committee. For according to him it was possible for the nurses so to mismanage the ventilation during a whole year, as to baffle the constant supervision of the Medical officer whose hobby the system was, and to cause the fearful mortality of 17 deaths out of 88 confinements; while that Medical officer could also so mismanage the ventilation during another year as by his own admission to render the number of deaths larger than it would otherwise have been. The utility however of any system bears an inverse proportion to its liability to mismanagement, and Dr. Reid’s system is, on Dr. Rigby’s own theory, peculiarly liable to objection on this ground.

Having carefully reconsidered the whole correspondence, I do not feel conscious of having had recourse to “little subtuges” or “unveracious quibbles,” or of attempting to “wantonly mislead” any one, but I deeply regret that Dr. Rigby’s constant use of similar language, whenever the slightest objection has been made to Dr. Reid’s system, has embittered the discussion of a subject which ought to have been considered in the interests of the patients alone, and apart from all personal feeling.

I am, &c.

67, Eaton-sq. Jan. 18, 1886.

AUGUSTIN ROBINSON.

### MALIGNANT MAMMARY TUMOURS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In December, 1854, Mr. Spencer Wells showed me a tumour of the breast, which he had removed about three weeks before, and which was preserved in spirit and water. From this latter circumstance, all that I could say, after a prolonged examination, was, that it differed from any scirrhous tumours I had ever examined before. On March the 7th, 1857, I assisted at the autopsy, and made a most careful examination of the consecutive deposits. Any one knowing nothing further of the case than what Dr. Aitken has given in your Journal would imagine the sequence of events were these: a “glandular” tumour was removed from the breast; this was followed by “glandular” deposits under the skin and viscera. Indeed, no less an authority than Professor Bennett has been thus misled in a paper he has just published in the *Midland Quarterly Journal*, “On the Classification of Morbid Growths.” (a) Mr. Birkett has, on the other hand, thrown some doubts on the interpretation of facts, and I now enter

(a) Professor Bennett’s words are, “Aitken has recorded two well-observed instances, where, subsequent to the growth having recurred in the mamma, it appeared in the lungs, liver, and ovaria.”—Op. cit. p. 10.



my own protest, not only against Dr. Aitken's interpretation of the facts, but, what is more, against the facts themselves.

The true nature of this case was simply this:—A tumour, apparently innocent, was removed by Mr. Spencer Wells in Nov. 1854: six months after cancerous deposit took place in the part: this was followed by cancerous consecutive deposits under the skin and in the viscera. I have seen instances of medullary cancer supervening on epithelioma (Mr. Butcher has reported a whole series of such cases in the 22nd vol. of the *Dublin Quarterly Journal*). I have seen cancerous tumours engrafted on fibrous growths; I know of the same phenomenon succeeding cystic tumours. Although, therefore, I am ready to admit the interest of the case at issue, I must join with Mr. Birkett in "most strongly dissenting from the proposed classification of the case."

I am, &c.

J. ZACHARIAH LAURENCE.

30, Devonshire-st. Portland-pl. Jan. 16, 1858.

#### STUDENTS' BRANCH OF POOR-LAW MEDICAL REFORM ASSOCIATION.

[To the Editor of the Medical Times and Gazette.]

SIR,—We shall feel obliged by your allowing us, through the medium of your Journal, to inform the Students of the Metropolitan and Provincial Hospitals, and others interested in Poor-law Medical Reform, that since the General Meeting, held in St. Martin's Hall, petitions having received the signatures of nearly all the Medical Students in England were presented to Parliament at the close of last session.

The Treasurer's statement, as seen below, shows that he has a balance in hand of £21 14s. 10d. We have now, as far as practicable, carried out the resolutions of the General Meeting, and it remains with the Students to propose any further proceedings in the movement.

*Treasurer's Statement. — Receipts.* — London Hospital, £5 17s. 6d.; University College, £6 6s. 6d.; Guy's, £5; Bartholomew's, £5; King's, £5 10s.; St. George's, £4 10s.; St. Mary's, £4; Cork, £3 10s.; St. Thomas's, £3 3s.; Middlesex, £2 6s. 6d.; Westminster, £1 13s.; Charing Cross, £1 5s. Total: £48 1s. 6d.

*Expenditure.* — St. Martin's Hall, etc. £17 3s. 6d.; cab-hire, postage, etc. £3 9s. 4d.; printing, stationery, etc. £4 19s. 4d.; advertising, 14s. 6d. Total: £26 6s. 8d. Balance: £21 14s. 10d.

We are, &c.

MORELL MACKENZIE (London Hospital),

WILLIAM TILBURY FOX, M.B. (Univ. College),

Honorary Secretaries.

Jan. 18, 1858.

#### REPORTS OF SOCIETIES.

#### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 12, 1857.

Sir C. Locock, M.D., President, in the chair.

A paper, by Mr. HULKE, was then read,

#### ON SOME POINTS IN THE PATHOLOGY AND MORBID ANATOMY OF GLAUCOMA

The ophthalmoscopic examination of many cases of glaucoma, and the dissections of several eyes affected with this disease, have furnished the facts detailed in this paper. Two chief forms of glaucoma have been long recognised: they are the acute and chronic, but a large number of cases occupy an intermediate position. The symptoms of acute glaucoma have been often and well described, but the ophthalmoscopic signs are less widely known. They are: a dilated state of the retinal veins, often tortuous and turgid with blood; small ecchymoses scattered over the surface of the retina; occasionally small blood-clots in the vitreous humour; pulsation in the arteria centralis retinae; and an excavated state of the optic papilla. These last two signs were, the author believes, first noticed by Graefe, who insists upon their being pathognomonic of this disease. Although in acute glaucoma

the urgent symptoms often set in very suddenly, yet in a large number of cases the outbreak has been foreshadowed by a train of premonitory symptoms. These are: occasional dimness of sight, often towards evening, shooting pains in the eyeball, muscæ, and a gradual diminution of the field of vision. Graefe has drawn particular attention to this last point. The outbreak may be followed by a remission, only a temporary improvement, for fresh paroxysms will occur, and blindness inevitably result. In the advanced stages sclerotic staphylomata are apt to occur, mostly behind the insertions of the recti tendons. Chronic glaucoma differs from the acute chiefly by the insidiousness of its course, which is unmarked by those violent symptoms which characterize the outbreak of the acute form. It is quite as intractable as the acute form. The retinal veins are turgid, and the retina is sprinkled with hæmorrhagic spots, just as in the acute form. Sometimes in the same person one eye is attacked by acute, the other by chronic glaucoma. These facts favour the supposition that acute and chronic glaucoma are only different forms of the same disease. Graefe has called attention to a peculiar form of amaurosis, in which the optic papilla is excavated. This affection must be carefully distinguished from glaucoma, which may be done by observing that the globe is not tense, and the other signs of hyperæmia are also absent.

*Morbid anatomy of glaucoma.*—The small blood spots which are sprinkled over the inner surface of the retina are small spots of capillary hæmorrhage. This condition was first recognised in glaucoma, by actual dissection, by Mr. Bowman. The bleeding proceeds from the capillaries in the inner layers of the retina, and the blood either spreads laterally amongst the elementary structures of the retina, or, bursting through the hyaloid membrane, it forms small clots in the vitreous humour. The retinal capillaries are irregularly dilated and studded with small fusiform and globular enlargements—little aneurismal pouches. These dilatations do not occur on the large vessels. The pouches and the vessels communicating with them are usually crammed full with blood corpuscles. In the hæmorrhagic spots the retinal tissues are infiltrated with blood discs, which have escaped by the bursting of some of these little aneurismal pouches. Excepting the changes described above, the retinal capillaries have a healthy appearance, and do not present traces of fatty or atheromatous degeneration. The coats of the arteries are hypertrophied. The vitreous humour sometimes has a yellow tinge, which is derived from the colouring matter of the effused blood. It often contains blood discs and delicate fibrinous webs; and sometimes also small blood clots, which can be clearly seen with the unaided eye. The vitreous humour has a very remarkable degree of consistence, and does not quickly flow off when the eyeball is cut across. Viewed by transmitted light, the glaucomatous lens has a yellow tint like the vitreous humour, and which is probably acquired from the same source—viz. the colouring matter of the effused blood. The relations of the lens and the vitreous humour favour this supposition. In none of the dissections were any morbid changes found in the choroid, unless when staphylomata were present. Corresponding with the staphylomata, the choroid, retina, and sclerótica preserve their natural relations to one another, and are not separated by any effusions. The choroidal pigment is irregularly distributed; the tissues seem opened out. The subsequent changes in the retina and choroid, in the advanced stages of the disease, have an atrophic character. The dilated retinal capillaries and their contents have been found, dark and granular, in a state of fatty degeneration, and the contiguous parts of the retina participate in these changes. The symptoms, the ophthalmoscopic signs, and the structural changes which take place early in the disease, all point to a state of great vascular excitement in the retina, and a greatly increased internal pressure upon the walls of the globe. It is this pressure which causes the blindness in the early stage of the disease, and the fixed dilated pupil, for when the pressure is relieved by operation, sight and mobility of the pupil return.

Mr. BOWMAN thought that Mr. Hulke's paper afforded a remarkable instance of the very great advances which had been made within a few years in our knowledge of eye diseases, especially those which were deep-seated, and which, within a comparatively recent period, were extremely obscure, and for the most part very unsatisfactory in regard to treatment. With regard to the morbid anatomy of those affections they were indebted to the great advances made in micro-



scopic anatomy; but these would have been comparatively ineffectual in elucidating the nature of morbid changes in the deeper structures of the eye, had it not been for the opportunities of inspection immediately after the tissues had perished, which were afforded by the plan of treatment followed out by Mr. Critchett and himself within the last three years, of excising globes affected with chronic and excessive pain, more or less jeopardizing the other eye, and at any rate rendering the patient's existence very uncomfortable. The operation of excising an eye which was destroyed already and of no use in the economy, was now known to be an extremely simple proceeding, and one that could be adopted with perfect safety; it was done under chloroform, without pain; it was immediately followed by relief of the symptoms, and an artificial eye could be worn in a few days. He alluded to the operation as having given the means of examining the nature of the morbid changes in the deeper parts of the eye within an hour after removal, and enabling the microscopist to explore with great accuracy all the minute structures which were concerned, and to detail the several changes which they presented. Another circumstance of still greater importance was the invention of the ophthalmoscope, an instrument which was second to none in the exploration of the physical condition of disease in parts not open to ordinary sight. It had laid open all the parts of the eye, so long as they remained transparent, which were situated behind the pupil, and which before were absolutely closed to inspection. Formerly one might conjecture the condition of the eye behind the pupil, and sometimes by dilating the pupil with belladonna, get a dim insight into certain parts of the interior; but nothing was known of the structure of the retina during life from actual examination. With the ophthalmoscope everything near the axis of vision could be explored if the media were clear, and if they were not clear their opacity was thus disclosed. The Germans, by whom the instrument had been invented, were in advance of the English and French in its application; and no one had done more in the exploration, by its means, of the changes in the deeper parts of the eye than Professor Graefe of Berlin, to whose work on glaucoma the author had alluded. He had made out all the changes occurring in that remarkable disease. He had shown that there was a gradually increasing pressure within the eye contingent upon an increased afflux of blood into the vessels of the interior, and that with this there were several secondary changes. There was an enlargement of the veins on the surface of the eye in the same way as the veins of the abdomen were enlarged when the circulation through the liver was impeded. There was also an excavated state of what he should not call the "optic papilla," but the entrance of the optic nerve. Another remarkable condition alluded to by the author was the pulsation of the artery of the retina. Naturally that artery had no visible pulsation; but if the eye was pressed, even in a healthy person, for a certain time the pulsation might be rendered visible, the circulation being so impeded that the afflux of blood was shown at every jet. When this condition did not exist in glaucoma the slightest pressure would produce it, and Graefe regarded it as a pathognomonic sign of the disease. All these conditions characterised the disease in an unmistakeable manner, and pointed to the mode of treatment which Graefe had recommended. The practice at Moorfields had fully borne out the results which Graefe had announced at the recent Brussels Congress—namely, that by excising a portion of the iris in a particular way, in acute or chronic glaucoma (particularly the former) there was almost from the first a diminution of pressure, followed by an abatement of the symptoms, and an improvement of the vision, even when under great pressure it had been abolished for a time. Graefe had shown that the loss of vision in the condition of early glaucoma was not the result of any change primarily occurring in the retina, but of a pressure of the vessels, and that if such pressure was removed the retina regained its power, just as by compression within the head the brain might lose its functions for a time, and regain them when the pressure was removed. A rather interesting analogy was then shown by the ophthalmoscopic exploration of the eye in glaucoma—an analogy between the condition of the eye under such circumstances and the condition of the head in cases of internal pressure. The sclerotics, when tense, was just as effectual a source of counter-pressure upon the blood-vessels as the cranial walls could be; and he thought it probable that if the cranium had its con-

tents suddenly increased by an additional afflux of blood the arteries would, if they could be seen, be found to be like those of the retina, in a state of pulsation.

Mr. CRITCHETT said that the chief point of value in the paper was that the ophthalmoscope and microscope were seen to be beautifully illustrative and confirmatory of each other; and in that respect he thought Englishmen were in advance of the continent, however they might be behind the Germans in some other matters. He had no doubt that M. Graefe and others who had noticed certain points in reference to the appearances with the ophthalmoscope, would be interested in knowing that those points were illustrated and confirmed by microscopic observations. Where the globe had been the seat of serious disease, and was destroyed as an organ, remaining only as a source of irritation, and threatening by its sympathy with the other eye to implicate that organ also, the best practice was to remove the globe; and the introduction and carrying out of that principle had enabled the author to make a step in advance of the continent. All who had used the ophthalmoscope must have constantly felt the difficulty of interpreting the phenomena observed, which had been accordingly differently interpreted by different observers; but the mode of practice to which he had referred had led to a more accurate examination, and thus a most important advance had been made in reference to the scientific investigation of ophthalmic disease. The author had been one of the first to lead the way in that special form of investigation, and he looked forward with confident anticipations to the result.

Mr. HAYNES WALTON said that he and his colleagues had long recognised, and were among the first to point out, the sympathetic irritation of the eyeball, and the advantages to be derived from the removal of a globe thus in danger of affecting the other. Extirpation, he believed, was the plan usually adopted at Moorfields, but the same result might often be obtained by removing a portion of the eyeball, so that a stump of the eye remained, which was better than nothing, and more adapted for an artificial eye. It was said that the patient did not recover so quickly as after extirpation, and that he fully admitted. It was also alleged that troublesome bleeding might ensue; but if the operation was performed quickly, and the parts were covered with lint or cotton wool, and a slight compress applied, the hæmorrhage would almost always be checked and the recovery facilitated. He would, however, extirpate the eyeball when it was very much disorganised, where there had been a great deal of suffering in staphyloma, and where the sclerotics was much enlarged. The author's paper, he believed, rendered obsolete nearly everything previously written on glaucoma. He wished to bear testimony to the value of the ophthalmoscope, the application of which he found more and more useful and easy. A man applied to him a few days ago stating that he had become suddenly blind while at work. By the use of the ophthalmoscope he (Mr. Walton) at once discovered the effusion (between the choroid and the retina), which fully accounted for all the symptoms. Formerly the case would have proved very perplexing, and been probably attributed to cerebral derangement.

Mr. BOWMAN said that the system of extirpation was not always adopted at Moorfields. When the disease was confined to the front, the posterior part being comparatively healthy and not gorged with blood, a portion of the globe might be abscised; but if the disease was chiefly behind, and there was an enlarged condition of the vessels of the deeper tunics, excision he believed was best for the patient, and afforded the most rapid means of cure.

A paper by Dr. MAROET was then read,

#### ON THE ANALYSIS AND IMMEDIATE PRINCIPLES OF HUMAN EXCREMENTS IN DISEASE.

The object of this communication is—1. To describe an easy and very practical method of analysis to be applied to feces in the diseased condition. 2. To show that the method of analysis in question is essentially anatomical or mechanical, and as free as possible from chemical reactions. 3. To show that in three instances of disease where the bile was prevented from flowing into the duodenum, the feces yielded a quantity of crystallisable fatty acids (margaric and stearic acids), which immediate principles are known to be absent from healthy evacuations, except in certain cases depending on a peculiar diet. A few words may suffice for describing the analysis. The evacuations are exhausted with boiling

alcohol, and the solution strained through muslin. On cooling, a precipitate or deposit occurs in the fluid, which is separated from the mother liquor by filtration. This deposit, after it has been washed with boiling alcohol, is found in healthy cases to consist of stearate and margarate, or soaps of lime and magnesia, with or without earthy phosphates,—these compounds existing in the evacuations under examination in the form of immediate principles. The alcoholic washings or solution obtained from the deposit yielded, in cases of retention of bile, considerable quantities of free margaric and stearic acids. The clear original alcoholic extract being mixed with milk of lime, containing a considerable excess of water, is converted into muddy fluid, when a distinct precipitate will be noticed. After having collected this precipitate in a filter, washed it with water, and dried it on the water-bath, it is to be exhausted with a mixture of alcohol and ether. The clear extract thus obtained deposits on standing, in all healthy cases, impure crystals of excrete; a substance easily purified and prepared, perfectly colourless, by repeated crystallisations in alcohol and filtration through animal charcoal. I have previously described the characters of excretive in communications to the Royal Society, published in the *Philosophical Transactions* for 1856 and 1857. Diseased excrements do not always contain excrete, as it was absent in those cases referred to in the present communication, where it was searched for. The lime precipitate exhausted with alcohol and ether, is now to be mixed with water, and decomposed by means of hydrochloric acid; chloride of calcium is formed, and an insoluble substance remains floating in the liquid; this I have found very abundant in some diseased cases, and also in a few exceptional instances after a vegetable diet, it consisted of margaric and stearic acids mixed with a considerable proportion of oleic acid. Finally, by concentrating the filtrate from the lime precipitate on the water bath, and decomposing the residue with sulphuric acid, certain organic acids soluble in water are obtained, possessed of a very pungent odour, and whose properties have not yet been investigated; the castings of carnivorous animals yield in this stage of the analysis butyric acid, a substance not present in healthy human evacuations. It must be remembered that the animal body contains a number of organic acids forming known soluble salts with lime, and consequently the examination of the filtrate from the lime precipitate in diseased cases is not to be neglected. The above description, although necessarily most incomplete, gives a rough sketch of the processes I recommend for the analysis of fæces; it has been put to the test for the examination of a very great number of human evacuations, and found to yield constant results in health; it is, therefore, perfectly adapted for the investigation of the composition of diseased excrements. I now wish to draw the attention to the circumstance that chemical reagents have been used as seldom as possible in these analyses, in order to avoid the decomposition of immediate principles or of compounds, such as they exist in the body. Alcohol and ether, with and without the application of heat, are the principal means employed. It is not impossible, however, to determine immediate principles by chemical analysis; and a remarkable instance of the aid obtained from chemistry in these investigations, is the fact, that by the analysis of the mass deposited in the original alcoholic extract of fæces on cooling, I have been able to ascertain that it contains phosphoric acid, fatty acids, lime, and magnesia, exactly in such proportions as are required for the substances to combine in the form of earthy phosphates and earthy soaps. These compounds had, therefore, previously existed in the intestines in the form of immediate principles.—Dr. Marcet then gives the detail of three cases in which he carried out his examinations.

In answer to Mr. SPENCER WELLS,

Dr. MARCET said he did not think it possible to employ the fatty products of the fæces in the manufacture of candles, or make other industrial applications of the stearates, those products not being present to any extent in a healthy state except when a very large quantity of vegetable food had been taken.

**DEATHS OF OCTOGENARIANS.**—In the *Times* obituary of Tuesday there was a list of 12 elderly persons, recently "gathered to their fathers," whose united ages amounted to no less than 1,006 years, thus giving an average of 83½ years to each. The lowest age was 80, and the highest 90; three of the deceased persons were 64 years of age; three, 83; two, 82; one, 81; one, 80; one, 89; and one was 90.

## THE PATHOLOGICAL SOCIETY.

TUESDAY, JANUARY 19.

Dr. WATSON, President, in the chair.

AFTER some preliminary business,

Dr. PRAGOCK read for himself and Mr. HUTCHINSON a report on Mr. ORRÉ's specimen on

### SUPPOSED ABSCESS IN THE HEART.

The report stated that the abscess was an encysted one in the cavity of the pericardium, and did not involve the muscular substance of the organ. The pericardial layers were everywhere else adherent, evidently from the effects of a long past attack of inflammation. The abscess cyst was at the posterior part of the apex of the organ, and was about capable of containing a pigeon's egg. It would be manifestly erroneous to term it an abscess of the heart.

### Mr. CHRISTOPHER HEATH next showed a specimen of ANEURISM OF THE INNOMINATA OPENING INTO THE TRACHEA.

A man, aged 38, was admitted under Dr. Fincham's care, into the Westminster Hospital, in July, 1857, having been ill for nine or ten weeks with what he called "spasms." His pulse was then feeble and intermittent, and not perceptible at the right wrist; right arm colder than left, and somewhat numbed. Complained of pain in the cardiac region, shooting into the right arm, and was unable to lie flat in bed; he had also slight uneasiness on swallowing. There was a systolic murmur audible over the upper third of the sternum, in the carotids, and over the right infra-clavicular region, which was diagnosed to depend upon disease of the arch of the aorta or the innominata.

He was re-admitted on December 8, when the pulse was found to be imperceptible at the right wrist, and very nearly so at the left. There was a slight projection of the sternum, at a level with the second costal cartilage, and of the sternal half of the right clavicle, pressure producing an increase of pain in both those situations, which he described as shooting up the right side of the neck to the ear, and down the right arm. He was quite unable to sleep when lying down, and felt an obstruction to the passage of a large morsel of food at the top of the sternum. A loud bruit was heard over the sterno-clavicular articulation, and for some distance along the right carotid, and there was slight distension of the right external jugular vein.

On December 23 he first complained of a harsh, teasing cough, and on the 30th the expectoration was slightly stained with blood.

January 6.—Being then much exhausted with pain and want of sleep, he brought up about 3 p.m. a considerable quantity of florid blood, and this continued until he died, at 10 p.m., having expectorated about a porringer and a half full.

*Post-mortem.*—The tumour was found to be caused by an aneurism of the innominate artery pressing against, but not implicating, the bony structure of the clavicle and sternum. On opening the trachea a small ragged opening was found in its upper part, communicating with the aneurism. The arch of the aorta was dilated, and extensively diseased, and on opening it, it was found that fluid would pass into both the carotids, but into neither of the subclavian arteries, the right being obstructed by the clot in the aneurism, but the left obliterated close to the aorta, apparently by disease of long standing. It is remarkable that the pulse on the left, although weak, was so distinctly perceptible that no obstruction of the main artery on that side was suspected. The right pneumogastric and recurrent laryngeal nerves were stretched over the tumour caused by the aneurism.

Mr. HEATH also showed, for Dr. TODD, specimens from a case of

### CANCER OF THE SPINE.

A man, aged 50, came under Dr. Todd's care on December 28, 1857. Six weeks before had had great pain in the calf and part of the thigh of right limb, but did not suffer from cramp. After a fortnight the pain shifted to the left leg. At the end of the third week the pain ceased, but was replaced by a feeling of numbness in both legs, and loss of power in the left. About a fortnight before admission into the Hospital he began to pass his motions under him, and

soon afterwards was unable to expel his urine from the bladder, after which it was always drawn off by a catheter. On admission, there was complete loss of voluntary motion in both legs. Paralysis of the detrusor muscles, of the bladder, and of the sphincter ani. There was also loss of sensation in the feet, but considerable reflex action on the application of sudden cold. The muscles of both sides were completely relaxed, but there were occasional twitchings of the legs. No tenderness over the spine or deformity. Dr. Todd diagnosed rapid softening of the antero-lateral columns of the cord, more or less involving the posterior. On January 15 it became evident that the muscles of respiration were becoming involved, breathing being carried on almost solely by the diaphragm. He sunk gradually, and died on the 16th.

**Post-mortem.**—The spinal cord was found softened over a space extending from the second to the eighth dorsal vertebra, and the last dorsal vertebra was found hollowed out, as if in a carious condition. On opening the chest and abdomen a large mass of cancerous disease was found deposited opposite the last dorsal vertebra, and a similar one opposite the seventh and eighth dorsal. The liver also contained two large masses of cancerous matter replacing its proper structure, and the bronchial glands were infiltrated with the same matter. It is remarkable that the membranes were perfectly healthy, except in close proximity to the softening, and there were no masses of cancerous matter within the spinal canals. It is necessarily, therefore, a question whether the softening was the result of inflammation or of cancerous infiltration, on which point the microscopic appearances gave no reliable information. **Microscope.**—Softening of cord. Large cells containing oil globules of varying size. Large mother cells, containing nucleated cells, mixed with nerve fibres and vesicles. **Liver.**—Large compound cells; numerous small cells; no fibres.

Mr. NUNN exhibited the  
**ILIAC ARTERIES FROM A CASE OF TALIPES PARALYTICUS.**

The subject from which the specimen had been obtained was the same as that of which the dissected limb had been brought before the Society during the previous session by the late Mr. Lonsdale. The common iliac artery of the left was smaller than that of the right side in the proportion of 3 to 5, the external iliac being also smaller in the proportion of one to three. The left was the affected limb, and had been much wasted. The femur of the same limb was also exhibited, it being of interest as illustrating perfect union of an old fracture. The acetabulum was shallow and ill developed.

Mr. Wm. ADAMS remarked that the proportion of the diminution in size of the arteries on the paralysed side from the healthy one were pretty exactly those noted by previous observers. Very few facts had, however, been recorded in demonstration of the law.

(To be concluded.)

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Jan. 14:—

DEVAROUX, DANIEL, Bromyard, Hereford.  
FINCH, WILLIAM CORBIN, Salisbury.  
PRITCHETT, HENRY, York.

### DEATHS.

**BODDY.**—On the 10th inst., at Beaconsfield, Walter T. Boddy, M.D. St. And. 1860; M.R.C.S. Eng., and M.S.A. 1842. Aged 36.

**BROHIER.**—Jan. 7th, at Belvidere, St. Saviour, Jersey, Henry Brohier, M.D., Paris, 1821; B.A. 1820, aged 64; universally esteemed and regretted by all who knew him.

**HODGSON.**—On 18th inst., in Spital-square, Joseph Hodgson. Aged 57.

**LEGENDRE.**—M. Legendre, the author of several well-known works, and Physician to the Sainte-Eugénie Hospital, has just died at an early age, after a few days' illness.

**MOORE.**—Nov. 17th, Dr. Thomas Moore, Assistant-Surgeon Bengal Army, aged 39; massacred *en route* from Cuttack to Sumbulpore.

**NEW STDENHAM SOCIETY.**—The following is the list of officers elected at the inaugural meeting on Monday:—**President**—C. J. B. Williams, M.D., F.R.S., etc. **Vice-Presidents**—Sir Phillip Crampton, Bart., F.R.S.; Thomas Addison, M.D.; H. W. Acland, M.D. F.R.S. D.C.L., Oxford; William P. Alison, M.D. F.R.S.E.; Thomas Mayo, M.D. F.R.S., President of the Royal College of Physicians; J. Y. Simpson, M.D., Edinburgh; J. A. Symonds, M.D. F.R.S.E., Bristol; Thomas Watson, M.D.; W. Sands Cox, Esq., F.R.S., Birmingham; J. H. James, Esq., Exeter; James Paget, Esq., F.R.S.; Samuel Solly, Esq., F.R.S.; T. P. Teale, Esq., F.L.S., Leeds. **Council**—Robert Barnes, M.D.; William Brinton, M.D.; John J. Bristowe, M.D.; Andrew Clarke, M.D.; W. T. Gairdner, M.D., Edinburgh; C. Radcliffe Hall, M.D., Torquay; Thomas Inman, M.D., Liverpool; George Johnson, M.D.; Charles Murchison, M.D.; John W. Ogle, M.D.; Thomas B. Peacock, M.D.; Richard Quain, M.D.; W. S. Saunders, M.D.; William H. Stone, M.D.; Thomas H. Tanner, M.D.; John E. Erichsen, Esq.; John Hilton, Esq., F.R.S.; George M. Humphrey, Esq., Cambridge; William B. Page, Esq., Carlisle; H. Spencer Smith, Esq.; John S. Soden, Esq., Bath; Henry Thompson, Esq.; T. Jolliffe Tufnell, Esq., Dublin; T. Spencer Wells, Esq.; G. Hilario Barlow, M.D. **Secretary**—Jonathan Hutchinson, Esq. It will be observed that the list of officers is as yet incomplete. It is proposed to allow the Council to fill in the appointments left vacant, when the canvass for members shall be more advanced.

**EFFECTS OF FEAR.**—A Parisian Physician, during his visits made in a hired fly, had received a bottle of real Jamaica rum as a sample, but found, after returning home, that he had left it in the carriage. He went to the office, and informed the manager that he had left a virulent poison in one of the carriages, and desired him to prevent any of the coachmen from drinking it. Hardly had he got back when he was summoned in great haste to three of these worthies, who were suffering from the most horrible colic, and great was his difficulty in persuading them that they had only stolen some most excellent rum.

**THE DENTAL BODY.**—The President of the College of Dentists, as one of the Delegates to the Odontological Society, has retired from office; also the two gentlemen associated with him in that office, two of the Council, and two of the Secretaries, consequently the proposed method of amalgamation is virtually at an end. Still let us hope that a somewhat more acceptable mode of union may be thought of when some new blood is infused into the Council.

**ADVERTISING DENTISTS.**—On Wednesday last, Mr. Bowen May, of Russell-square, made an application to the magistrate for a summons or warrant against a person carrying on the business of a Dentist under a fictitious name, for obtaining money under false pretences. Mr. May stated that the person in question had entered into an agreement to supply a servant of a client of his (Mr. May) with a portion of a set of teeth, called an "upper," with gold plate for £10; that he obtained the money before the work was done, and then sent home the "piece" set in "dental alloy," a combination of silver, platinum, and zinc, which was totally valueless, as it could neither be worn nor sold—that part of the fraud was obtaining the money in a fictitious name, as he had picked up a small boy for the sake of his name, (that of an eminent Dentist,) and thus threw the public off their guard. Mr. Broughton, interposing, said that it was not a case for the Magistrates, but for the County Court. The advocate replied that if his worship would hear the witnesses he had in court, and who would establish the fact to demonstration, that this man had obtained the £10 upon the promise to supply goods to the value, and then had given an inferior article, he felt sure he would grant a summons. He would produce the person imposed on, and a scientific Dentist who would prove that the "piece" could not be worn, and was of no value. He further said, if his worship would grant a warrant that when the case was heard "The Times" and other influential journals would decline this man's advertisements, and thus a public benefit would ensue. His worship said that if such a case could be made out, the man might be given into custody and then he would adjudicate, but he should decline to issue a warrant. Mr. Bowen May left the court saying his client must adopt that mode and give the party into custody.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, January 16, 1858.

## BIRTHS.

Births of Boys, 902; Girls, 861; Total, 1763.  
Average of 10 corresponding weeks, 1848-57, 1571.

## DEATHS.

	Males.	Females.	Total.
Deaths during the week ... ..	637	652	1289
Average of the ten years 1847-56 ...	..	..	1232
Average corrected to increased population	..	..	1355
Corrected average for corresponding week in ten years 1847-56 ... ..	610.4	621.5	1231.9
Deaths of people above 90 ... ..	1	6	7
Deaths in 18 General Hospitals ... ..	43	23	66

## DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Whooping-Cough.	Diphtheria.	Typhus.
West ....	876,427	..	5	9	6	3	10
North ....	490,396	..	17	16	5	5	4
Central ..	898,356	..	10	5	5	2	3
East ....	485,523	1	20	4	15	5	8
South ....	616,685	1	13	5	12	4	9
Total..	2,862,386	2	65	39	41	17	34

## TO CORRESPONDENTS.

*Inquirer.*—Pirogoff's amputation at the ankle-joint was first described in this Journal in 1853. The full account, with drawings, is given in one number of the Surgical Essays of the Russian Surgeon.

*Dr. Cameron.*—Many thanks.

## THE ARTIFICIAL MEMBRANA TYMPANI.

Mr. Wilde has written to Mr. Toynbee to say that in his experience "it is not necessary to leave part of the aperture in the Membrana tympani unoccupied either by the cotton or India-rubber."

*Mr. James* had better consult some text-book on Anatomy and Physiology.

*Mr. Lisars.*—Thanks; the pamphlet shall be noticed.

*A Young Student.*—The term *ectrotic* is derived from *ἐκτρέφω*, I abort.

## BEGGING HOSPITALS.

## TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—This is one of the greatest disgraces to our country. Might not an attempt be made to raise "A General Hospital and Infirmary Rate," like any other government or local rate? A half-penny or penny in the pound would be amply sufficient. Such a rate would provide for the removal of patients from one part of the country to another, when change of air was ordered. It would likewise defray all travelling expenses, etc. "Leviathan Sanatoriums" could be established at several places at the sea-side and inland, having large surgical staffs, ambulances, carriages, invalid chairs, etc. etc., with proper staff of both male and female orderlies and nurses. In a few years the public health by such institutions would, I anticipate, become greatly improved, and the rate could then be discontinued altogether; as there would be sure to be a large surplus fund over and above after meeting every expense at the end of the year; which, when placed out at interest in the funds, would be sufficient to meet all expenses. We should not then hear of Begging Hospitals, and of private individuals leaving their fortunes to such noble institutions, and by so doing "disinheriting" their own relations. A farthing in the pound no one could grumble at; but at all events let us "agitate" for an Hospital rate.

## HARVEIAN SOCIETY.

## TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your report of the late meeting of the Harveian Society in last Saturday's Journal, I am represented as having "related the case of a gentleman who was accustomed to periodical cupping, and who, by its practice, was made paraplegic." There is a slight mistake here: what I said on that occasion was this; that a gentleman had lately come under my own observation, who had been accustomed to repeated cupping without the sanction of any Medical man, and that I feared he had done himself mischief by thus acting on his own authority, for since then he has become the subject of repeated epileptic attacks. As your report stands at present, I am made unintentionally guilty of bad logic, as well as of imperfect pathological causation.

I am, &amp;c.

WILLIAM CAMPE.

Park-street, Grosvenor-square, Jan. 20, 1858.

*Dr. Todd's* Clinical Lecture on Hemiplegia will appear on the 6th of next month.

*Demonstrator.*—The Master of the Newington Workhouse has been committed for trial on the charge of disposing of bodies for dissection, but he has been admitted to bail.

*Dr. Bond's* letter arrived too late for insertion this week.

*B.* shall receive a note on the subject of the letter.

## DENTAL CARIES.

## TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In the last number of your Journal, page 72, is a letter from Mr. D. Mackenzie, addressed to Dr. J. Smith, in which the writer says, "Were he to refer to the Medical Times and Gazette of October 28, 1853, he would find that I recommended a wash . . . compounded to resemble an excess of healthy saliva."

I have searched for this wash through all the numbers of the Journal for October, 1855, and cannot find it. Would Mr. Mackenzie be so good as to put an accurate reference in your Notes to Correspondents in your forthcoming number? I am, &c.

GEORGE BULLEN.

Ipswich, Jan. 20, 1858.

## THE CORONER'S COURT.

## TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—At a Coroner's Inquest recently held by the Deputy-Coroner for the western division of the County of Middlesex, on the body of an aged female, whose clothes accidentally caught fire, and so burnt the old woman on the face, neck and arms, that she sunk under the effects of the burn, myself, her usual Medical attendant, and her attendant after the accident, was not summoned to the inquest. Upon inquiring whether the omission was accidental or intentional, I received from the Deputy-Coroner the following note:—

(Copy.)

"DEAR SIR,—In cases where the cause of death appears to be perfectly clear, it is not ordinarily our practice to summon Medical evidence at all. I will, however, put it to the jury in the course of the inquest, whether they require to have your evidence, and if so, I will send for you.

Truly yours,

GEO. S. BRENT.

Inquest Room, Jan. 11th, 1858."

If the conclusion of the Coroner is a just one, I should think, where the cause of death appeared perfectly clear, a Coroner's Inquest will in future be considered unnecessary.

At any rate, if the Coroner assumes the evidence of the Medical attendant in directing the jury—it strikes me such must be the case, and the county would, in such cases, save the unnecessary expenses attending Coroner's Inquests in many cases.

I am, &amp;c.

M. D.

West Drayton, near Uxbridge, Jan. 13, 1858."

## COMMUNICATIONS have been received from—

Dr. TODD; Dr. LANKESTER; Mr. PRESCOTT HEWETT; Dr. ODLING; Mr. TOYNBEE; Mr. WILKS, Dublin; Dr. LYONS, Dublin; Dr. CAMERON, Liverpool; Dr. WILKS; Mr. LIZARS, Edinburgh; Dr. E. S. COOPER, San Francisco; Dr. R. D. THOMSON; Dr. KENTON, Edinburgh; Dr. SYLVESTER; Dr. CAMPS; Mr. SYMES; Mr. HEATH; Mr. LAWRENCE; Mr. J. J. FOX; Dr. BAINES; FAIR PLAY; Mr. MORELL MACKENZIE; Mr. W. T. FOX; Mr. WRIGHT; Mr. JAMES; Mr. JASPER ROGERS; Mr. D. MACKENZIE; Mr. COOPER; Mr. DOWLING; Mr. A. SMITH; Dr. BUEK; Mr. A. ROBINSON; Mr. G. DAVIS; Mr. W. L. BAKER; Mr. T. COOKS; Dr. J. DICKSON; Mr. T. H. GREEN; Mr. T. WIGLESWORTH; Dr. HITCHMAN; Mr. J. ROULSTON; Mr. W. WILSON; Dr. R. STEWART; Mr. R. LEYS; Mr. J. FRANK; Dr. G. WILLIS; Mr. BOWRING; Mr. BROOME; Mr. SMITH; Mr. GREENWOOD; Dr. BOND.

## APPOINTMENTS FOR THE WEEK.

Jan. 23. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m. Charing Cross, 1 p.m.  
MEDICAL SOCIETY OF LONDON, 8 p.m.  
ROYAL INSTITUTION, 3 p.m.: Mr. Bloxam, "On the Chemistry of the Air."  
GUY'S PHYSICAL SOCIETY, 7 p.m.: Mr. Greenwood, "On Albuminuria."

## 25. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopaedic Hospital, 3 p.m.  
ENTOMOLOGICAL SOCIETY, 8 p.m.  
JURIDICAL SOCIETY, 8 p.m.

## 26. Tuesday.

Operations at Guy's, 1 p.m. Westminster, 2 p.m.  
PATHOLOGICAL SOCIETY, 8 p.m.  
ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m.: Mr. Haynes Walton, "On Vascular Tumour in the Orbit, successfully treated by injecting with Tannic Acid." Dr. Robert Lee, "On the Membrana Decidua which surrounds the Ovary in cases of Tubal Gestation."  
ZOOLOGICAL SOCIETY, 9 p.m.  
ROYAL INSTITUTION, 3 p.m.: Professor Huxley, "On Vegetable Life."

## 27. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.: Orthopaedic Hospital, 3 p.m.

## 28. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 1½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.  
ROYAL SOCIETY, 8½ p.m.  
ROYAL INSTITUTION, 3 p.m. Professor Tyndall, "On Heat."  
MEDICAL SOCIETY OF KING'S COLLEGE, 8 p.m.: Clinical Meeting.

## 29. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.; Great Northern, 2½ p.m.  
ROYAL INSTITUTION, 8½ p.m.: W. K. Grove, Esq. Q.C., "On Molecular Impressions by Light and Electricity."

## EXPECTED OPERATIONS.

King's College Hospital.—The following operations are expected at this Hospital to-day (Saturday), at 2 o'clock:—  
Division of cicatrix following burn, by Mr. Ferguson.  
Westminster Hospital.—The following operations will take place at this Hospital on Tuesday next, at 2 o'clock:—  
Necrosis of femur; forcible extension of knee-joint; dilatation of two strictures of urethra: by Mr. Holt.

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To secure the advantage of this year's entry, Proposals must be lodged at the Head Office, or at any of the Society's Agencies, on or before 1st March.

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Cardiff, January 6th, 1858.

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6 and 8 oz., any shape, plain, or graduated ..	8	0	per gross.		
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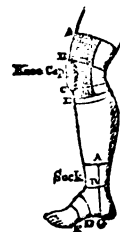
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other Medical Practitioners having complained of the frequent use of Antimonial Powder, instead of the genuine "James's Powder" prescribed, have represented to Messrs. Newbery, that the price of the powder has greatly led to this fraudulent practice, and has also greatly prevented the more general use of the powder. Messrs. Newbery have therefore yielded to the suggestions of the Profession, and have reduced the price; and, to secure the use of the genuine medicine, recommend that the same should be prescribed as prepared by Messrs. Newbery, from the only copy of the process left by Dr. James in his own handwriting, thus, "Pulv. Jacobi Ver." (Newbery's.) The price for dispensing will henceforth be reduced from 21s. to 9s. an ounce. The genuine has the name, "F. Newbery, 45, St. Paul's, London," engraved on the Government Stamp.



## ORIGINAL LECTURES.

## A COURSE OF CLINICAL LECTURES

ON

## DISEASES OF THE KIDNEY.

By GEORGE JOHNSON, M.D. F.R.C.P.

Physician to King's College Hospital.

## LECTURE III.

I purpose to take as the subject of my lecture to-day two cases of acute Bright's disease, which you have had the opportunity of seeing in the Hospital.

Ann Barbrook, aged 50, was admitted into No. 7 Ward, on the 11th of March. She states that she is unmarried; a cook; of temperate habits; and that she was in the enjoyment of good health until a fortnight before her admission, when she caught cold, in consequence, as she believes, of kneeling much upon cold stones in the performance of her work. The legs soon began to swell, and were somewhat painful. The swelling then extended to the belly, and in some degree it affected the face. She also had pain in the back, and headache.

At the time of her admission the legs and thighs were very oedematous; there was evidence of liquid effusion into the abdomen, and the face was slightly swollen. In short, the case was one of general dropsy.

Now it is sometimes said that cardiac dropsy may be distinguished from renal by the fact that while the former begins in the feet and gradually passes upwards, the latter commences in the face, or, at any rate, affects the face simultaneously with the rest of the body. It is a fact that in cases of very sudden and acute renal dropsy, we often find that the face is swollen at the very commencement of the disease, but in not a few even acute cases, there is no swelling of the face until some days after the lower extremities have been dropsical; and in cases of chronic Bright's disease, the dropsical swelling very commonly begins in the feet and ankles; not unfrequently, too, it is confined to the lower extremities throughout the whole period of the disease. With reference, then, to the distinction between cardiac and renal dropsy you see that the mere fact of the dropsical swelling commencing in the lower extremities is of no value as a diagnostic sign. If we had relied upon this symptom alone we might have supposed that the case of our patient Barbrook was one of cardiac dropsy; we found, however, that the chest had, in every part, its natural resonance; the respiratory sounds were normal; so, also, were the sounds and the impulse of the heart. Here, then, we had evidence that there was no disease within the chest which would account for the dropsy. And, on the other hand, in the condition of the urine we had proof sufficient that the disease was of renal origin. The urine was scanty, pale, of low density, 1010, and contained a considerable amount of albumen. On microscopical examination, it was found to contain small wax-like fibrinous moulds of the kidney tubes (as represented in fig. 3, p. 2), without epithelium, pus, oil, or any of those appearances—to be described in some future lecture—which indicate disintegration and destruction of the secreting cells of the kidney.

In this case, then, as in the case of Herbert, to which I referred in my last lecture, the kidneys were in a *non-desquamative* condition. And as in the character of the urine there was nothing to suggest the previous existence of chronic disease of the kidney, so the history of the patient appeared to indicate a recent and acute attack. We therefore had good ground for hope that we might effect a cure.

Some of you will remember that I made this case the means of demonstrating to you the natural progress of acute renal dropsy when left almost entirely uninterfered with by art. Our patient when admitted had no urgent symptoms which called for active treatment. She had previously taken a sharp purgative, which for two or three days continued to keep the bowels freely open. I therefore ordered her to be kept in bed, on milk diet with beef-tea, and to be dry-cupped on the loins every night; but during the first fortnight of her stay in the hospital I gave her no medicine of any kind. As, however, it was probable she might think that without the use of drugs

we were neglecting an essential means of cure in so formidable a disease as dropsy, we prescribed a pill under the name of *mica panis*, to be taken three times a-day. You see, then, that the only part of the treatment which could be considered artificial was the dry-cupping. I did not feel justified in withholding this useful means of lessening the congestion of the kidney, and, of course, I was prepared at any time to resort to more active treatment by medicines if the necessity arose. Her progress, however, was entirely satisfactory. The urine soon became copious, and less albuminous, and at the same time the dropsical swelling diminished. During the first month of her stay in the hospital the average quantity of urine passed in the twenty-four hours was about eighty fluid ounces; one day it was 112 ounces, and once it was as much as 120 ounces in the twenty-four hours. With so great a flow of urine, the dropsy, of course, must quickly diminish and disappear.

What then is the cause of this copious diuresis, which you will find to occur during the favourable progress of every case of acute renal dropsy? In this case the abundant flow of urine was obviously not the result of diuretic medicine, for none was given. It was, if I may so say, a natural and spontaneous diuresis; and the following is, I believe, the explanation of the phenomenon. During the acute and congestive stage of the renal disease, the constituents of the urine, both solids and liquids, accumulate in the blood, and are then effused into the areolar tissue and the serous cavities. Now, urea is a most powerful diuretic, as is shown by the abundant micturition which follows the injection of this substance into the veins of a dog. As soon, then, as in a case of acute dropsy the congestion of the kidney subsides, and the freedom of its circulation is restored, the retained urea begins to exert its natural diuretic influence; and the resulting copious secretion of urine speedily withdraws the accumulated urinary solids and water from the blood; and then, by the quickened action of the absorbents, from the areolar tissue and serous cavities. In this way the dropsy is removed.

I am sure from my own experience that in the treatment of acute renal dropsy you gain nothing by giving diuretics. Bear in mind that a diuretic medicine, such as squills, or cantharides, or acetate of potash, acts by stimulating the kidney to an increased secretion, while the drug itself is being eliminated with the urine. If then you give such medicines during the early stage of acute renal dropsy, while the vessels of the kidney are gorged, and its circulation nearly stagnant, you impose upon that organ an extra amount of work, without in any degree increasing the eliminative powers of the gland; and if you attribute to the action of your medicine the diuresis which sooner or later follows its administration, you fall into the very common error of mistaking the natural course of a disease towards recovery for the curative operation of drugs.

Returning now to our patient, of whom, however, little more need be said, I find it noted that on the 23rd March she was ordered to take occasionally ten grains of compound colocynth pill, and that she afterwards took the following:—Tinct. ferri sesquichl. m.x., inf. quass. ʒi. ter die.

She continued steadily to improve, the dropsy disappeared from the body and the albumen from the urine, and she left the Hospital well on the 14th May. She might have gone out at an earlier period, but you know that we are extremely careful not to incur the risk of a relapse by allowing convalescents from acute renal disease to leave the Hospital while a trace of albumen remains in the urine.

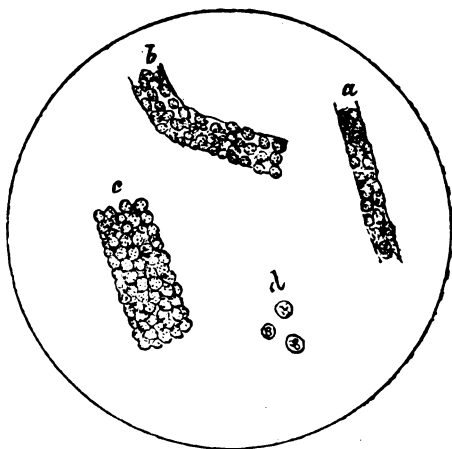
In the case which I have just now related to you, recovery took place with but little aid from Medical treatment. I have now to ask your attention to the particulars of a patient whose urgent symptoms demanded something more than the usual routine of remedies.

S. M., aged 27, married, and the mother of one child, was admitted into No. 7 Ward on August 4, 1857. She states that for some time past she has been a sufferer from asthma, and that she has had thickness of the voice and hoarseness since the month of April in the present year. During the last three months she has lived badly, and has consequently been losing strength. About three weeks ago, after exposure to wet, she became very unwell, with feverish heat of the skin and throat, and on the following day dropsy commenced in the feet and quickly extended upwards. She then went under Medical treatment, and took purgative medicine, which acted very freely; in spite of this, however, the dropsy increased

the urine became very scanty, and the breathing extremely difficult.

When admitted into the Hospital on the 4th August there was much dropsical swelling of the legs and abdomen, and the face was pale and puffy, but the most urgent symptom was dyspnoea, which prevented her from lying down. She was breathing no less than sixty-two times in a minute, and the pulse was 128. Over the whole of both lungs, from base to apex, there were heard small and large-sized bubbling rhonchi, indicating the existence of much liquid in the air tubes. The urine was scanty, somewhat light-coloured, and contained as much albumen as, when coagulated, occupied one-half the volume of the urine. It deposited a rather copious cloudy sediment, which, on microscopical examination, was found to contain numerous small tube-casts entangling pus-cells. (Fig. 5, *a* and *b*.) Many pus-cells were also scattered free over the field of the microscope.

Fig. 5.



*a* and *b*. Small casts entangling pus-cells. *c*. Larger cast, containing pus-cells. *d*. Pus-cells acted on by acetic acid, and showing the compound nuclei. Magnified 200 diameters.

I beg you particularly to notice that these small pus-containing casts have a diameter which exactly corresponds with that of the free canal which exists within the epithelial lining of the tubes of the kidney, (see fig. 2. p. 1;) in this respect they resemble the small waxy casts which I have before shown you, (see fig. 3. p. 2.) These small casts then indicate that the Malpighian vessels are pouring an exudation into the free canal of the tubes, while the gland-cells which line the tubes remain unchanged. If the pus-casts had been of larger size, as represented at *c*, fig. 5, we should have inferred that the gland-cells of the kidney were being replaced by pus-cells, and our prognosis would have been most unfavourable. I have before alluded to the practical importance of observing the diameter of the various kinds of tube-casts, as a means of ascertaining whether the gland-cells of the kidney are being destroyed, and I shall hereafter give you additional illustrations of the same subject, but I wish now to confine your attention to the case which we have under our consideration.

We had then to deal with a patient whose lungs and kidneys were in a state of engorgement, and a question might arise as to which of these organs was the primary seat of disease. It not unfrequently happens that an albuminous condition of the urine and dropsy occur during the progress of acute bronchitis, especially when the bronchitis is grafted upon emphysema of the lung—was that the explanation of the albuminuria and dropsy in this case? We thought not, for two reasons. First, because we gathered from her history that although she had suffered in some degree from asthma, there had been no urgent difficulty of breathing until exposure to cold had induced a scanty secretion of urine and dropsy. And secondly, the pus-containing tube-casts indicated a more inflammatory condition of kidney than was likely to have been induced by simple congestion consequent on bronchitis. I have frequently examined urine rendered albuminous by a greatly impeded circulation through the heart and lungs, and have usually found in it only the small wax-like fibrinous

casts before mentioned, without either pus or epithelium in notable quantity. The probability therefore was that the kidneys were, in our patient, the primary seat of disease, and that the pulmonary engorgement and the bronchorrhoea were a part of the general dropsical tendency induced by the renal disease.

Then came the question of prognosis and treatment. As to the former, we knew from numerous examples of a similar form of disease that the condition of the kidney was essentially a curable one, but our fear was that the engorged and oedematous state of the lungs would be fatal before any treatment directed to the kidney could take effect. With dyspnoea so urgent, it seemed by no means improbable that a fatal result might occur within twenty-four hours. What then could be done to avert the tendency to death by apnoea?

Obviously it was of vital importance that through some channel or other water should quickly be eliminated from the system. To have given diuretics would have been something worse than useless. I have already told you that the dyspnoea and the dropsy had continued to increase in spite of very free purging before her admission. This circumstance in her history, together with the feebleness and rapidity of the pulse, appeared to forbid the use of elaterium as a hydragogue. I determined, therefore, to make a small incision in each leg, hoping that a copious and rapid drain of liquid from the wounds might in the course of a few hours so far relieve the lungs as to ward off the imminent danger of suffocation, and thus give time for the action of other remedies. I felt that I was justified in adopting this mode of treatment by my experience of the great and speedy relief from dyspnoea which often follows a drain of liquid from the legs in cases both of cardiac and renal dropsy. The remedies to which we resorted then were these: Pil. coloc. c. gr. x. om. n. Ether chloric. m. xx. mist. acacie ʒi. 4tis horis. Cupping to the extent of ʒiii. on the loins, and an incision half an inch long to be made through the skin a little above the outer ankle of each leg.

The relief afforded by these measures, and especially by that last mentioned, was greater than I had anticipated, or dared to hope. A large quantity of liquid rapidly drained from the legs, and in a few hours the dyspnoea was much lessened. The rapidity and the extent of the relief are best indicated by the frequency of the pulse and respiration. On the 4th—the day on which the incisions were made—the pulse was 128, resp. 62; on the 5th, p. 124, r. 54; 6th, p. 100, r. 32; 7th, p. 88, r. 34; 8th, p. 84, r. 32.

Meanwhile the urine became very copious, the albumen rapidly diminished, the dropsy disappeared, and the morbid lung-sounds ceased. On the 13th—nine days after her admission—the pulse was 80, respiration 26, the urine very abundant, with hardly a trace of albumen; the legs had nearly ceased to discharge, and the dropsy was almost gone. On the 18th the urine was reported free from albumen and tube-casts, and the dropsy quite gone. On the 20th we gave her a steel mixture as a tonic, and on the 5th September she left the Hospital well, except that the hoarseness before mentioned still remained, the result as we suspected of previous syphilitic disease of the larynx. We could get no distinct history of syphilis, but some large circular scars on the legs were suggestive of syphilitic rupia having left its indelible mark upon her.

## LECTURES

ON

## THE ANATOMY, INJURIES, AND DISEASES OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,

Professor of Anatomy and Surgery to the College.

## ON FRACTURES OF THE SKULL.

LECTURE I. (continued.)

AGAIN, we all of us know what it is to have to deal with a fidgetty, irritable patient, and we all of us know that patients in such a condition are much more liable to inflammatory action after wounds, than patients whose minds are calm and well regulated.

Some years back I had under my care a gentleman whose right hand was frightfully lacerated by the explosion of a powder-flask which he was holding. One of his ears was also all but cut off, and on the chest was a large effusion of blood, with extensive abrasion of the skin, caused by the body of the flask, which, striking him obliquely, had passed under the arm. The hand was saved, and, from first to last, every wound went on well; the pulse never rose five beats above the natural. What was the history of this? A healthy condition of body, and a well-regulated mind, which remained unruffled, and singularly calm throughout. Had it been otherwise, would the issue of the case have been such as it was?

Here, then, is another element, and a most important one, too, which we find altogether neglected in the statistics of Injuries of the Head, which we already possess.

But I think I have said enough to prove that statistics such as these cannot serve for our guidance in any question as to operative interference.

What, then, are we to do? Are we to place ourselves under the banner of one of the two great parties—the one recommending operative interference, the other condemning it? Are we to shelter ourselves under the great names arrayed under these banners? Names, it must be said, as great on one side as on the other. Such a course would be the easiest, no doubt, as far as we are concerned. But would it be the safest for our patient?

On the one hand, the use of the trephine is strongly recommended in all cases of compound fracture of the skull with depression and without symptoms, as such accidents give rise, more commonly than not, to intra-cranial suppuration. Here let us mark that it is nothing but the frequent occurrence of this form of suppuration which leads to the immediate operation; the trephine, in fact, is used to prevent the impending mischief. On the other hand, resting upon the numerous cases of a similar nature which have not been followed by suppuration, and which have recovered without any operation, it is argued that the trephine is evidently not always necessary, even in such cases as these; and hence that it ought never to be brought into use, unless symptoms indicative of serious mischief be present. Here there is no attempt made to anticipate the possible mischief; time enough to think of operating when there is no doubt as to the existence of the inflammation. Such are the two great doctrines into the value of which it now becomes our duty to inquire.

The truth will, I think, be found to lie in a middle course. Every case of compound fracture of the skull, with depression and without symptoms, must be judged of separately; and all the various circumstances connected with each individual case must be fairly taken into consideration. If this is done, the conclusion undoubtedly will be that there are among these cases some which demand the immediate use of the trephine, and others which assuredly do not.

Some short time back I was summoned to St. George's Hospital, in the dead of the night, to a young Irishman, who had, in a drunken brawl, received sundry cuts of a hatchet on various parts of the skull. With one exception, all these wounds proved to be superficial. Over the left brow, however, there was a wound, of an inch and a half in length, which led down to the bone: in the bone itself there was a deep cleft, with a narrow piece driven down. Situated immediately over the brow, as the injury was in this case, I did not think it necessary, as there were no cerebral symptoms, at once to resort to an operation. The wound was, therefore, strapped over, and the patient was purged and kept upon low diet for some days. Nothing of importance occurred to interrupt this man's recovery. The wound healed, and he was discharged from the Hospital without an ache or a pain.

Here I did not think of operating, as it appeared to me that the hatchet had acted in an oblique direction, and that the depressed piece of bone was a part of the superciliary ridge which had been chipped off. Had the injury not been in this particular spot, and even here had the hatchet struck the bone in a different direction, I should have acted differently.

There are then regions of the vault of the skull in which depressions of bone, even of a very marked character, do not demand the immediate use of the trephine—the frontal sinuses, the mastoid process, for instance. You will find many cases on record in which dissection has proved the existence of a very extensive fracture and depression of the outer wall of the frontal sinuses, without any injury whatso-

ever of the inner wall. But here let me remind you, however, that this can only occur after a certain period of life. Let us remember that in childhood and in early youth there are no frontal sinuses, and that consequently a deep in-driving of the bone must, at this particular period, involve the inner plate.

Again, when the depression of the bone is slight, and especially when such depression corresponds to the thicker parts of the injured bone, the trephine is, I think, not called for.

A woman, aged 51, was admitted into St. George's Hospital, under the care of Mr. Caesar Hawkins, in January, 1841, with a scalp-wound on the right side of the forehead, leading from the external angular process, two inches directly upwards. Corresponding to this wound the bone was laid bare, the breadth being about one-quarter of an inch; a fissure was easily seen in the course of the wound, and there was also a slight, but perceptible depression. The fracture did not appear to go beyond the wound at its upper part, but it was thought probable that it extended downwards, as there was some bleeding from the left ear, and from the nose; this bleeding was not, however, to any great extent. The wound was bruised, and the patient appeared to have lost a good deal of blood; she was in a state of collapse; had vomited before her admission, and again after it. She had been tossed into the air by a bull, and the fracture had, in all probability, been caused by the fall to the ground. She did not recollect anything of the accident, but was quite sensible when admitted ten minutes afterwards. It was determined that the trephine should not, under existing circumstances, be applied. The wound was, therefore, strapped at once. Inflammatory symptoms soon supervened, with great pain in the head, and intolerance of light. She was bled several times, and put upon calomel until the gums became sore; she then had antimony, and a blister was subsequently applied to the nape or the neck, as there was some drowsiness, accompanied by starting of the limbs. From these symptoms she gradually recovered, but complained of distressing noises in the head, as well as of some loss of sight. The wound, however, healed well, and the scar adhered firmly to the fracture. She remained in the Hospital for a month, and then went out; but she was readmitted in about a fortnight, for a recurrence of the pain in the head, and distressing noise in the ear. Leeches to the temples, blisters to the nape of the neck, and mercury, unto salivation, relieved these symptoms; and she again left the Hospital in about a month. Nothing further was heard of her.

In a large number of the cases of compound fracture with depression, and without symptoms, which have recovered without an operation, you will find that the depression of bone was but a slight one. Experience proves, then, that in the majority of these cases the bone need not be interfered with.

Hence the reason why many Surgeons of the present day who would trephine in other cases, strongly urge that in these cases of slight depression the trephine should not be used. It is true that in such cases we have no means of knowing the exact state of the inner plate, which may be splintered and driven down; but neither do we ever seek to know, in a fissure or in a comminuted fracture without depression, the exact state of the inner plate which here, too, may be injured. And then recollect that in a slight depression of the bone, the outer plate only may be driven in, with crushing of the diploë, and the inner plate remain unhurt.

In the case which I have just mentioned, the injury was followed by severe inflammatory symptoms, but such symptoms frequently arise even when the depressed bone is at once removed.

A lad, aged 15, was admitted into St. George's Hospital, under the care of Mr. Caesar Hawkins, in February, 1839, with a compound fracture of the skull, the broken bone corresponding to the middle part of the right brow, and about an inch above this region. The bone, which was driven in to some depth, measured an inch in length, and four lines in breadth. There were no cerebral symptoms whatsoever. The boy gave a clear account of the accident. In addition to the severe injury of the head, the right ankle was also dislocated. In a consultation with Sir Benjamin Brodie and the late Mr. Babington, it was decided that this was a case in which an operation ought to be resorted to. Mr. Hawkins proceeded at once to cut off a piece of the overhanging bone by means of Hey's saw, after which the depressed bone was ex-

removed. The dura-mater presented a perfectly healthy appearance. Cerebral symptoms, indicative of inflammation, soon made their appearance; repeated bleedings and antimony were had recourse to, and the lad ultimately recovered, notwithstanding some very severe symptoms connected with the injury of the ankle.

And now, let me bring before your notice some examples of compound fracture with extensive comminution and depression of the bone.

This is a class of cases in which it is admitted by most of our authorities of the present day that operative interference is necessary, and so I think it is in the majority of instances; but we shall find that, even here, some peculiar circumstance, attached to each individual case, may, and ought to make the surgeon modify his plan of treatment.

For the purpose which I have at present in view, I shall select some cases in which the general characters of the injury, both as to the situation, as to the nature and extent of the fracture and depression, and as to the symptoms, were as nearly as possible alike, and in which the surgeon was, nevertheless, led to differ widely in his practice.

A gentleman of Magdalene College, Cambridge, was one evening in the year 1839 brought to St. George's Hospital, with a severe compound fracture, occupying the right side of the frontal and temporal regions; the wound was a very large one, and, at the bottom of it, could be seen the bone extensively battered in, and broken into several fragments. He was perfectly collected, and gave a full account of the accident, which had been caused by his horse running away, and violently dashing his cabriolet against the iron railings in Park-lane. He was scarcely stunned, and, altogether unaware of the frightful nature of the injury he had sustained, insisted upon walking to the Hospital to have his head dressed. Finding that he had no symptoms whatsoever, he could hardly be brought to believe that his skull was broken, and much less that the fracture was one of a most dangerous nature. However, he ultimately consented to remain in the Hospital. Mr. Keate saw this gentleman shortly after the accident, and determined upon operating at once. The depressed fragments were so firmly jammed together that it was not without some difficulty that one of the smaller pieces of bone was got out: the opening thus made gave room for the elevator—several large pieces of bone extending under the temporal muscle were brought up to their proper level, and the looser pieces, some of which were large ones, were removed. A large gap was thus left in the bones at the upper and front part of the temporal fossa, but the dura-mater, thus extensively laid bare, did not appear to have been injured. The inflammatory symptoms which followed were successfully met by bleeding, purging, mercury and low diet. But when this gentleman began to go about the room, he for the first time discovered that he had lost the sight of the outer part of his right eye; he could no longer discern objects placed on his right side, but he could see them when they were brought directly opposite to him, and still better when they were carried over towards the left side. The movements of the eye-ball were as free as ever. In the course of time granulations sprang up, and this large wound scarred over; but the right eye still remained in the same condition when this gentleman left the Hospital. Finding that he was no longer capable of much mental exertion, he left College, and subsequently went out as a settler to one of our colonies. In the course of the years which have since elapsed, I have, now and then, heard of him—he was strong and well, but the right eye remained the same as it was when I last saw him.

With this case let us now contrast the following:—

A groom, aged 23, was admitted into St. George's Hospital under the care of Mr. Cutler, in April 1855, with a large scalp wound over the upper part of the left temporal region; the bone was laid bare to the extent of a shilling, but no fracture could be detected. The man having been kicked on the head by a horse a few minutes previously, had been stunned, but was already fast recovering his consciousness. Extensive diffuse cellular inflammation of the scalp supervened; incisions were made, and a large quantity of blood and pus let out. During the whole of this time this patient was somewhat incoherent in his manner, answered questions but imperfectly, and was very irritable; but at the end of a fortnight all these symptoms had subsided, and he was so far well, that he was allowed to go about the ward. On the 10th of May phagedæna suddenly made its appearance in the

wound, and soon exposed a large portion of the bones of the temporal fossa; and then was laid bare an extensive fracture, with depression, the existence of which had never even been suspected. It was at this time that my attention was called to the case by Mr. Phipps, the House-Surgeon, and on carefully examining the parts I found that a piece of bone, of an oval shape, about two inches in length, and more than an inch in width, was smashed in. The piece thus driven in was itself cracked into several fragments; the depression was extensive, more so, however, at the upper end and back part, where it was at the least the third of an inch in depth. The ridges of bone around were very rough and prominent. There was no pain about the head; in fact, the man felt perfectly well, and was exceedingly calm in his manner. The depressed bone was not interfered with. Granulations springing up from the surrounding parts soon covered over the exposed bone, the wound contracted and progressed rapidly, and the patient was again allowed to go about the ward. After some little time, however, he began to complain of some slight irritation and pain in the wound. This continued for a few days, and then, one morning, a piece of loose bone was detected imbedded in the granulations. The bone was removed without any difficulty. Measuring an inch in length, and the third of an inch in width, it included the whole thickness, and on its inner surface a groove for a large arterial branch was seen running across it. From this time the progress of the case was uninterrupted, and the patient was shortly afterwards discharged from the Hospital.

Here, then, are two cases presenting general characters strongly resembling each other; but how different was the treatment! If it was thought right at once to remove the depressed fragments in the first case, why was not this also done at once, so soon as the depression was detected, in the second case? Time was everything in these two cases. The different periods at which the fracture was detected became the guiding principle. In the first case, the depressed bone was not allowed to remain, for fear of the inflammatory symptoms which it would in all probability have given rise to. In the second, the depressed bone having been accidentally allowed to remain for a whole month without producing any mischief, it was thought that the parts had by this time got accustomed to the presence of the depressed bone, and that in consequence no harm would now arise from it.

Such were the reasons why the bone was removed in the first case, and not removed in the second.

But let me lay before you two other cases in which time again became the guiding principle in the different plans of treatment which were adopted.

A blacksmith, aged 23, was admitted into St. George's Hospital, under the care of Mr. Cutler, in April 1844, with a scalp wound, exposing a fracture. The wound, about an inch and a half in length, ran obliquely across the middle part of the coronal suture; the fracture itself was a little less in length, and half an inch in width. Of an oval shape, the fractured piece was broken, not only in its circumference, but also perpendicularly along its centre, where it was deeply driven in, so that the two fragments sloped towards each other. At the time of his admission this man was perfectly sensible and collected, and merely complained of pain, not of a severe character, at the crown and back part of the head: the pulse was 60, and labouring; the right eyelid drooped, but this, he said, existed before the accident: the right pupil acted somewhat sluggishly; the left was quite natural. The accident, which had happened the evening before, was caused by a quoit, which was pitched upon his head, a distance of about seventeen yards. He was knocked down, and stunned for some three minutes, but he soon rallied, and returned home, having lost a large quantity of blood from the wound. A Surgeon who saw him strapped the wound up, and sent him at once to bed. During the night, according to the wife's account, he was restless, so much so that he could hardly be kept in bed; there was great aching pain in the head, especially at the back part, and he rambled when asleep. He had been in the habit of drinking hard in former years, but of late had been very steady. After a consultation of the Surgeons, a small trephine was applied at the upper part of the fracture, and partly over the sound bone; the depressed portion was removed; the inner table was splintered, and several separate fragments were picked out; coagulated blood was found in the diploë, the dura mater did not appear to be injured. Inflammatory symptoms soon made their appearance; bleeding

and calomel were resorted to, notwithstanding which the symptoms went on increasing, and the patient died comatose on the second day after the operation. At the examination of the body, the outer surface of the dura mater, corresponding to the seat of the injury, was found covered with clots of blood and some lymph, but the membrane was throughout uninjured. The sub-arachnoid tissues at the upper part of the left hemisphere were extensively infiltrated with sero-purulent fluid. At the upper surface of the left hemisphere, the cerebral substance was bruised in one or two places; and towards the back part of the right hemisphere there was a small quantity of blood in the sub-arachnoid tissues. All the ventricles were enormously distended, and filled with a clear transparent serum; the lining membrane of these cavities was throughout rough, and as if sprinkled with white sand; the septum lucidum was exceedingly thin, but otherwise healthy. Old and firm adhesions existed in both pleural cavities; the lungs were gorged with blood, and red frothy serum. The muscular structure of the heart was very soft, and easily lacerated; the cavity of the left ventricle dilated, and its walls thin. The aortic valves were thickened, and two of them united. The liver, kidneys, and intestines were healthy. The spleen was small, and reduced to a semi-fluid pulp.

Again, contrast this case with the following:—

A stableman, aged 32, was admitted into St. George's Hospital, in June 1852, under the care of Mr. Tatum, with a suppurating scalp-wound, exposing a fracture. The wound was near the right frontal eminence; the broken piece, about an inch in length, was of an oval shape, and cracked not only in its circumference, but also perpendicularly down its centre, where it was depressed, the two fragments thus sloping towards each other; the depression was of no great depth. There was also another short line of fracture, which passed off to the right side; and here, too, there was a depression, which was of an angular shape. The man was perfectly sensible, and had no pain in the head so long as he kept quiet; the pupils acted naturally, the tongue was clean, but the pulse was remarkably slow, and it appeared as if the mouth was slightly drawn to one side. The following was the history of the case. Seven days before this patient's admission into the Hospital he had been kicked on the head by a horse, and knocked down. He was stunned for some minutes, but soon got up again; and he went to a Surgeon, who strapped the wound, and told him to go at once to some Hospital, as he was very seriously hurt. This he did not do, but went home, and kept his bed for five days, purging himself, and living low. He then tried to resume his work, but could not, on account of pain and giddiness in the head, and the profuse discharge from the wound. At a consultation of the Surgeons it was decided that no operation should be resorted to in this case, as the depression had already existed so many days without producing any marked cerebral symptoms. The man was kept in bed, purged, and put upon low diet. After some eleven or twelve days he was perfectly free from all headache, and felt as well as he had ever done. He was then allowed to go about the ward. At the end of nearly a month the wound had all but scarred over, a small piece at the top being the only part which was suppurating. At this period, being perfectly well, and without an ache or a pain, this patient was sent home, the Hospital being then overcrowded; and, as he was not heard of afterwards, it was concluded that all had gone well with him.

Here, then, are two more cases, as alike as possible in their general characters, in which time again became everything,—the different periods at which the fractures were seen being the guiding principle as to the difference of treatment.

Where we should operate, then, at once, if we saw the patient immediately after the accident, we ought in a precisely similar case not to operate, if we only saw the patient several days after the injury, provided the depressed bone had during that period given rise to no symptoms indicative of intracranial irritation and inflammation.

THE Director-General of the Medical Department has issued orders for several Staff-surgeons to proceed at once to Yarmouth, in order to make the necessary preparations for the reception of the invalid troops who are now on their passage home from India.

## ORIGINAL COMMUNICATIONS.

### EXPERIMENTS AND OBSERVATIONS ON THE ACTION AND SOUNDS OF THE HEART.

By GEORGE B. HALFORD, M.D.

Lecturer on Anatomy, Grosvenor-place School of Medicine, &c.

"Ut motum cordis soli Deo cognitum fuisse, pene opinaber." Such were Harvey's words when speaking of the heart's action. So rapid were its movements, that further on he says, "Ita ut modo hinc systolen, illinc diastolen; modo e contra; modo varios, modo confusos fieri motus, nec existimarem cernere. Unde animas mihi fluctuabat; nec quid vel ipse statuerem, vel aliis crederem, habebam."

I make the foregoing quotations from the writings of a great observer and thinker, in order to show that once or twice looking at the heart will not suffice for comprehending or even recording what is seen. Hence partly, no doubt, the many varied statements we have of what takes place during the action of this organ, added to the strange fact, that all experimenters hitherto, that is, so far as I am acquainted with their writings, have first removed the pericardium and its contained fluid (so indispensable to the heart's perfect action), and then made their observations; and even this applies to those made by Cruveilhier on a case of ectopia of the heart, for the organ was destitute of pericardium, had no support, but by its own gravity made its fixed point where in the natural heart there is most movement, viz. at its connexion with the aorta and pulmonary artery. He seems to have forgotten, in his laudable anxiety to portray nature, that what he was beholding was a *lusus nature*, not destined, because not perfected by the Almighty, for more than a few hours' fruitless and irregular struggles, which, however, were hit off, and handed down as a fac-simile of the heart's normal action. I doubt not for one moment the accuracy of M. Cruveilhier's observations; but they referred to an imperfect, and not to a perfect machine.

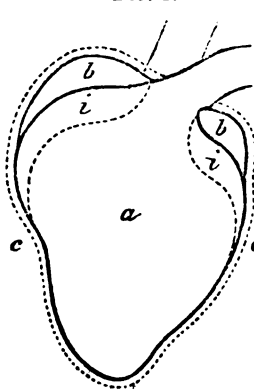
In bringing before the Profession the results of my own investigations, I confess they are far from perfect; they are, however, an honest record of observations frequently made, with a constant anxiety to exclude all sources of error; for no subject in physiology has perhaps been more besmeared with the cobwebs of fancy than that which is now engaging our attention.

In the *Lancet*, Feb. 8, 1834, is to be found a most ingenious paper by Mr. Bryan, "On the precise nature of the Movements of the Heart." It is purely theoretical, Mr. Bryan never having seen the heart act until he witnessed some of my experiments in 1856. I shall extract his concluding remarks with diagram, rather than clothe his ideas in my own less simple language.

After considering what must be the physical state of hollow bodies alternately distended by and contracting upon a fluid, he says: "From what has been advanced, I have been led to believe that the heart moves as exemplified in the following diagram:—

Let fig. 1 represent the heart; *a*, ventricles; *bb*, auricles contained in the pericardium, *c*; suppose the ventricles to have arrived at their extreme distension; the instant contraction

FIG. 1.



commences the auricular valves are closed by the blood; but no important alteration to the size or form of the ventricles takes place until the pressure of the blood contained in their cavities becomes greater than that in the arteries, when the basilar portions sink towards the apex, as from the line below *b* (on the right) to the dotted line below *t*, occasioning partial, or perhaps total, obliteration of their cavities. While this depression of the base of the ventricles is taking place, the auricles *bb* swell into the space *ii* receded from; thus rendering it unnecessary for the pericardium, and conse-

quently the parts in contact with it, to close in upon the contracted ventricles. During the diastole of the ventricles, the reverse of this movement takes place, *i. e.* the bases of the ventricles rise into the spaces *i*, from which the auricles withdrew."

When we shall have proceeded further upon our inquiry, I think we shall find that, with some little modification and extension, the above will represent the theory of the heart's action.

The following observations, Nos. 1—9, were made by me in 1855, with the assistance and in the presence of Mr. Waters, Lecturer on Anatomy, Liverpool; Mr. Webster, House-Surgeon to the Infirmary, and Mr. Friar, now of the H.E.I.C.'s service. We examined the heart's action most attentively for hours, evening after evening, and I have repeated the observations since then at least twenty times. The subjects of the experiments were large dogs, and the proceedings as follow: chloroform was first administered to produce insensibility, then the trachea divided, and the nozzle of a bellows inserted into the lower portion, and artificial respiration maintained; the anterior portion of the thorax, *viz.* sternum, cartilages of ribs, and part of the ribs themselves, according to the depth of the thorax, removed or turned upwards. In this process it was necessary occasionally to drop some chloroform into the valve of the bellows, otherwise the animal became conscious, and disturbed the operators. In this manner the heart was kept acting for a long period, often so long as to make me and others tired of observing, and the animal was destroyed forthwith; at other times, however, the heart soon ceased acting, and constantly, if the chloroform was given too rapidly, it ceased suddenly, and, on opening the thorax, was found distended. Only in one case, that of a rabbit, have I ever succeeded in making a single fibre of the heart contract after death from the inhalation of chloroform, so perfect was the paralysis; this applied to auricle as well as ventricle, and to the most powerful stimuli, including galvanism; whereas when the heart had ceased to beat from other causes, such as failure of respiration, etc. I often and often made it resume its work, to the re-establishment of the circulation, by the application of galvanism.

**Observation 1.**—When the heart is thus exposed, the movements of the whole viscus, and alternately of its separate parts, can be studied through the more or less transparent pericardium. (Should the pericardium be loaded with fat, it can easily be dissected off without piercing the membrane.) The artificial respiration being properly and rhythmically kept up, the facility and smoothness of the heart's action strikes the observer, any impulse or beat of the heart not entering into the mind. The point of the finger coming in contact with the ventricles, immediately dispels the deception, and the *apparent* blow is distinctly felt. A stethoscope, lightly applied, is raised against the ear, and the first and second sounds are distinctly heard.

**Observation 2.**—When the pericardium is removed, and its contained fluid consequently lost, the heart's action becomes immediately tumultuous; the contractions appear more forcible, and the sounds are much louder; and this is the character, more or less intense, of its action ever after. The pericardium, therefore, regulates the heart's movements.

**Observation 3.**—The first sound occurs during the contraction of the ventricles, and the second immediately follows it; that is, whilst the auricles are being filled with blood and no muscular action is going on.

It is necessary now to bear in mind, that the ascending portion of the arch of the aorta and the commencement of the pulmonary artery must be looked upon as heart when speaking of the movements of the latter; for they are equally contained within the pericardium.

**Observation 4.**—During the systole or contraction of the ventricles, the base of the heart approaches the apex; the latter at the same time is pressed downwards, backwards and from right to left, describing part of a circle: the ventricles assuming a contracted globular form descend, describing also part of a circle, but passing forwards and from right to left. There is also a forward movement of the left ventricle above the apex from left to right. These minor movements must be seen, they cannot well be described; but the facts of importance to be remembered are, that when the ventricles contract, their bases descend towards the apex, and the latter is not tilted forward so as to give any blow to the thoracic walls,

but is pressed down wards, its extremity being directed backwards and from right to left.

**Observation 5.**—The ventricles contracting, the auricles simultaneously receive blood and then occupy part of the space within the pericardium previously taken up by the ventricles in their relaxed distended state.

**Observation 6.**—With each contraction of the ventricles and descent of their bases, the pericardial portions of the aorta and pulmonary artery become suddenly greatly elongated and distended; and as suddenly, by their elasticity, react upon their contents, becoming of uniform calibre, but visibly distending the sinuses of Valsalva. The *venæ cavae* are similarly distended during the contraction of the auricles.

**Observation 7.**—The finger and thumb spanning the diameter of the ventricles are perceptibly further separated during the contraction of the ventricles, and approximated during their relaxation.

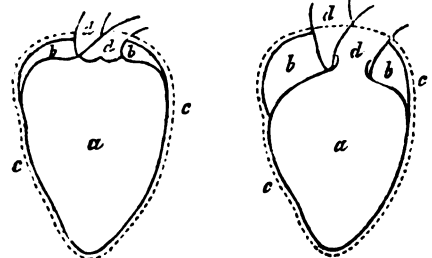
**Observation 8.**—The same *apparent* blow is felt over every part of the ventricles during their contraction, but more forcibly over the centre. The impulse at the ribs is most probably given by the fibres just above the apex.

**Observation 9.**—The apex is the most fixed part of the heart. Great pains were taken to ascertain whether the eye were deceived or not. A piece of string was stretched tightly across the thorax, and a pin thrust through it into the substance of the heart. The string acting as the fixed point, the oscillations of the pin corresponded to the movements of the part into which it was inserted. Thus when inserted about the centre of the sulcus separating the ventricles anteriorly, the head of the pin moved upwards during contraction of the ventricles, and downwards during contraction of the auricles, that is, in a reverse direction to that of the heart and the pin's point inserted into it. In this situation the pin moved longitudinally along a line equal to —, whereas, when inserted into the apex the distance did not exceed —. The same was tried over other parts of the heart, and always with the same result, *viz.* that the apex was more fixed than any other part.

A careful consideration of these observations shows that the heart's action is extremely simple; that there exists a reciprocity or compensation between the auricles and ventricles, and that, although the chambers of the heart are continually receiving and discharging their contents, these actions are so regulated that the bulk of the contents of the pericardium is always the same. For instance, when the ventricles contract, the loss of the bulk of the fluid they have ejected is made up, or compensated for, by the bulk of the fluid pouring into the auricles, and by the increased bulk of the pericardial portions of the aorta and pulmonary artery. This is shown in fig. 2,

FIG. 2.

FIG. 3.



where *a* represents the ventricles in their contracted state, *b* the distending auricles; (they do not become fully distended until the aorta and pulmonary artery have, by their elasticity, reacted on their contents, and have become of diminished calibre, the auricles still filling after the second sound is heard); *d d* the pulmonary artery and aorta greatly distended and lengthened; for observe, that the bases of the ventricles, from which these vessels spring, are lower than in fig. 3, where *a* represents the distended lengthened ventricles; *b b*, the auricles immediately after their contraction; *d d*, the pulmonary artery and aorta of diminished calibre with the semilunar valves shut down; *c c*, the pericardium of the same form in both diagrams.

This uniform shape of the pericardium is however departed from at the instant of the ventricular contraction, the change of form causing the impulse, which has erroneously been



attributed to the tilting forward of the apex, whereas it may be caused by any portion of the ventricles in contact with the thorax or diaphragm. Were there no opposing column of blood pressing upon the upper surface of the semilunar valves, there would be no blow or impulse caused by the ventricular systole. How much this impulse is augmented and communicated to surrounding parts where diseased valves obstruct the circulation, is too well known for me to enlarge upon here.

Do not let us then forget, in our physical examination of patients, that any part of the ventricles being in contact with the chest-walls will give, during contraction, an impulse.

We must now turn our attention to what is taking place in the interior of the heart simultaneously with the external conditions we have been noticing.

The cavities of the auricles and ventricles being at one time continuous with, at another separated from each other, by what means and at what time are these changes effected? In short, what are the functions of the auriculo-ventricular valves, chordæ tendinæ, and muscoli papillares? Also, What share does the blood take in these actions?

To determine these points I lately adopted the following method. A bullock's heart was obtained, and the auricles cut away nearly as low down as the auriculo-ventricular openings; the cavities of the ventricles were well washed out, and the coagula carefully removed. A vulcanised india-rubber tube of like diameter with the pulmonary artery was then attached, by one extremity, to the vessel, and by the other, to a common forcing pump; water was then thrown into the pulmonary artery, and the semilunar valves tightly shut down, gentle pressure being maintained, in imitation of what takes place during life. The right ventricle, being empty, was in the same state as when the auricle is about to inject it. On pouring water into the ventricle the flaps of the auriculo-ventricular valve rose upon the surface of the fluid, until (the ventricle becoming fully distended) the valve formed a perfect septum between it and the auricle. The left side of the heart was tested in the same manner, and with results perfectly the same, notwithstanding the greater thickness of the valve, the larger size of the muscoli papillares, and the stronger chordæ-

quotes some experiments by Fick. He says, "These peculiar structures are best shown by pouring in water from the pulmonary artery and aorta, until it reaches to a point in these vessels, which is somewhat higher than the region of the auriculo-ventricular valves." This, however, is a very different proceeding from that adopted by myself; the principle is different; nevertheless the true action of the valve is thus stated by Valentin further on: "The slightest pressure suffices to close the auriculo-ventricular valves—a very weak contraction of the walls of the ventricle—indeed, the mere force with which the blood is expelled from the auricle, and rebounds or is rejected by the elasticity of the ventricular walls, completely suffices for this purpose." I was entirely ignorant of anything of the kind having been previously done by Fick; suffice it to say, the thing was not only new to me, but to such men as Billing, Carpenter, Lane, Richardson, Leared, and others, and is not to be found in our standard works on Anatomy or Physiology, where, as is well known, the action of these valves is very differently stated. Ignorant, then, of any but hypothetical speculations as to the time and manner of the closure of these valves, I was led, by experiments, to treat of the matter as follows:—The auricles contracting on the blood, the force of their contraction is transmitted by the blood in all directions, separating the flaps of the valves, distending the ventricles, and (the semilunar valves being shut down) pressing as much upwards and backwards, as downwards and onwards. The force, not being sufficient to raise the semilunar valves, is expended in distending the ventricles, and raising and closing the auriculo-ventricular valves.

This simple, yet beautiful demonstration, is of great importance in solving the problems which have been engaging our attention.

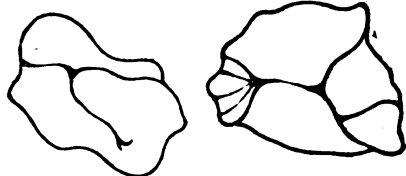
Let the fact of there being a perfect septum between auricle and ventricle, previous to the contraction of the latter, be taken in connexion with the fact (as stated in Observation 4, and as shown in fig. 2,) of the descent of the bases of the ventricles during their systole, and we arrive at an important conclusion respecting the functions of the muscoli papillares. Seeing then that the valve forms the perfect septum as above, when the ventricle contracts as from *a*, fig. 3, to *a*, fig. 2, these muscles also contract in proportion as the base of the ventricle descends, and their tendons (chordæ tendinæ) being inserted into or connected with the under surface of the flaps of the valve, from apices to circumference, thus maintain the proper tension of the valve till the whole of the blood is expelled from the ventricle.

The auriculo-ventricular valve thus forms a perfect septum between the auricle and the ventricle as soon as the latter becomes distended, and is kept in this position during the whole ventricular systole by its own proper muscles, (muscoli papillares,) which, by contracting simultaneously with the descent of the base of the ventricle, prevent the eversion of the valve into the auricle.

The following table has been drawn up from the foregoing experiments and observations, and, if carefully studied, will greatly facilitate the comprehension of the heart's action, the time, and, as will be shown further on, the causes of its sounds.

FIG. 4.

FIG. 5.



tendinæ. Fig. 4 represents the right auriculo-ventricular, and fig. 5 the left auriculo-ventricular valves closed without the least pressure on the sides of the ventricles.

An account of this last experiment was given in the *Medical Times and Gazette*, December 26, 1857, since which Dr. Brinton has kindly informed me that the action of these valves had been previously shown to be passive. I find Valentin

#### Analysis of One Complete Action of the Heart.

Time occupied, say, one second.

Rhythm.	Time.	Order of Occurrences.	Muscular Action taking place.
Last part of pause.	↓	Auricles contracting. Ventricles distended with blood by the force of the auricles. Auriculo-ventricular valves closed.	Contraction of auricles.
First sound and impulse.	↓	Ventricles contracting on their contents; tension of the auriculo-ventricular valves and chordæ tendinæ; blood passing into and increasing the calibre of the aorta and pulmonary artery. Auricles relaxed, permitting the flow of blood into them from the vena cava and pulmonary veins.	Contraction of ventricles.
Second sound.	↓	Ventricles relaxing; auriculo-ventricular valves and chordæ tendinæ no longer tense; small quantity of blood passing into ventricles. Auricles filling with blood; calibre of the aorta and pulmonary artery diminished by the elastic reaction of their coats on the contained blood, producing forcible closure and tension of the semilunar valves.	None.
First part of pause.	↓	Ventricular fibres, auriculo-ventricular valves, and chordæ tendinæ, fully relaxed. Auricles distended with blood. Here the requisite condition of both auricles and ventricles is arrived at for a new set of actions.	None.

N.B. The above Table shows the contents of the pericardium, from the apex of the heart to its connexion with the aorta and pulmonary artery, always to be the same.

(To be continued.)

SERIES OF CASES ILLUSTRATIVE  
OF  
DISEASES OF THE ABDOMEN,  
AND ESPECIALLY OF THE DIAGNOSIS AND TREATMENT OF  
ABDOMINAL TUMOURS AND INTUMESCENCE.

By CHARLES J. HARE, M.D. Cantab., L.R.C.P.

Assistant-Physician to University College Hospital, etc.

MOVEABLE KIDNEYS—THEIR DIAGNOSIS AND  
TREATMENT.

(Continued from p. 87.)

**Case 4.**—The following case is one of considerable interest and importance, especially in connexion with the one (No. 2) above given, as showing the tendency in certain cases to permanent cure:—

Mrs. S. was under my care as an out-patient at University College Hospital, and complained of dull, aching pains, and dragging sensations in the loins, and other symptoms, which induced me to examine the abdomen. I then found that both her kidneys were moveable to a considerable extent, and I had the opportunity, on several occasions, of showing the case to the students as a well-marked example of the affection.

My friend, Dr. Gibb, recently informed me that the patient subsequently went under his care for an uterine affection, and mentioned to him that I had attributed some pains which she suffered from in the region of the kidneys, to a moveable condition of those organs. Dr. Gibb examined her abdomen, and found the kidneys in the state I had mentioned. He has since very kindly, at my request, furnished me with the following interesting particulars of the progress of the case:—

"Mrs. Stubbs, aged 45, mother of several children, first came under my care in 1854 for an uterine affection, and at the same time complained of much uneasiness in her left lumbar region, which she attributed to her moveable kidneys. I discovered them to be moveable, as described, but the left was more so than the right. Her health improved, her uterine affection was cured, and she became pregnant. During the early months of her pregnancy she suffered uneasiness, and sometimes pain, from what she felt to be the slipping up and down of the kidneys, especially of the left one. This wore off as gestation advanced, and on the 5th of May, 1855, I confined her of a girl. The labour was easy and natural, and on examining her some time after, the kidneys appeared to be less moveable, that is to say, their arc of motion was diminished, and she suffered no inconvenience from them. Her health was good, and she became again pregnant, and did not suffer this time from the kidneys, although she felt soreness in the left groin and side, but not in any way connected with these viscera. I attended her on the 22nd of May, 1857, and confined her of another girl, and the examination I made at the time and a little after convinced me the kidneys were not now, if at all moveable, seeming to have got back to their normal position and situation, most likely from being kept permanently so during her last pregnancy."

**Diagnosis.**—In very stout individuals, or when from any cause the parietes are particularly rigid and unyielding, the detection of a moveable condition of the kidneys, even when present, may be very difficult or even impossible; but under ordinary circumstances such is by no means the case. Nor when the presence of a moveable tumour, such as I have described, has been determined, is the diagnosis of its true nature a matter of great difficulty. The physical signs (mentioned at page 8) are of themselves almost sufficient to enable one to come to a positive conclusion on the subject; the chief errors having occurred when practitioners have been unaware of the occasional occurrence of this moveable condition of the kidneys. Under such circumstances the kidney has been mistaken for the spleen, "an abscess," some enlargement of the liver, or for a tumour of a malignant character; while I have long felt assured that some of the so-called "phantom" and "anomalous" tumours, (a) tumours, of which descriptions have been published, have in reality been kidneys presenting this unusual mobility.

Where the right kidney is enlarged and fixed in position, it is now and then very difficult to make an accurate diagnosis between it and some form of enlargement or tumour of the liver, but this organ never presents any mobility, such as does the moveable kidney. In several instances the condition of the right renal organ has been associated with enlargement of the liver, but the diagnosis is not then necessarily rendered more difficult, as the margin of the liver can generally be made out by palpation and percussion, and the kidney is found to slip readily beneath it. An enlarged gall-bladder is sometimes very moveable, but the position which it occupies is different from that of the organ under consideration, being usually more oblique towards the left iliac-fossa; the lower end of the enlarged gall-bladder is also more globular; it feels less hard under pressure, and sometimes fluctuation in it can be detected; besides, though the gall-bladder may be very moveable, it is the distal end only of it which is so, the other being attached to the liver. On the left side the spleen is the organ most likely to be confounded with the kidney; but if it reached as low as this organ it would be much larger than the kidney is, and when enlarged it is never, as far as I know, so mobile as is the so-called moveable kidney; the spleen is also more superficial and usually so much so as to be close to the parietes and dull on percussion, while the kidney (of its normal size) is covered more or less by intestine. It must be remembered, however, that in exceptional cases a coil of intestine may get between the abdominal parietes and the enlarged spleen, and so give rise to a resonant stroke-sound over that organ; while, on the other hand, if the moveable kidney be detrued downwards, and kept in front, it gives rise, *pro tempore* at least, to dullness on percussion. An ovarian tumour differs in its attachments; it is not so limited to one side of the abdomen, if, at the same time, it extends high up towards either hypochondrium; in other words, if an ovarian tumour extend high into the abdomen, it has always a considerable transverse diameter. A collection of feces in the colon is different in form and feel, nor will it slip into the hypochondriac region like the kidney. A cancerous or tuberculous mass growing from the omentum or mesentery, or a floating tumour in the peritonæum, is most likely to be confounded with a moveable kidney; but the loose tumours are extremely rarely of a kidney size, and a careful attention to the shape of the moveable kidney, and the extreme smoothness of the surface, will generally sufficiently solve the diagnosis, while the detection of the hilus of the kidney, which in favourable cases is quite possible, will place the matter beyond a doubt; it will be remembered, also, that as the kidney is detrued downwards, it assumes (as shown in the woodcuts) more and more of an oblique direction, the hilus looking more upwards, owing to the peculiar attachment of the organ. The absence of the kidney in its normal position, and the consequent depression there (when this occurs) are likewise important guides in forming an opinion; besides which the absence of any general cachexia, or of the symptoms of other disease, and the fact, sometimes ascertained, that the tumour since its first discovery has remained perfectly stationary as regards size, etc., will give some help in coming to a correct diagnosis.

**Sex, etc.**—I have been able to procure more or less complete accounts of twenty-three cases of moveable kidneys. Of these, a very ample account of one was kindly given me by Dr. Gueneau de Mussy; ten are recorded by Rayer (b) as having occurred in his own practice or in that of others; one is described by Nélaton (c), and another by Velpeau (d); a case is mentioned in the *Gazette Médicale de Paris*, 1846, p. 993; and one also by Mr. Adams (e) of St. Helen's-place; my friends, Dr. Rankin and Dr. Priestley, have given me some facts connected with two other instances of the affection; and six cases have occurred in my own practice. I have also met with indirect reference to other cases (f). Of the above 23 cases, 20 occurred in females and 3 only in males; of these 3 exceptional cases, one is quoted by Rayer, from Aberle, and the other two came under Rayer's own observation, and, curiously enough, both occurred in the persons of medical men. The ages at which the patients

(b) *Maladies des Reins*, vol. iii.

(c) *Gazette des Hôpitaux*, 1854, p. 346.

(d) *Gazette des Hôpitaux*, 1853, p. 285.

(e) *Medical Times and Gazette*, 1857, vol. i. p. 661.

(f) Cruveilhier, *Anatomie Pathologique*, I. 722; Rokitanaky (*Syd. Soc.*) ii. 187. Dr. Simpson, of Edinburgh, *Med. Times and Gaz.* 1857, vol. i. 263; Prof. Oppolzer, *Med. Times and Gaz.* 1857, vol. i. 675.

(a) This view has also been suggested by Dr. Priestley in some interesting notes on "Hysteric Tympanitis," *Medical Times and Gazette*, 1857, vol. i. p. 262.

came under observation varied much; the youngest was an unmarried girl, aged 18, but in her case the mobility of the kidneys was comparatively slight; another, in whom the mobility of the right kidney was considerable, was 22. A case is mentioned by Rayer as having occurred in a "very old" woman; but out of 18 cases in which the ages were recorded, 10 occurred between the ages of 30 and 51. With regard to the relative frequency with which the two kidneys are affected, in one of Rayer's cases (Obs. v. p. 786), the mobility of the two kidneys was equal, though in that particular instance the left kidney was situated rather lower than the right one; in 4 other cases (Velpeau's, Nélaton's, the one in the *Gaz. Méd. de Paris*, and one of my own) the left kidney was the more moveable, but in the remaining 17 (g) the right kidney was solely or chiefly affected. In 5 of these 17 cases the left kidney was stated to be in the "normal position," or "not affected;" in 5 others both kidneys were moveable, though the right one was decidedly the more so. I am inclined to think that this number (5 in 17) does not represent the actual frequency with which both kidneys are to be found affected in the same subject, for in the 17 cases of mobility of the right kidney, no mention whatever is made of the condition of the left kidney in 6; and in another case (Rayer, p. 786) the position of the left kidney could not be "exactly determined." As of the above 5 cases of partial mobility of the left kidney when the right one was considerably (or at least, chiefly) affected, 4 occurred under my own observation, it is probable that, if the exact condition of both organs had been in all cases recorded, the occurrence of mobility in the two kidneys would have proved to be of more frequent occurrence than is shown by the above analysis. Oppolzer mentions that he has met with "cases in which it was observable in both kidneys, and that in a remarkable degree."

*Pathology, Causes, &c.*—This condition of the kidneys may be either congenital or acquired. Where these organs are situated permanently low down in the abdomen an abnormal origin of the renal arteries has been almost always met with; but in the cases under consideration, though the vessels have been found lengthened, their origin has been at the usual position, and I do not think that some lengthening of the vessels is a necessary proof of the mobile condition of the kidneys having been congenital. It is well known how readily the vessels of the ovaries, for example, accommodate themselves to the altered position of these organs when, from adhesion to a pelvic tumour they are removed perhaps to a distance of many inches from their natural position. The condition is sometimes associated with an enlargement of the liver, which may tend to push down the kidney. A large calculus in the pelvis of the organ will sometimes drag down the kidney, but no condition of this kind is at all essential to the detraction of the organ, for in almost every instance in which a post-mortem examination of such cases (the patients dying of other disease) has been made, the kidneys have been healthy, as stated by Oppolzer, Rayer, etc. The latter author mentions that the moveable condition of the kidneys is sometimes coexistent with a displacement of the intestine or of the uterus (though it does not seem clear how the latter cause could produce such an effect), and that "frequent pregnancies, efforts to carry or lift heavy weights, have appeared in some cases to be the cause of this displacement of the right kidney, which, in other instances, has been inexplicable." Emaciation in those who have been stout appears to be one cause of the mobility of the kidneys. Oppolzer observed that while the organs themselves were healthy there was a deficiency in the cushion of fat, and an extension of the renal vessels; while Mr. Adams, with reference to the case he records (*loc. cit.*) remarks, "The only peculiarity remarkable was that the kidney appeared bound down in its situation more loosely than usual, and the old lady, from having been very fat, had become somewhat thinner, and her integument appeared very lax throughout." Rayer mentions a case in which the peritonæum, instead of passing only over the anterior surface of the kidney, enveloped it at every part except at the hilum, and thus formed for it a true mesentery nearly two inches in length; and another example is alluded to by Dr. Priestley as having been observed by Dr. Simpson (h) in which "the peritonæum

was found reflected over the posterior surface of the kidney, giving it thus a mesentery, and allowing it very considerable motion on the right side of the abdomen."

*Treatment.*—Owing to mistakes in the diagnosis of affections of this kind, patients have been subjected to courses of treatment not only useless, but painful and injurious, while they have also been rendered very anxious by not finding the "tumour" disappear. Besides various other kinds of "active treatment" submitted to, one patient came under Rayer's care, with the abdomen, especially the right flank, covered with leech-bites, and another had had a moxa applied. Patients suffering from this affection should avoid long-continued standing, or much exercise, especially of a severe character, such as running or jumping, riding on horseback, or travelling over rough roads. Straining at stool should also be prevented as much as possible; the bowels should be regulated, and any obvious indication for the improvement of the general health should be followed out. In two or three of the cases I have seen the patients have been somewhat anæmic, and a course of steel medicines has appeared not only to have improved the general condition, but to have aided in relieving the dragging pains of which they complained. Warm baths often give great temporary, if not permanent relief, and a large belladonna plaster spread on leather has proved useful; but this might perhaps be partly due to the support it yielded. But the greatest and most efficient relief is obtained from the use of an elastic abdominal support, provided this be made so as to fit thoroughly well; if not, it sometimes rather aggravates than relieves the pain: and one difficulty lies in preventing its slipping too high up on the abdomen, when it acts somewhat like a belt round the waist, and may even tend to detract the kidney downwards. Dr. Gueneau de Mussy has informed me that he ordered the lady who was under his care with this affection to have the bowels well opened every evening, and then in the morning before rising (while the kidney, therefore, is in its most normal position) to slip over the lower extremities, and so move it upwards till it encircled the abdomen, an elastic circular bandage or support; applying underneath it, opposite the right antero-lumbar region, a hair pad. The lady soon became accustomed to the pressure, and is now almost free from pain, although she has resumed her former mode of living, taking considerable exercise, and mixing much in society. I think these suggestions as to the time and mode of applying the support of much practical importance.

## A CASE OF TRAUMATIC TETANUS SUCCESSFULLY TREATED.

By WILLIAM H. DAKERS, L.S.A.

House-Surgeon to the Ardwick and Ancoats Dispensary, Manchester.

Henry Wilding, aged 32, machine glazer; married; of a sallow complexion; of intemperate habits, and an inveterate smoker. Admitted March 10, 1857.

The ring finger of his right hand presented a contused, lacerated appearance, and he was ordered to poultice it.

March 19.—The finger is in an unhealthy-looking, sloughy condition, with the extreme phalanx partly laid bare. He complains that his belly pains him very much. He protruded his tongue with a tremulous movement, and complained of a dragging sensation at its root. Upon close questioning I ascertained that the first appearance of uneasiness about the neck presented itself on Monday the 16th inst. He cannot open his mouth more than an inch. Tongue white and loaded; pulse natural. Dressed the finger with Cer. resinæ and a few drops of creosote. Ordered him Pil. Plummer, five grains three times a-day, and the following mixture:—

℞ Sod. sesquicarb. ʒss., æth. chloric. ʒss., julep. ammon., mist. rhei co., inf. cascarril. aa part. aq. a ʒviij. M. ʒj. 4tis h. s.

20th.—Requested Mr. Ledward to see him, and by his advice I amputated the extreme phalanx; not, however, for the trismus, but on account of the unhealthy condition of the finger and the bone exfoliating. While under the influence of the chloroform the muscles of mastication did not relax, but the facial muscles and the muscles of the neck twitched convulsively. His bowels are now open.

Ordered—℞ Pulv. lobel. infl. ʒss., pulv. capsici, gr. iv. M. st. s.

(g) In one instance out of the twenty-three it is not mentioned which kidney was the mobile one.

(h) Medical Times and Gazette, 1857, vol. i. 26.

℞ Hyd. chlorid. gr. vi., pulv. jalap. ʒj. M. 3tis h. s. post pulv. supra.

℞ Pil. Plummer. gr. v., 3tis h. s.

℞ Quin. et ferri citr. ʒij., tinct. lobel. ʒij., inf. quassia: ad ʒviiij. M. ʒj. 4tis h. s.

21st.—Cannot open his mouth at all. The calomel purged him a little. The lobelia did not make him vomit; has passed a restless night, and only dozed a few minutes at the time. Stump looks well. RepARATION active. Ordered him a warm bath, and a large linseed-meal poultice to be applied round the neck.

2 p.m. Can swallow, but with difficulty.

3.30 p.m. Mr. Harrison saw him with Mr. Ledward and myself; his gums are slightly affected, and the mercurial fetor of breath is perceptible. At Mr. Harrison's suggestion I applied a poultice to the finger, and rubbed in the following ointment along the whole course of the spine.

℞ Aconitina, gr. iv., axung. ʒi. M., ʒi. 2 dies horis infric.

10 p.m. Continue with the iron and quinine. Pulv. Doveri ʒi has.

22nd, 10 a.m. Discontinued the mercurial—salivation being fully established; he has taken in all 16 grs. of calomel.

2 p.m. Ordered a turpentine enema with three drachms of tinct. lobel. in it. This brought away a large quantity of filthy dark matter, resembling faeces mixed with pitchy matter, with an exceedingly offensive smell.

No effect having been produced by the aconitina (which I had procured in Manchester), I concluded it was bad. I therefore telegraphed to Messrs. Morson of Southampton-row, London, who sent me down some pure aconitina by mail train.

10.30 p.m.—Greater difficulty in swallowing; feels very poorly; is thoroughly nauseated by the lobelia. Complains of intense pain down the back, with severe shooting pain from the chest round to the spine. Gave him Pulv. Doveri ʒi.

23rd. 3. 30 a.m.—The aconitina having arrived, I had more of the ointment rubbed in.

10 a.m.—Complains of his mouth watering, and his tongue, and all down his back feeling numb. I ordered the ointment to be rubbed in every four hours instead of every two hours. Passes his urine with great difficulty.

10 p.m.—Rep. enema sine lobel. Pulv. Doveri ʒj. st. s.

24th.—Ol. ricini ʒij. Pulv. Doveri ʒi. has.

25th.—Cannot open his mouth: has "risus sardonius." Ordered Ext. cann. Ind. res. gr. iʒss 4tis h. s. Discontinued the aconitina ointment.

26th. Requested Mr. Dumville, Consulting Surgeon to the Institution, to see him, who advised a continuation of the same remedies. Opisthotonos being fully developed, I applied a blister to the whole length of the spine.

27th.—Bowels obstinately constipated. Ol. ricini ʒij. with ol. tigllii mʒij. Continue with the iron and quinine without the lobelia. Increased the dose of ext. cann. Ind. res. to four grains every three hours.

28th, 10 a.m.—He now presents a fearful spectacle: the eyes are protruding, the countenance horribly distorted, the alæ nasi distended, the corners of the mouth drawn up, exhibiting the tetanic grin; his belly is like a deal board for hardness, and he rests on his head and heels.

Gave him ʒj. doses of ext. cann. Ind. res. every three hours. Ol. ricini ʒij., ol. tigllii mʒj. st. s.

Is seized with opisthotonos each time he attempts to set the voluntary muscles in action.

4 p.m.—Can open his mouth a little and can swallow, but says his belly is very painful.

30th.—Fits get stronger and more frequent; they are induced by the merest trifle—the opening or shutting of the door or window, or the sight of a strange face is sufficient to induce one. Complains of intense pain "*when the stretching bouts are agait.*"

Continue with the ext. cann. Indio. resin., ol. ricini ʒij., ol. tigllii mʒj. st. s.

31st.—Bowels are purged. At Mr. Ledward's suggestion I gave him the following draught:—

℞ Tinct. aconiti, P.L. mʒ., tinct. conii, mʒv., acid. hydrocyan. Scheeli, mʒ., aquæ q. s. Ft. haust. 2dis qq. h. s.

April 1st.—Is much better. Bowels are much purged.

10 p.m.—Can open his mouth better. Says he has had no pain in his belly since he has been purged.

4th.—Diarrhoea ceased. No pain in the belly; can swallow well, and can open his mouth wide. Finger looks well,

rather painful; granulations healthy. Continue with the mixture three times a day.

5th.—When I saw him to-day he was eating a beefsteak, and apparently relishing it.

17th.—Came up to the Dispensary. Finger nearly healed up. Continue with the iron and quinine without the lobelia.

20th.—Discharged cured.

I have here given the history of the case as it fell under my notice. I leave the Profession at large to make their own comments upon it, merely remarking, that after exhibiting such a catalogue of remedies, it would be impossible to say to which of them his recovery is to be ascribed; but were I to have a similar case, in the present state of knowledge, I should feel inclined to treat it in a similar manner.

Ardwick and Ancoats Dispensary, Manchester.

## MEDICAL SKETCHES FROM EGYPT.

WRITTEN DURING A JOURNEY ON SERVICE FROM ENGLAND TO INDIA.

By FREDERICK ROBERTS, Esq.

Staff-Surgeon.

I visited this morning the Military Hospital and Medical School of Cairo. The Arab name of the Hospital is "Casn-el-ane," or House or Castle of Ophthalmia; or, according to another conjecture, "Casn-el-Eyn," after the mosque of El Eyn, close by. It is situated on the way to Old Cairo. I presented my card to Professor Diamanti, a Roman, who at the time was engaged in delivering a *lecon* to his Egyptian pupils—sitting in Turkish fashion on mats, and taking notes in Arabic from an interpreter, who received the letter in French from the Professor of Therapeutics. The Director-General and chief of Surgical Clinique, and Professor of Surgery, is M. Reyer, who was absent this day on account of sickness. The Professor of Ophthalmology is M. Hossenoff, an Egyptian, who received his professional education at Vienna, and where, from his Russian-sounding name, as he facetiously remarked to us, he was accordingly often taken for a native of that country, however little his complexion lent a probability to such a presumption. In consequence of the absence of M. Reyer, I was accompanied round the wards and building by Professor Diamanti and M. Fousi, an Egyptian gentleman, who is assistant to M. Reyer.

This Hospital, which is nearly a square in figure, contains an interior area planted with trees, which afford an agreeable shade to the patients. There is a wide corridor between two lines of lofty and airy *salles*, which are provided with iron bedsteads with boards, in place of canvas stretchers, and mattresses and linen sheets. The institution is made to contain eight or nine hundred patients. There were present this day about four hundred sick soldiers and nearly two hundred civil patients. They are well found in diet and everything else, I was assured by an European, M. Diamanti. Indeed, so greatly does the present Pasha pamper the soldier, that he lodges them in some of the best palaces, which are allowed to be much abused by them. The lecture rooms and laboratories were all complete, but had the air of neglect about them. In the dissecting-room was a subject waiting a *sectio*. In the corridors were unopened cases of the anatomical wax preparations of Azan of Paris; and in the museum were the same, as well as preparations made out of the human body. I observed three perfect specimens of exhumed running ibis, with white body and dark blue wings and tail, in the museum, which contained chiefly the indigenous specimens of natural history. The library was small, but comprehensive, and included none but French books. There were three volumes of Hunter's works in French.

*State of Public Health.*—In consequence of the rigid rules of the Council of Health, mortality has greatly diminished of late years. The classes who still suffer from an unusually high rate of death is the very young population and women; as mothers will not see doctors either for themselves or children. Their prejudices against educated doctors are left more unmolested than those of the male population, who are more amenable to sanitary discipline. The Council of Health is established on very decided principles here, and is in relation with those of other countries of Europe. It is presided over by Clol Bey, who now-a-days passes his time between Cairo

and Alexandria. He had retired from the Egyptian service for a time, and was recalled into activity by the reigning Prince, Said Pasha.

There is no Medical journal published in Egypt for the maintenance of Medical literature, but there is communication with the Paris Medical press. The state of public health is, nevertheless, constantly before the eyes of the authorities. Great amelioration in disease, especially ophthalmia, has been produced by instituting compulsory vaccination. At least it is so far compulsory that parties concerned are punished when an individual at death is found unvaccinated, as I understood from M. Diamanti. The strictness in exacting measures both for public and private hygiene among all classes, is supposed, not without plausibility, to have caused the immunity from plague for seventy-two years—since 1835. The prevalence of purulent ophthalmia is also greatly reduced. There was no case among many of diseases of eyes equal to what I have seen in Europe. I saw the worst and only case of it in the Hospital, and which was nothing but ordinary chemosis, with some discharge. There is considerable alternation of temperature in the twenty-four hours, which M. Diamanti considered unfavourable to phthisical patients. He says also that people (natives) suffer not infrequently from rheumatism in the country, on account of the inequality in the temperature of the day, and that of the night.

**Surgery.**—I saw several cases of fracture of the lower extremities, including three of the femur, treated with straight splints at the side, extension and counter-extension being made at either end on the long splint. In compound fractures the many-tailed bandage was in use; and in simple cases a couple of strong, straight splints, more than half an inch thick, cushions, and a little slight bandaging constituted the setting apparel. I saw no double inclined plane in use in any of the cases. I had no reason to believe that this branch of surgery was not successful, but from the scientific principles adopted, simple, at the same time good material employed, I should presume it to be attended with happy results. I did see one case of a fracture of both bones of the forearm united rather crookedly, but with retention of the perfect motions of the various joints: Fractures of the tibia were treated with the straight, thick splint, apparently with prospects of success. In a case of compound fracture of the thigh, charcoal was used to deodorize the wound.

To inquiries about the use of the starch and gypse bandages, I was told that they were both used occasionally, although there were no cases actually treated by these methods. Sentin's modification of the starch bandage was not used.

**Amputations.**—I saw nine or ten cases of amputation of the upper and lower extremities. There were two circular, and the remainder flap operations. Even in the flap cases sutures were not used, but simply adhesive plaister, as sutures are found to become sources of abscesses in the stumps in this country. In addition to the plaister, the rest of the dressing was charpie and bandages. All the cases were doing well, and bore no signs of pyæmia or gangrene, which I was assured was rare in the practice of the hospital. In one case of amputation below the knee hæmorrhage had taken place, and the femoral had been tied. The injuries requiring amputation, and the fractures had all been produced in mere working on the railway.

Stone in the bladder was a common disease under treatment, and several cases had undergone operation. There were a great number of cases of hydrocele also. Some had been treated by simple incision, and others with injections of iodine. Both M. Diamanti and M. Fousi informed me that diseases of the testicles were very frequent in the country.

**Circumcision.**—I saw a few cases of this operation which had been performed with a common razor (not I presume that scalpels were rare, but probably from prejudice). The prepuce was very neatly held together with a few small wire tenacula. In two cases the operation had been performed in young soldiers for religious purposes. On the same account the operation is common in the very young and very old among the poor population.

**Diseases of the Eyes.**—The Professor of Ophthalmology, M. Hosenoff, was not present when I was taken round the ophthalmic wards, and I lost some interesting details upon these diseases on that account. The Professor, however, offered to meet me at the hospital the next day, but an obliga-

tion to prosecute my journey precluded the possibility of my doing myself that pleasure. (The ophthalmic wards were fine, lofty, and airy rooms, furnished with blinds, which threw not too obscure a light on the rooms. Cataract was very common in the hospital, as well as in the country. Operations for the diseases were frequent in the hospital. I saw one or two cases of plastic surgery of the eyelids neatly done.)

Ophthalmia, as before observed, is much less prevalent in Egypt at the present day than formerly. Its causes are considered by M. Diamanti to be more mechanical than meteorological. The theory of cold and warm humidity (so tenaciously defended at the ophthalmological congress at Brussels by M. Anagnostakis, of Athens) does not appear to be tenable as an exclusive cause of the disease in Egypt or Greece, inasmuch as this humidity of different temperatures is equally as prevalent in the desert, where there is no ophthalmia scarcely, as in the towns and villages. Unless the wind is very high there is no dust in the desert, but a most refreshing cool breeze wafts over it when the thermometer is even upwards of 90° in the shade. Indeed, the European inhabitants of both Cairo and Alexandria build houses in the desert to obtain cooler residences than the cities afford. There is always more dust also in towns, where there are high buildings, which create strong currents and irregular blasts of air. In Egypt the privies, even in private houses, are open and numerous, and emit ammoniacal and nitrous gases, which are deemed irritating causes of ophthalmia in the country.

Cairo.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### THREE CASES ILLUSTRATING THE USE OF THE ÉCRASEUR IN THE REMOVAL OF UTERINE POLYPI.

#### Case 1.—ST. GEORGE'S AND ST. JAMES'S DISPENSARY. SUCCESSFUL REMOVAL OF A LARGE INTRA- UTERINE POLYPUS.

(Under the care of Dr. PRIESTLEY.)

Mrs. B., admitted as a patient at St. George's and St. James's Dispensary, under the care of Dr. Priestley, complained that she had suffered from severe and protracted menorrhagia, large clots passing occasionally from the vagina. She was exceedingly anæmic, and had the usual symptoms arising from loss of blood.

On examination by the vagina, the os uteri was found dilated, and the uterine cavity formed a continuous canal with the vagina, a smooth ring indicating the line of demarcation between the two. Inside the uterus, and with its lower extremity reaching down to the smooth ring indicating the os uteri, was found a firm rounded tumour, the size of an orange. Its attachment was posterior and near the fundus uteri. It had no suspending narrow peduncle, but was sessile, with a base of attachment as broad as the tumour itself. A doubt was at first entertained, from its peculiar form and relations, whether it might not be an inverted uterus. The history did not confirm this, however, and the uterine sound, passing easily upwards four or five inches along the anterior surface of the tumour, left no doubt that it was an intra-uterine polypus.

When the relations of the tumour were accurately ascertained it was proposed to postpone its removal for some little time, in the hope that the uterus would make an effort to expel it, and thus form an elongated peduncle, which might be divided with less risk. Hæmorrhage recurred, however, to such an alarming extent that interference became imperative. On the 3rd of July, therefore, Dr. Priestley, assisted by Mr. Spencer Wells, proceeded to excise the mass. The instrument employed was the double-action écraseur, kindly lent for the purpose by Dr. Savage, and which was curved in form, to adapt it to the axes of the pelvis. The patient being placed on the left side, the polypus was first

seized with the vulsellum, and while by means of this gentle traction was made downwards, the chain of the *écraseur* was passed first over the vulsellum, and then over the polypus up to its attachment in the cavity of the uterus. Great care was necessary in pushing up this chain along the genital passages, as, from the irregular form of its divisions, fear was entertained of lacerating or abrading the vagina or uterus.

The base of the tumour being at length reached, the chain was gradually tightened, and in about a minute and a half no further resistance was encountered; the polypus was found loose in the uterine cavity, and was removed by the vulsellum. Scarcely any hæmorrhage followed. A small clot, perhaps half an ounce in weight, was removed, and a piece of sponge placed in the vagina. When the sponge was removed the following day, it was scarcely stained with blood, showing that no after-hæmorrhage had ensued. Little pain was complained of during the operation, and except that diarrhœa supervened on the fourth day, there were no unfavourable symptoms. A week after the operation the patient was convalescent, and made an uninterrupted recovery. She is now well, and has had no recurrence of the hæmorrhage; the uterus being nearly of its normal dimensions.

The advantages of the *écraseur* were particularly manifest in this case. The urgent symptoms of the patient necessitated immediate interference, and the broad attachment of the tumour rendered an operation by excision little less formidable than a so-called enucleation. Removal by a sharp cutting instrument would have threatened severe hæmorrhage, not readily controlled by plugging, when the uterus was so flaccid and dilated; while separation by ligature in the ordinary way would, on the other hand, have exposed the patient to all the dangers arising from such a mass slowly putrifying in the vagina.

Dr. Priestley suggests that it might be advantageous to replace the usual hinge-jointed chain of the *écraseur*, which is managed in such cases with difficulty, by a silver wire, or small linked curb chain. Dr. H. R. Storer, of Boston, U.S., has successfully excised the hypertrophical cervix uteri, by an *écraseur* furnished with a silver wire; and Dr. P. believes that a wire or curb chain would be passed more easily round a tumour in the uterus or vagina, and that tightened by the *écraseur* it would act efficiently in cutting through the substance of a tumour or polypus.

## Case 2.—SAMARITAN HOSPITAL FOR WOMEN.

### LARGE MUCOUS POLYPUS REMOVED WITHOUT HÆMORRHAGE.

(Under the care of Dr. SAVAGE.)

A woman, aged 45, was admitted into the Samaritan Hospital, under Dr. Savage, for obstinate menorrhagia, which had resisted all the usual remedies. Frequent examinations had been made by various practitioners, on the suspicion of polypus, but no such tumour, or any tangible cause for a menorrhagia so rebellious could be made out. Dr. Savage, believing he could put something within the os uteri, which was large enough to admit the forefinger, directed that it should be dilated by sponge-tents. In a few days a large polypus could be felt protruding from the os. It was seized with a pair of ring forceps; very slight traction sufficed to draw the tumour further out, so as to disclose its place of attachment and size of its pedicle. The size of the polypus was that of a large pear, and that of its pedicle not much less. The patient was placed on her left side, in the ordinary position of delivery. The chain of the *écraseur* was carried up as high as possible, and the entire polypus came away, without the least hæmorrhage, in about six minutes. The patient complained of no pain whatever during the operation.

Dr. Savage remarked, that uterine polypi would be the triumph of the *écraseur* system. He could not imagine a more efficient or safer instrument than the double-action *écraseur*—M. Mathieu's latest improvement—for bloodless operations. The position of the patient, on the left side as in delivery, was found the most convenient. The chain certainly did require a little careful manipulation. It is flexible only in one direction, and when loose gets into embarrassing short curves, but the forceps fixed on the polypus acted as a capital director, and, thus guided, the single forefinger eventually carried the loop to its destination, ascertaining

at the same time that nothing wrong was included. For uterine purposes the *écraseur* is longer, and has a curve, giving it a still more ungainly and unpromising look; however, it followed the chain with the utmost facility, quite into the uterus, the tumour in this instance being constructed where any form of ordinary ligature could only have been applied with extreme difficulty, if at all.

No chloroform was administered. The patient was frequently asked whether she felt any pain. The polypus might, of course, have been cut through in a much shorter time than ten minutes, but its feel was suggestive of vascularity, and notwithstanding the urgent recommendations of some Surgeons of the plan of excision without ligature, the probability of hæmorrhage is by no means a settled question. The handle of the *écraseur* was worked only at half-minute intervals, so as not to throw a chance away. All hæmorrhage ceased from the moment the polypus was removed, and the patient rapidly recovered without a bad symptom.

## Case 3.—UTERINE POLYPUS— GREAT HÆMORRHAGE—SUCCESSFUL USE OF THE ÉCRASEUR.

This case occurred in the private practice of Mr. Worthington, of Lowestoft, and is described by that gentleman as follows:—

Mrs. —, a widow lady, aged 50, naturally of robust habit, from the town of Leicester, became fearfully blanched and prostrated by frequent and sudden discharges of blood from the uterus.

It was during a fit of syncope, arising from a sudden gush of blood from the uterus, that I was hastily called to see her.

I was informed she had been under medical treatment for the last two or three years, but no uterine examination had ever taken place. On introducing my hand into the vagina I at once detected, as the source of hæmorrhage, a large fleshy pedunculated polypus, of pyriform shape, growing from just within the cervix, on its anterior part, and descending into the vagina.

At the end of a few days the patient had sufficiently recruited to warrant me in proposing its removal, which I conceived, after consultation with Dr. Webb and Mr. Spencer Wells, might be advantageously accomplished by means of the *écraseur*. No difficulty was encountered in passing the loop of the chain over the tumour, so as to encircle its neck. This having been accomplished, the chain was gradually tightened, and at the end of half an hour, pausing from half to one minute, the tumour was lying loose in the vagina.

Nothing could be more satisfactory in its result. By the combined agency of chloroform the operation was rendered painless, and what was of still greater importance, owing to the anæmic condition of the patient, bloodless. Upon the most careful examination not a teaspoonful of blood escaped during the process.

The advantages accruing from the use of the *écraseur* in this case when compared either with excision or strangulation by ligature was strikingly manifest. Had the former been adopted the patient might have been exposed to hæmorrhage, dangerous to life, however slight. Had the latter been substituted, a putrid mass must have been left slowly to escape, which would necessarily have retarded recovery.

A speedy restoration to health took place; at the end of three weeks the patient was sufficiently recovered to enable her to return home to her friends.

## THE CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST. ILLUSTRATIONS OF THE TREATMENT OF THROAT AFFECTIONS.

(Cases under the care of Drs. PEACOCK, BENNETT, and BIRKETT.)

(Continued from page 88.)

THE following is a good example of the class of cases often met with in which the liability to recurrent attacks of catarrhal aphonia is associated with tendency to phthisis. These cases have no claim whatever to the designation of "laryngeal phthisis," which ought to be always restricted to those in which the existence of actual tubercular ulceration



of the mucous membrane of the larynx is diagnosed. The loss of voice in them is evidence only of a general susceptibility of the mucous lining of the air-passages, and has only the same relation to the phthisical diathesis that the liability to slight bronchitis and to colds in the head have when they occur under like conditions.

*Case 7.—Catarrhal aphonia, recurring every winter for nine years.—Phthisical tendency.—Treatment by tonics, cod-liver oil, and local applications.—Recovery in three months.*—Martha Snelling, a domestic servant, aged 21, was admitted on December 19, 1853, under the care of Dr. Risdon Bennett. She spoke in a low soft whisper, and stated that she had lost her voice without intermission for three weeks past. For nine successive winters she had been liable to it, and seldom recovered until the warm weather returned, never, indeed, even in summer, regaining a strong voice. The attacks, she said, always began with a bad cold. Her aspect was anæmic and delicate, and she had a troublesome cough. The pharynx was pale and relaxed. The cough was troublesome, and attended by a good deal of mucous expectoration. The catamenia were reported scanty, and the pulse was somewhat quickened. Ordered:—A draught containing quinine and iron three times a-day, a five-grain aloes and myrrh pill every night, and the weekly application of the nitrate of silver solution to the larynx.

The application of the solution was repeated on the 29th, and on July 9, 16, and 23. On the last-mentioned date the note states, "Voice much better; aspect delicate, and eye decidedly phthisical; much expectoration of phlegm, but no hæmoptysis; expiration harsh and prolonged over the right apex."

On Feb. 13 the note is "The voice is now much clearer than when she came, but still husky." On the 20th, as she was still losing flesh, the cod-liver oil in two-teaspoonful doses thrice daily was ordered. In addition to a continuance of the nitrate of silver to the larynx, the strong solution of iodine was now painted on the outside of the throat.

The oil suited remarkably well, and she gained strength fast. Counter-irritation by means of the iodine solution was had recourse to several times, both to the throat and over the upper part of the sternum. On April 3 her voice had for some time been clear, and her general health was so much benefited that she was allowed to discontinue treatment and discharged. The same tonic mixture had been persevered with throughout.

We have noted in a previous part of this report that external counter-irritation does not appear to be of much benefit in the hysterico-catarrhal form of aphonia, and that the mopping of the glottis itself with the nitrate of silver solution is a preferable practice. In the phthisical forms of chronic laryngitis, on the contrary, derivative counter-irritation is, according to the evidence before us, of great use, whilst the application of caustic to the part itself has often appeared to irritate rather than otherwise. We have often heard Dr. Peacock in particular remark that he had never seen much benefit derived from the employment of the latter in this form. The following case shows the good effects of the iodine paint.

*Case 8.—Laryngeal hoarseness, of three months' duration, with phthisis.—Cure of the hoarseness by a single application of the iodine solution.*—Harriet Martin, aged 32, a married woman, residing at Sydenham, was admitted on August 7, 1853, under the care of Dr. Birkett. She had suffered from the ordinary symptoms of phthisis for nearly a year, and had been persistently aphonic for three months. The loss of voice had begun during a severe cold, had soon become complete, and had never since been in any degree relieved. On making a great effort she could produce a husky voice. No paroxysms of dyspnoea had ever occurred, nor had there been any difficulty or pain in swallowing. On inspecting the throat the epiglottis was seen to be thickened, congested, and roughened. She had taken many emetics, but no form of counter-irritation had yet been applied. Although decidedly of phthisical aspect, and losing flesh, she was still moderately stout. The solution of iodine was ordered to be freely painted on the throat externally, and she was to take the cod-liver oil and a demulcent cough mixture three times daily.

On her second attendance she could speak almost clearly, and stated that her voice had been regained on the third day after the application of the iodine. The latter had caused most severe pain, and the part was still very sore. After this

it was not found needful to employ any other local treatment, since her voice remained, excepting a slight huskiness at times, quite clear. Constitutional treatment, by the oil and an expectorant mixture, was persevered with for three months, when she was discharged, much relieved in all respects.

It may be here remarked that the use of a very painful counter-irritant is much better than of a mild one, in almost all forms of chronic laryngeal thickening. The practice of this Hospital affords very frequent examples of how often after sinapisms, or even blisters to the throat, have failed to produce material benefit, the application of the solution of iodine will at once clear the voice. Not unfrequently, as in the above case, a single employment of it will suffice, though generally, in order to effect a cure, it is required two or three times, with intervals of about a fortnight. The solution used is a saturated one of iodine with iodide of potassium in alcohol; and if painted two or three times over the same surface may be made to vesiccate most severely. The pain caused, as the writer knows from personal experience, and has been assured by many patients, far exceeds that of a mustard plaster or a blister. It usually lasts for an hour or so, and leaves much soreness for several days. Although the application will produce general vesication, yet it never raises large bullæ, and the loss of serum is trifling. Its effect is indeed that of a typical counter-irritant. The mode of applying it at the Chest Hospital is usually to paint a surface about the size of a large watch-face on each side of the throat, on a level with the thyroid cartilage. The subjoined cases are in further proof of the efficacy of this remedy.

*Case 9.—Chronic laryngitis, with extreme hoarseness of seven months' duration.—Incipient phthisis.—Cure after a three months' treatment by iodine counter-irritation and tonics.*—Thomas Jones, aged 45, a cheesemonger, was admitted under the care of Dr. Birkett. He was extremely hoarse, and scarcely able to articulate so as to make himself understood. No stridor, and no pain in swallowing. The hoarseness began after a catarrh seven months before, and had continued without intermission ever since. He was pale and thin, but there were no signs of advanced pulmonary disease. There had been very little expectoration, and no hæmoptysis. He had been under much previous treatment, but without benefit. The application of the iodine paint to the throat was ordered, and was made very freely. A quinine and sulphate of iron mixture was prescribed to be taken three times a-day.

On the third day after the painting, very manifest improvement in the voice had taken place. The application was continued with fortnightly intervals to the seventh time, the tonic mixture being also persevered with.

On August 24, (six weeks after admission,) he was allowed to leave for a fortnight in the country. The note states that at this time the voice was much improved, but still not clear. He had gained in flesh and strength.

He was discharged on October 14, (fourteen weeks after admission.) He was able at this time speak loudly, and at times as clearly as ever he could. After much talking he again became hoarse, and usually the voice had a very slight huskiness. He speaks with a greater effort than prior to the attack. The improvement had been most marked after each successive application of the iodine.

*Case 10.—Chronic laryngitis (tuberculo-catarrhal), with extreme hoarseness.—Phthisis.—Great benefit from the use of iodine counter-irritation, and tonics.*—William Brown, a carman, aged 47, was admitted under Dr. Birkett's care on June 1. He was considerably emaciated, and of almost icteroid aspect, having been losing flesh for eight months, with much attendant cough and expectoration. For five months his voice had been gradually getting more and more hoarse. The sputa had twice been tinged with blood. The hoarseness was extreme, and the attempt to speak, as shown by the way in which the head was thrown forwards, etc., was difficult and painful. There was much soreness of throat, and some pain in swallowing. The dusky complexion manifested that the entrance of air into the chest was greatly impeded, while the state of cachexia attending it made the suspicion of tubercular deposit very probable. The mucous membrane of the posterior pharynx was much thickened and mamillated.

For relief of the pharyngitis, the first treatment adopted was the application of the nitrate of silver freely to the fauces, at the same time a blister being applied to the sternum, and a tonic mixture, with opium and expectorants, ordered. The

note a few weeks later states that the soreness of the throat and the cough had been much benefited, but that the hoarseness had remained stationary.

It was, therefore, on July 6, after a five weeks' use of the remedies named had failed to effect anything for the chronic laryngitis, that the iodine paint was first employed. A week later the voice was already much improved, and after eight successive paintings the hoarseness was almost gone.

On Sept. 14, the man is described as almost well, his voice being nearly clear. Nine applications of the iodine had now been made. He soon afterwards ceased to attend, and was lost sight of.

The following case afforded one of the most marked examples of the efficiency of the iodine treatment which we recollect to have witnessed.

*Case 11.—Chronic catarrhal laryngitis.—Aphonia of eighteen months' standing.—Rapid cure by the iodine treatment.*—Alfred Oliver, aged 32, a watchmaker, was admitted, under Dr. Risdon Bennett's care, on June 16. He was a well-nourished man, but of pale complexion. His voice was a hoarse whisper, which became slightly ringing on effort to raise it. He stated that the affection had commenced with a severe cold eighteen months before, and that he had never since had his voice. A great variety of treatment had been adopted, but without benefit, excepting that on one occasion he had been much relieved by the use of a tartar-emetic ointment to the throat. No paroxysms of dyspnoea had ever occurred, nor was there any pain or soreness in swallowing. No history of syphilis could be obtained. The Surgeon who had previously attended him, and who took a great interest in the case, stated that he had given him a long course of iodine internally, and had also used blistering to the throat, without obtaining any permanent results. Dr. Bennett ordered the application of the iodine solution, and prescribed a draught, containing tincture of squills and iodide of potassium (gr. iij.), to be taken three times daily.

The application was made very freely, and over a large surface. It produced intense pain which lasted several hours. On the third day afterwards, the man could speak almost clearly, and better than he had ever been able to do for eighteen months before.

Three applications of the iodine were subsequently made on different parts at intervals of about four days. Several slight relapses took place, and the voice continued for some time a little husky. On July 7 the note states, "The voice is now nearly as clear as natural; he can speak out loudly, but occasionally there is a slight degree of roughness. The solution is not to be further used."

On August 7 he was discharged, not having suffered any degree of relapse whatever since the last date.

That the satisfactory result in this case was due rather to the external than the internal medication seems probable, both from its rapidity, and from the fact that similar remedies had previously been employed internally without advantage.

*Case 12.—Acute laryngitis, afterwards lapsing into the chronic form, with evidence of much obstruction.—Mercurial and iodine treatment.—Great benefit.*—Samuel Watts, aged 53, was admitted under Dr. Risdon Bennett's treatment, on June 29. He stated that up to the preceding October he had been quite well, and that he then caught a severe throat affection from being out on a cold foggy night. On arriving at home he felt very ill and at once sent for a Medical man, who told him "that he had croup." He was confined to bed for two months, and not expected to recover. Since then he has slowly improved in health, but has never regained his voice.

His state on admission was as follows:—Breathing difficult, so much so as to oblige him to walk very slowly. Voice exceedingly hoarse, and attended by a distinct laryngeal twang, which was much increased on forced effort and during cough. He complained of much sense of obstruction in the throat, and had some difficulty in swallowing. He was still moderately stout, and had no symptoms of pulmonary disease. It did not appear that he had ever been salivated for the original affection. Dr. Bennett prescribed a squill pill with a grain of blue, to be taken every night, and a draught containing squills and a minute dose of tartarised antimony three times a-day, and also directed the free application of the iodine paint.

No improvement was noticed after the first painting, and a second more severe one was made on July 6.

On July 13 the note is, "Breathes more easily, and can speak and walk better, but still has pain in swallowing."

On the 20th the iodine was again applied, the note on that date being, "Much better, but voice still metallic."

27th.—Voice much softer, and increased in loudness, never, however, quite clear. It has lost its ringing character. He states that he can walk twice as fast as he could. Feels better, and is gaining flesh.

September 14.—Now "feels as well as ever he did in his life." The solution has been applied three times since last note, and the saline mixture has been exchanged for one containing quinine and iron. He states that the sense of obstruction in his throat has been entirely removed, and that whereas it took him two hours to walk from his home to the hospital before the treatment, he now accomplishes it in twenty minutes.

October 26.—He is discharged to-day, being quite well in all respects, excepting a liability to slight thickness of voice at times.

(To be continued.)

## THE ROYAL OPHTHALMIC HOSPITAL.

### SUDDEN FAILURE OF SIGHT DURING LACTATION. —OPHTHALMOSCOPIC EXAMINATION.

(Case under the care of Mr. CRITCHETT.)

Cases of functional amaurosis in connexion with asthenia lactantium are not very infrequent. Feeble mothers not rarely are compelled by the threatened loss of eye-sight to desist from suckling. In these usually both eyes are affected. There have commonly been premonitory symptoms, such as muscæ, and with the restoration of health the affection is mostly in a good degree recovered from. Quite distinct from these, though acknowledging the same cause, are certain cases of far greater infrequency, in which during lactation, usually soon after delivery, the sight of one eye is suddenly and permanently lost. On Tuesday last a woman, aged 26, presented herself amongst Mr. Critchett's out-patients at the Moorfields Hospital, affording a good example of the latter. She stated that she was now within two months of her confinement, and that having lost the sight of one eye after a former one, she was anxious for advice as to any precautionary measures, and more especially as to whether or not she ought to again attempt to nurse her infant. She was very tall, and though of florid complexion, yet of much delicacy of aspect. It appeared that after her second confinement, in January of last year, she had been very weakly indeed. Suddenly, one morning during the seventh week, she found that she had lost the sight of the right eye. For more than a week she was totally blind with it, but afterwards a slow improvement took place, and she is now able to perceive large objects dimly. Her medical attendant insisted upon the infant being weaned when the amaurosis was discovered, and she gradually afterwards regained her health. There had never been any pain in the eye-ball, and the other eye had always retained its function perfectly. On hearing this history Mr. Critchett observed, that in this class of cases, according to his experience, the cause of the failure of sight was almost always extravasation of blood either on or behind the retina. He had seen numerous examples of its occurrence soon after delivery or during an exhausting lactation. In the present case the unassisted eye could discover nothing in the affected organ different from its fellow. The pupil was round and mobile, and the globe had a normal degree of tension. Atropine having been used, the pupil dilated to a large size, with some little improvement in sight. With the ophthalmoscope it was seen that a filmy coloured membrane of considerable size floated in the lower half of the eye, at a little distance from the retinal surface. Only one half of the entrance of the optic nerve could be seen, the other being covered from view by a crescentic patch of what was probably extravasated blood. The condition thus closely coincided with what had been expected. The woman was of course advised not to think of nursing again, and also that after her expected delivery the greatest attention should be paid to the speedy restoration of strength by the early use of liberal diet, etc. The theory of the connexion between general debility and loss of nervous function is much more easily given than that of that between debility

and the local extravasation of blood. Why such extravasation should occur by preference in the eye is also not very easily explained. The clinical fact, however, seems well established. Such cases are of course from the first hopeless as to complete cure, though, as the above proves, a certain degree of improvement may not unfrequently result.

## HOSPITAL NOTES.

### LARGE POPLITEAL ANEURISM, TREATED BY PRESSURE AND AFTERWARDS BY LIGATURE.

An interesting case of aneurism is now under Mr. Birkett's care at Guy's Hospital, which exemplifies a class in which the compression plan often fails. For success that method evidently requires a certain amount of vigour on the part of the patient, and of good coagulating power on the part of the blood. We have had to record many instances of failure in feeble, poor-blooded persons, and the following adds another to the list. A labouring man, giving his age as 36, but looking much older, was admitted with a very large popliteal aneurism in the right ham. He stated that he had continued at work until the previous day, and did not think that the tumour had existed for more than six weeks. The contents of sac appeared to be wholly fluid blood. The pressure treatment was commenced, and persevered in with some interruptions, for twelve days, but without producing any appreciable alteration in the contents of the sac. The integuments on the outer side of the tumour had, however, become discoloured, and Mr. Birkett was apprehensive that ulceration of the sac was impending. It was accordingly determined not to delay longer the placing of a ligature on the femoral artery. This was done at the usual site. The ligature came away on the ninth day, and the wound healed well. It is to be noticed that the diminution in bulk of the tumour appeared to be solely by absorption of fluid blood, and not by any process of solidification. The sac, indeed, although much smaller, is still soft, and contains much fluid blood. The man's general health has much improved since the operation.

### MALIGNANT TUMOUR NEAR THE BREAST AT AN UNUSUALLY EARLY AGE.

When malignant growths occur to persons young in years, it is well known that they are usually either of the medullary or melanotic form, very rarely scirrhous, and with still greater rarity epithelial. In some instances, however, and especially in or near the mammary gland, a form of very dense medullary is met with which approaches closely to the characters of scirrhus. Of this the following is an example:—A delicate, pale-faced girl, aged 23, unmarried, was admitted into St. Bartholomew's, under Mr. Lawrence's care, with a tumour the size of an egg situated in the outer and upper part of the left breast. The skin over it was ulcerated in several parts, and was tense, thin, and shining. Hemorrhage had several times occurred from the ulcerated spots. None of the axillary glands could be ascertained to be enlarged. There was no history of hereditary tendency to malignant diseases. She attributed the tumour to a blow she had received on the part about a year previously. Mr. Lawrence excised the mass, which was found not to be connected with the mammary gland itself. On making a section of it, its lower part was found of great firmness, almost as much so as if true scirrhus, while in its upper were several cysts, containing a bloody fluid. The wound slowly healed, and the woman's recovery was somewhat tedious.

### EXCISION OF THE ANKLE-JOINT.

This operation was performed last week by Mr. Hussey, at the Radcliffe Infirmary, Oxford. The patient was a countryman, aged 26, suffering from disease of the ankle-joint, the origin of which he attributed to a sprain. The malleoli, with the ends of the tibia and fibula, were removed with cutting pliers, and the articular surface of the astragalus was cut away with a gouge. No tendon was divided, and no vessel needed tying.

### COLLODION AND CASTOR-OIL AS AN ARTIFICIAL CUTICLE.

The mixture has been used of late with success in King's College Hospital, as an application to burns and abrasions, to

form a sort of artificial cuticle. It has been used at the suggestion of Dr. Savage, at the Samaritan Hospital, in two cases of vesico-vaginal fistula, now there under the care of Mr. Spencer Wells. In one of these cases there is a recto-vaginal fistula also. In both the excoriation of the labia, perineum, and thighs, from the constant dribbling of urine and the consequent smarting, has been very distressing. Extreme cleanliness, careful drying of the parts, and the use of simple ointment, afforded but little relief. The mixture of one part of collodion to two parts of castor-oil was therefore used, and gave the most marked relief. It causes some smarting for a few minutes after its application, but it then forms a smooth, elastic coating or varnish, which resists the action of the urine for many hours, and effectually protects the excoriated skin from the irritating fluid.

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# Medical Times & Gazette.

SATURDAY, JANUARY 30.

## MIDWIFERY MALPRACTICE AT MAIDSTONE.

IN our number of the 16th of January we alluded to an investigation which was in progress before a Coroner's jury concerning the death of a woman who had been attended in childbirth by two practitioners, one of whom was unqualified, and the other had been in practice before 1816. The inquiry has now terminated in a verdict of manslaughter against both the practitioners alluded to, namely, Mr. Baldwin and Mr. Ayerst; but the latter, who is an aged man, appears to have had but little connexion with the unfortunate proceedings which resulted in the woman's death, having taken no active part in the operations which were performed.

From the evidence adduced at the Inquest it appears that the woman was advanced about four or five months in pregnancy, and that she was suffering from retroversion of the uterus. It is very difficult to determine the exact nature of the symptoms or of the appearances presented at the period now referred to, because almost the only evidence on these points is that given by Baldwin himself, who does not seem to have had any very clear notion of the anatomy of the parts, and who, moreover, was interested in not giving any testimony to criminate himself. From all we can learn, however, we conclude that the uterus was retroverted, the bulk of the organ filling the cavity of the pelvis, and the os uteri pushed up behind the symphysis pubis. The woman seems to have suffered from retention of urine, caused by the pressure of the retroverted uterus upon the neck of the bladder; but with this exception, her sufferings were not remarkable, and although there can be little doubt that she was seized with the pains of premature labour, there is no very definite information upon this point.

Under these circumstances, the woman's sister applied to Mr. Fry, a surgeon of repute in Maidstone, and having described the symptoms, she received for the patient some medicine, consisting of a little opiate with some diuretic. Mr. Fry himself visited her on the same afternoon, and found

her in a room standing before the fire. She said she was easier since she had taken the medicine, and that her chief difficulty was in passing her water. This visit was made about four o'clock in the afternoon of the 28th of December last, and at about eight or nine o'clock the husband applied to Mr. Fry to come again and see his wife, but that gentleman was engaged and could not see him; and although the man appears to have called a second time, Mr. Fry was unable to attend to him. Here we must remark that it was a most unfortunate circumstance that Mr. Fry made no examination of the uterine organs on his visit; and his inability to attend the patient when he was sent for was still more unfortunate, for the result was, that the husband, in his natural anxiety for the safety of his wife, having failed in his endeavour to procure legitimate assistance, may have been, and probably was, forced to accept such services as he might find to be available.

Mr. Baldwin, therefore, comes upon the scene, and upon his arrival he was duly impressed with the serious nature of the case, and indeed expressed his anxiety to have nothing to do with it, as he thought it would terminate unfavourably whoever undertook it. But the mother of the patient urged him to stay, which he at first declined, but eventually he consented to remain if further advice were procured. Accordingly Mr. Ayerst, the other person implicated in the proceedings before the Coroner, was sent for, and he attended; and in conjunction with Baldwin he undertook the management of the case. We are now told that Mr. Ayerst advised the use of instruments, and that Baldwin went and procured them.

At this point the doubts and difficulties of the case begin to arise, because it is not at all clear why the use of instruments should have been recommended. Supposing the case to have been one of retroversion of the uterus, it seems to be little short of insanity to employ the forceps for its rectification; and another serious question arises, whether the clumsy use of these instruments did not cause the rupture of the womb, of which the woman soon afterwards died. Here, however, the evidence is incomplete, for while the Medical witnesses express a very strong opinion that the rupture was produced by the instruments, Baldwin, on the other hand, endeavours to show that the rupture existed before he was called in. The great improbability of such an occurrence was strongly insisted upon by the Medical witnesses, none of whom had ever known of a case of ruptured uterus in the fourth or fifth month of gestation, and we believe that the majority of the Profession will join in the feeling of incredulity thus expressed. Still it must be admitted that there is no positive evidence to contradict the assertion of Baldwin, that he found a rupture on his arrival. In his own voluntary statement made before the Coroner he alleges that he found the uterus forced down and impacted, and tilted either backwards or forwards; that he could not find the os uteri, but opposite the symphysis pubis he found a partial rupture of the walls of the uterus, and was fearful of replacing that organ by the least exertion of force, lest he should produce a further rupture. On the arrival of Mr. Ayerst, he states that he informed that gentleman of the existence of the rupture, and was advised by him to have recourse to instruments; that he accordingly brought them, and under Mr. Ayerst's directions applied the forceps, or rather one blade. "I could not," he says, "make the other enter; and not understanding anything of the case, I did not like to use them any further. Mr. Ayerst then said I was to try the perforator, and I inserted the perforator through the rupture, where I felt something soft, like the membrane containing the liquor amnii, which then escaped; and I then put in the blunt hook, and extracted the fetus feet foremost. I put my hand upon the abdomen, and found it very much distended, but it soon subsided; and upon

bringing my hand down, I found the womb *through the vagina* (?), and into the world. I called the attention of Mr. Ayerst to the circumstance, and he replaced it; and having introduced a piece of sponge into the vagina, applied a bandage to retain it in its place."

It cannot be a matter of surprise that the patient soon died after this treatment; and on the post-mortem examination of the parts, it was ascertained that the os and cervix uteri were perfectly natural, a large bougie being easily passed through the os into the cavity of the uterus. At the back part of this organ there was a rent two inches long, and there was a corresponding rent in the vagina; these lacerations being attributed by Mr. Gorham, one of the Medical witnesses, to the improper and unnecessary use of instruments, although, according to the statement of Mr. Baldwin, the lacerations existed before the instruments were applied. Mr. Gorham further expressed his opinion that there was nothing in the case to induce him to believe that it would not have done well under proper treatment; that he was not aware of any instance where instruments had been used at so early a period of gestation; and that their employment, under the circumstances described, was unjustifiable and cruel, the woman having lost her life most probably in consequence of the interference.

Our own opinion of the case is, that it exhibited gross mismanagement, and was a very proper subject for judicial investigation. Supposing the case to have been one of retroversion of the uterus (which we believe it to have been); attended with difficulty of making water and retention of urine, the proper method of treatment would have been to relieve the bladder by the introduction of the catheter, and by manual efforts to replace the uterus in its right position, and the labour would then, no doubt, have terminated favourably. The introduction of the forceps, the perforator, and the blunt hook, appears to have been perfectly indefensible.

We are unwilling to enter further into the details, because two persons have now been committed to take their trial on the charge of manslaughter in connexion with the woman's death, and any further remarks we may have to offer will come with more propriety after the trial has taken place.

But in the meantime we must again express our surprise and indignation that the Legislature should still permit persons without any Medical qualification to practise upon the ignorant and the unwary, to the great discredit of Medical science, and the great injury of the public. A person who introduces a pair of forceps, a perforator, and a blunt hook into a woman's uterus, without knowing the use of those instruments or the anatomy of the parts to which they are applied, is in our eyes quite as much guilty of a crime as a person who robs a passenger upon the highway. These remarks will not prejudice the prisoner Baldwin, because, judging from experience, we anticipate that his ignorance will rather be an argument in his favour than otherwise.

#### THE WEEK.

THERE are few classes of the London population who suffer more from street nuisances than Medical men. In many neighbourhoods the morning consultations with patients are interrupted—the sounds of the heart and lungs are inaudible through the din of brass bands and organ-grinders—and in the evening, study or writing are out of the question—while quiet for patients is unattainable. The Belgians have petitioned Parliament on the subject, and the Paddingtonians have appointed a committee to communicate with other parishes to obtain the assistance of the Legislature. The resolution carried at the Paddington meeting,—“That in the opinion of this meeting the noises from itinerant musicians,

newspaper vendors, bawlers and hawkers, daily and nightly occurring throughout the streets of this parish, are intolerable nuisances, and demand the immediate intervention of the authorities,"—is undeniably true, and we heartily wish success to the committee in their endeavours to abate the nuisance.

Dr. George Buchanan, of Glasgow, has just published a pamphlet on the Anatomy Act, and the facilities for the study of Practical Anatomy in Glasgow, which contains a very interesting account of the difficulties under which teachers and students laboured before Mr. Warburton's Act was passed. One passage we must quote, as it contains some practical details of the adventures our London students will probably engage in before long, if subjects cannot be procured in a more legitimate manner. It appears that there were no professed resurrectionists in Glasgow, so that the onus of supplying the dissecting rooms rested with the teachers and students. The mode of procedure of these gentlemen is thus described by Dr. Buchanan:—"The grave of a recently buried body was carefully observed and marked during the day, and a band of a sufficient number—usually four or six—was made up. The party, provided with a dark lantern, an old carpet, a sack, and shovels and pickaxe, took the advantage of the first dark, cloudy, perhaps windy night, in order that their proceedings might be the better concealed. Sentries were posted to give notice of any alarm which might get up, and the principals entered the graveyard by climbing the wall, at a distance from the gate. The grave was then opened to about half its extent, and by dint of hard labour, about one-third of the coffin-lid was exposed. The strongest of the party now entered with the lantern to perform the most difficult part of the whole, and over the open grave was thrown the carpet above mentioned, for the double purpose of concealing the light and deadening the noise of the working. The coffin-lid was wrenched open by a short crow-bar, and, by sheer force, was broken off where it remained covered with earth. The noose of a strong rope was now put round the neck of the body and handed up to the others outside, who soon pulled up the corpse to the surface. It was then wrapped up in the sack, and carried off to a convenient place, and the grave was filled up and covered, great care being taken to leave the surface as near as possible in the same condition in which it was found." Joking apart, it is quite evident that if the teachers do not bestir themselves, stir up Sir George Grey, and make Sir George stir up the Inspector of Anatomy, the teaching of practical Anatomy and operative Surgery in London will soon become a thing of the past, and our lecturers will be reduced to teach from plates and diagrams, and demonstrate the operations of surgery on dead dogs.

If anything were wanted to confirm the accuracy of the view we have taken of the case of Mr. Symes and the Poor-law Guardians at Bridgewater, it would be supplied by the fact that a testimonial has been presented to Mr. Symes, signed by 624 of the poor inhabitants of the town, conveying to that gentleman the assurance of the confidence they repose in him, and the kind regard in which he is held.

The *Gazette des Hôpitaux* contains a short account of the wounds received in the murderous attack on the Emperor Napoleon on the 14th instant. Most of the wounds were light, but many persons had a great many wounds, one as many as twenty-seven, and these became very irritable after a few days. One person died with a large piece of shell in

the abdomen. The bombs or grenades were filled with fulminating mercury, instead of gunpowder, and to this cause M. Larrey attributes the number and slightness of the wounds, the power of the fulminating powder being so great as to shiver the grenades to atoms, instead of bursting them into large pieces as gunpowder does.

It appears from the last weekly return of the Board of Health that scurvy still prevails to an extent not inconsiderable in our mercantile marine. The Merchant Seamen's Act requires that after a certain number of days at sea, half an ounce of lemon-juice should be given to each man daily, but this is not at all strictly attended to. At the Dreadnought Hospital-ship there have been several cases lately, not only from ships from India, but also from coasting vessels. Scurvy is almost unknown in our navy and convict ships, and it is the fault of the owners and captains if it appear in merchant vessels. We may observe, however, that as lemon-juice is only kept with difficulty, it would be well to allow these vessels to take citric acid and potass instead, which experience in the navy has shown to be quite as effectual as the fresh lemon-juice in preventing scurvy.

The Treasurer of the Medical Benevolent Fund has lately put forward an urgent appeal for pecuniary aid; an appeal which we earnestly hope will not be made in vain. The principles on which the Medical Benevolent Fund is administered differ very widely from those of most other charities: the working expenses are very small, the relief afforded is prompt, the proceedings are carried on without publicity, and canvassing is wholly superseded. The Committee meet at stated intervals in a Committee-room granted to them free of expense, by the kindness of Mr. Churchill; urgent cases of distress are immediately relieved by a pecuniary grant as far as the funds will permit; the names of the recipients of such bounty are known only to the Committee; and the fatigue, anxiety, uncertainty and expense of a canvass for votes are entirely avoided. There are seventeen annuitants of the Fund, six of whom are also provided with comfortable homes at Chippenham; but besides these cases, relief is annually afforded to such urgent cases as are brought before the notice of the Committee. As a proof of the beneficent operation of the Fund, the Treasurer has published a paper containing the minutes of the proceedings of the Committee at their meeting last November, with the details of the cases, though without the names, then relieved. The twelve cases thus recorded exhibit a heartrending picture of the miseries endured by some of our unfortunate Professional brethren, their wives and children, and we deeply sympathise with the regret expressed by the Committee that the grants afforded were so inadequate to the necessities of the applicants. We hope that the opening of the new year may usher in a greater degree of prosperity than the Medical Benevolent Fund has yet attained, and that, by the kindness and liberality of the Public as well as of the Profession, the sphere of its operations may be extended so as to embrace a much more numerous class of deserving objects, and to confer greater benefits than it has hitherto been able to bestow from its limited resources.

The Manchester and Salford Sanitary Association have published an annual Return of Mortality in the Townships within the Borough of Manchester and Salford for the year ending September 30, 1857. In this interesting document, it appears that the deaths from all causes in these localities show a slight increase (.06 per cent.) upon the return of last year; but a diminution of .43 per cent. as compared with

1855. The deaths from Fever, Scarlatina, Measles and Small-Pox are specially enumerated, and are found to have diminished in the proportion of 12·57 per cent. in 1855, to 8·8 per cent. in the last year: the deaths from Fever have slightly diminished, but those from Scarlatina have considerably diminished, namely, from 7·84 per cent. in 1855 to 3·82 per cent. in 1857. But the deaths from Small-Pox, we regret to find, have considerably increased, being in 1855 ·08 per cent. and in the last year 1·16 per cent., a result no doubt attributable to the great laxity of the present system of conducting vaccination. Mr. Royston, the Deputy Treasurer of the Association, has published upon a separate Chart, a tabular statement of the variations of Scarlatina in the different towns included in the Manchester and Salford districts, extending from March 1854 to September 1857, and marking the highest and lowest points reached by the epidemic in the several localities in the respective months. The total deaths from Scarlatina during the period in question amounted to 2672, or at the rate of 5 per cent. per annum on the total mortality. Great praise is due to the Association and to Mr. Royston, for the able manner in which these tabular statements have been drawn up.

### REVIEWS.

*On the Introduction of the Sponge-armed Probang into the Larynx and Trachea.* By HORACE GREEN, M.D. LL.D. 8vo, pp. 14. New York: 1857.

*Lesions of the Epiglottic Cartilage.* By HORACE GREEN, M.D. LL.D. 8vo, pp. 28. New York: 1857.

Dr. Green is well known to the Profession as the advocate of topical applications in diseases of the larynx and trachea. Much scepticism, nevertheless, prevails as to the possibility of reaching parts so vigilantly guarded against intrusion. It is the object of the author in the first-named pamphlet to prove that the probang can really be introduced, and this he has undertaken in the face of high authority in favour of a contrary opinion. Trousseau declares the introduction of the sponge probang into the larynx to be impossible even in the dead subject. Mr. Erichsen, who has given the subject much attention, admits that the sponge may be passed into the glottis in the living subject, but not between the vocal chords. Names of eminence might certainly be cited on the opposite side, and we have long been of opinion that the operation is in some cases quite practicable. We say *some*, because we have more frequently found the sensibility of the parts so exalted as altogether to preclude it.

In proof of his position the author gives a detailed account of certain experiments performed in the presence of several Medical men. The following is a summary of the most important of these experiments.

A sponge probang having been introduced into the larynx, a second one was passed rapidly into the œsophagus.

In cases of stricture of the œsophagus in which the sponge probang could not be passed below the stricture, the instrument was passed into the trachea some inches further.

A catheter was introduced several inches into the trachea, and a lamp was extinguished by the patient blowing through the tube.

In a case of cut throat, Dr. Green was successful in causing the probang which had been passed through the larynx, to appear at the opening in the trachea. It should be stated that in several similar cases Mr. Erichsen constantly failed in effecting this.

A piece of wire was passed upwards through a fistulous opening in the trachea, the result of operation—while the sponge probang, charged with a solution of nitrate of silver, was passed downwards through the larynx. The meeting of the sponge with the wire was distinctly felt, and the latter was found to have been blackened by the caustic.

The pamphlet on "Lesions of the Epiglottic Cartilage," more correctly of the epiglottis, contains some curious statements. These lesions the author divides into—

1st. Erosions or abrasions of its mucous membrane.

2nd. Ulcerations of the membrane and of its glands.

3rd. Œdema, or infiltration of its areolar tissue.

Speaking of the first of these, Dr. Green says:—

"On depressing the tongue in such cases, by means of the ordinary bent spatula, or 'tongue depressor,' so as to bring the epiglottis into view, this cartilage has been found frequently inflamed, vascular, and its superior border marked at one or more points by distinct erosions. In much the largest proportion of cases, these erosions make their first appearance in the left superior edge of the epiglottis. Next in frequency they will be found occupying its centre; and occasionally, but very rarely in comparison with the two preceding locations, they have been observed on its right border. These erosions are not readily detected at first by the inattentive observer; as they are quite small, are only slightly depressed, with a pallid base, sometimes a little reddened, and with whitish linear edges."

No explanation of the preference exhibited by these lesions for the left side of the epiglottis is attempted. An essential distinction is drawn by the author between erosion and ulceration of the mucous membrane of the epiglottis. He states that he has never observed the one to pass into the other.

Louis regarded erosion simply as the first degree of ulceration. He speaks only of the latter, while from his descriptions it is plain that he had noticed the appearances said by Dr. Green to be caused by erosion. It is worthy of remark that Louis regarded the laryngeal ulceration so common in phthisis as the result of the passage of tuberculous matter over the mucous membrane. In this way he accounted for the greater liability to be affected of the posterior part of the larynx and inferior surface of the epiglottis.

Œdema of the glottis, Dr. Green says, is always confined to the lingual surface of the epiglottis: "there being no areolar tissue whatever interposed between the membrane and this cartilage on its laryngeal face, consequently in Œdema of this organ the infiltration of fluid must take place on the lingual surface."

The treatment mainly relied on in all the foregoing cases, is the topical application of nitrate of silver, either in the solid form, or as a strong solution. Apropos of treatment; there is an amusing anecdote of homœopathic practice related by a gentleman who consulted Dr. Green for ulceration of the larynx, and had been for a long time under the care of an homœopathic practitioner. "Finding that no effect was produced on the disease, he finally informed Mr. B. that such was the peculiar character of his disease, that it could not be influenced by homœopathic notions, and that the nature of the disease must be *changed*. He therefore advised Mr. B. to *contract syphilitic disease*, and await its secondary effect—the occurrence of ulcers of the throat; that these would eradicate his present disorder, and that homœopathy, in turn, would find no difficulty in expelling from his system the syphilitic disorder."

Whether or not Mr. B., who "is still living, and will bear testimony to the above statement," acted as directed by the knavish or ignorant, but, in any case, immoral globulist, is not stated.

We extract some interesting physiological and anatomical remarks:—

"With those physiologists who have been accustomed to consider the integrity of the epiglottis as being essential to the perfect act of deglutition, this may be an interesting inquiry, How far are the functions of this organ interfered with by the lesions we have described? Ordinarily, neither erosions nor ulcerations of the border of the epiglottis will increase, to any extent, the difficulty of deglutition. Two cases have come under my notice, in each of which the epiglottis of the patient was entirely destroyed by œdema and ulceration; and yet, in both instances, these patients, after a few weeks, could swallow, either solids or liquids, without the slightest inconvenience. In both these instances the destruction of the epiglottis was caused by ulceration, following extensive œdema of this organ; a condition which supervened upon a constitutional syphilitic taint. In the first instance I did not see the case until the epiglottis was nearly destroyed by ulceration.

"What, then, is the special function of the epiglottis if its presence is not absolutely necessary to the integrity of deglutition?"

"The arytenoid muscles are the especial constrictor



muscles of the glottis, and most physiologists have asserted that these muscles receive their nerves from the superior laryngeal; but M. Longet has demonstrated that they are supplied with filaments from the recurrent nerve, and that the mucous membrane covering the lips of the glottis, or the supra-glottic vestibule, in which is located that exquisite sensibility which is disturbed by the smallest drop of fluid, or the contact of any foreign body,—that this space receives its filaments from the internal branch of the superior laryngeal nerve.

"These two nerves communicate freely with each other, but they have no connexion with the epiglottis, consequently the application of irritants to this body will have no influence upon either the motor or sentient nerves, peculiar to the larynx. But when the irritation of the sensitive mucous membrane at the entrance of the glottis occurs, it is quickly transferred to the constrictor muscles of the larynx. It is therefore not correct to state, as many anatomists do, that the epiglottis itself 'closes completely the opening of the larynx' in deglutition."

Dr. Green certainly appears to have satisfactorily proved his position, that it is possible to introduce a sponge-armed probang into the larynx. As to the beneficial results to be thus obtained from the application of solutions of nitrate of silver, there can be no question. The pamphlet on Diseases of the Epiglottis may be read with much advantage. It forms a sequel to the author's other writings on the Treatment of Diseases of the Larynx and Trachea.

*The Effect of Climate on Tuberculous Disease, being (with additions) the Essay for which the Fiske Fund Prize was awarded to EDWIN LEE, M.D. With an Appendix of Corroborative Observations and Notices of several Places of Winter Resort.* Pp. 223. London: 1858.

THE curability of consumption is a problem which has engaged the attention of the Medical Profession for a great number of years, and it cannot yet be considered as definitely solved. Dr. Edwin Lee, however, tells us that its curability can no longer be reasonably questioned, although the proofs which he adduces in support of this assertion are somewhat feeble. In fact, he does not quote cases or statistics in which the existence of the disease has been accurately determined in its origin, its progress, and its cure in the living individual, but he merely records the necroscopic observations of Laennec, Cruveilhier, and others, who have described certain scars often found in the lungs of the dead, and which are assumed to be the evidences of preceding tuberculation. That this is possibly the case may be admitted, but the connexion of these scars with the positive evidence of tubercles in the living body remains yet, we think, to be proved. Dr. Lee affirms that the chief obstacle to the curability of consumption is to be found in the incompetency of British practitioners to detect the malady in its early stages, owing to the neglect which exists in teaching auscultation and percussion to Medical students in this country. As Dr. Lee thus severely criticizes the diagnostic skill of his Medical fellow-countrymen, we might reasonably expect that he would furnish us with a few hints as to the means of a better and more accurate exploration of the chest than is at present practised; or at any rate, that he would relate a few cases coming under his own observation where the physical signs were duly recorded, and the progress of the disease was carefully watched. But we can find no such information in the essay before us, which consists of a great number of quotations from other authors, principally French, on the influence of climate in producing disease; together with some general judicious remarks upon the effects caused by different localities upon Tubercular Phthisis. In the conclusions drawn by Dr. Lee, and presented in a tabulated form at the end of the essay, we should be inclined to join; and it is clear that he has taken great pains in collecting together much valuable information; but, as we have just remarked, we should feel better satisfied if the cases on which the conclusions have been drawn were more clearly defined and explained.

When we have stated that Dr. Edwin Lee's essay adds nothing to our existing knowledge of the pathology of Tubercular Phthisis, our chief objections are expressed. In other respects Dr. Lee's book is very readable, and the precepts it contains are drawn from considerable experience of books and localities. The volume concludes with a few notices of some

of the most frequented places of winter resort, which portions are written in Dr. Lee's usual agreeable style, and though necessarily discursive, they contain much information upon a variety of points likely to be interesting to the invalid who is travelling in search of health.

*The Hygiene of the Turkish Army.* By J. N. RADCLIFFE, M.R.C.S. Eng., late of the Staff of H.H. Omar Pasha. Pp. 60. London: 1858.

IN these pages we find a great amount of information upon the clothing, diet, and habits of the Turkish soldiers, derived from the personal observation of the author while he was attached to the Turkish army. In many respects it is shown that the Turkish soldier is better cared for by his Government than his British comrade; and in particular, it appears that he receives more solid food, and is prohibited from the use of alcoholic liquors. On the other hand, the personal habits of the Turks are very objectionable, and their negligence of the ordinary rules of cleanliness and propriety must have fostered the continuance of disease during the Crimean war. Indeed, not only the Turkish army, but the French and Sardinian also, contrasted most unfavourably with the British during that memorable contest; and the evidence of the senses alone was sufficient to distinguish the British camp from those of their allies. The physical condition of the Turkish soldier is considered by Mr. Radcliffe to be very favourable to the services in which he is engaged, his robust and mature frame and his temperate habits enabling him to encounter a degree of fatigue and privation which are too often fatal to the undeveloped bodies of the British recruits, of whom our army in the East was in great measure composed. The state of Medical education among the surgeons of the Turkish army appears to be very low; and the Medical and surgical treatment of the sick and wounded soldiers is conducted in a very inefficient manner. The Turkish medical men are usually educated at Constantinople or at Alexandria; but those who are attached to the army are Germans, Hungarians, Italians, Frenchmen, and others, some of whom have been well educated in their respective countries; but some have received very little education, and many none at all, being mere adventurers without any qualifications. The supply of instruments and drugs is also most inadequate, owing to the well-known dishonesty and ignorance of the commanding officers, to whom, and not to the Medical staff, is most improperly entrusted the charge of furnishing those appliances.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### ON THE GLYCEROLE OF ALOES IN LICHEN AGRIUS.

By M. CHAUSIT.

"THE rational study of diseases of the skin teaches us that they are usually dependent upon a general condition, the modification of which is indispensable for the removal of symptoms that are merely the external sign of this. Therefore, it is always right to say that the employment of general and internal means plays the principal part in the treatment of these diseases. Nevertheless, repeated observations have enabled me to appreciate a point, secondary, perhaps, but yet of importance in practice, viz. that in many cases there is a local condition which exercises a real influence on the progress of the eruption, and calls for local treatment. Thus, in *lichen agrius*, and especially when it is seated in certain spots, the affection becomes complicated with a symptom, due perhaps to conditions peculiar to the tissue of the parts affected, and which tends to maintain and even aggravate the disease. I mean those excoriations and fissures which are especially met with on the skin of the dorsal surface of the joints of the phalanges, of the wrists, and at the bends of the principal joints of the body. If these in some cases are the natural consequences of the progress of the disease, they result usually from manual habitudes, progression, or from certain external impressions—in a word, from the motions themselves involuntarily produced in these regions, by which

the skin becomes thickened and rugose, loses its natural suppleness, and easily tears and breaks under the influence of the incessant tractions to which it is subjected. So true is this, that I have been able to remove this condition whenever it has been possible to render the part affected immovable, without causing too much trouble and constraint to the patient, which, however, is rarely the case in practice."

The author cites a case in point, of a washerwoman, who had suffered for about six weeks from lichen, complicated with painful fissures confined to the last two fingers, and surrounded by an inflamed skin with violent pruritus. After trying the various topical applications during three weeks, the fingers were kept immovably extended upon a small splint. In four days the bleeding chaps had completely healed, and the hypertrophy and redness of the skin had much diminished; and eight days later all traces of the eruption had disappeared.

The author was led to the employment of *aloes* for the treatment of these troublesome ulcerations, from having observed the remarkable power of the tincture in expediting cicatrization in veterinary practice; and in this paper he relates four cases of *lichen agrius* treated by its agency which yielded in a few days. The following is the formula he recommends:—Tincture of aloes, four to eight parts; heat until the alcohol is completely evaporated, and then gradually add thirty parts of glycerine. This forms a liquid of a mahogany colour, which never becomes turbid or deposits, and which should be applied by means of a pencil. In order to be certain that the good effect really resulted from this application, in a case in which lichen affected both hands, he applied it to only one, and in this hand alone did the improvement take place. The proportion of the tincture must be determined by the effect intended to be produced, and especially by individual conditions whether of the tissue, seat, or nature of the points affected. But in any case local accidents (such as the production of impetigo when used too strong) which the glycerole may give rise to do not prevent the successful results of its application. The author has employed the glycerole with great advantage in a case which seemed to depend especially on constitutional condition, the eruption amending on the healing of the ulcers. Even supposing the latter effect alone produced, the relief of the attendant suffering is a great point gained. Numerous cases have shown that the efficacy of the application is much more decided in *lichen agrius* than in *lichen non agrius*. It was probably due to the essentially "cicatrizing virtue" of the aloes that two cases of *syccosis* of the upper lip, with painful and bleeding cracks at the base of the nares, were relieved by an aloes ointment, composed of one part of tincture to ten of lard. Encouraged by his success the author extended the application of the glycerole to the excoriations from *eczema*, which are analogous to the fissures in lichen, in the condition of their production and the influence they exercise in perpetuating the eruption. In two cases of obstinate *eczema* of the ear, prompt relief followed, and in one of *eczema* of the breast the same effect was produced, but was followed by an angioleucitis from too large a proportion of aloes having been employed. Affections of the *acne* type have also been treated, and thus far with success, although, as the cases are still under treatment, nothing yet can be decisively stated.

The action of the glycerole of aloes essentially differs from that of topical applications employed as astringents or slight caustics, such as lead, zinc, tannin, nitrate of silver. It is a tonic, and in this point of view offers great advantage; and it is prompt in its effect, a few days, at most five or six applications, sufficing to procure the cicatrization of old obstinate fissures, which not only constitute a painful symptom, but become the cause of further extension of the disease. The immediate local effect is that of a smarting sensation, which is not always present, and generally passes off in a few minutes. The glycerine has nothing to do with these favourable results, for in several cases it had been previously employed alone without effect, and comparative experiments point to the same conclusion. It is remarkable that after the employment of this application the tissues have a great tendency to return to their normal condition. The tension and renitence promptly disappear, as does also the thickening of the skin, this tissue recovering all its suppleness, and, indeed, in some cases, acquiring a greater degree of this than it formerly possessed. —*Gaz. des Hôp.* 1857, Nos. 60, 62.

## ON THE TREATMENT OF NÆVUS BY VACCINATION.

By M. NÉLATON.

In a recent clinical lecture M. Nélaton observed, that to reap the benefit of this excellent means of treating nævus, it is indispensable that certain precautions should be observed in putting it into force, the neglect of which has often been the cause of the failures practitioners have complained of. Thus if we vaccinate with the point of a lancet, scarcely does the instrument penetrate beneath the epidermis, when a considerable flow of blood takes place, which carries with it almost all the virus, leaving the operation imperfect. To obviate this inconvenience we should select the finest insect pins, and charging their points with virus taken directly from a child's arm, they should be thrust into the nævus, and allowed to remain there, the flow of blood being thus completely prevented. They should be implanted at short intervals, of half or one centimetre from each other. In a few minutes, when we believe that the tissue has become sufficiently impregnated by the virus, the pins should be withdrawn. The pustules undergo their ordinary development, each puncture becomes indurated and inflamed, and a vaccinal eruption covers all the tumour. The peculiarity in the action of the vaccine virus is that it acts more deeply than most of the caustic modifying agents at our command. The action is propagated to the subcutaneous tumour, and we obtain a cure exempt from all the dangers attendant upon the application of caustics, and without the production of a cicatrix, which in many situations might prove of great inconvenience.

Another mode of vaccinating nævus has been adopted by M. Nélaton in two instances. The first of these was an unvaccinated infant, sent to him by M. P. Dubois, on account of a subcutaneous erectile tumour in the parotid region. He passed in four needles transversely, traversing the tumour through and through, and then passed two vertical pins in the same manner. These six pins were left in for twenty-four hours, and then replaced by threads. The six setons were left in for eight days, and then the vaccine virus was so applied as not to implicate the edges of the wound, which would have given rise to twelve vaccine pustules. The adjoining integuments were to this end protected by very minute fistulalachrymalis canulas slid over each thread. The threads were then impregnated to a certain extent with the virus, and passed through the canulas into the depth of the erectile mass. At the end of four days there came on considerable inflammatory swelling, which lasted as long as the natural period of the vaccine evolution. The tumour then became very hard and compact, the vessels being obliterated. The cure remained permanent, no cicatrix resulting; one of the orifices had been inoculated, and a vaccine pustule was produced. With a little attention, even this slight inconvenience might have been avoided.

We may therefore state that vaccination is a valuable means of treating erectile tumours; but as it requires that the patients have not been previously vaccinated, it is always a good precaution before vaccinating an infant to inquire whether there is not some small erectile tumour in some part of its body.—*Union Méd.*, 1857, No. 63.

## ON THE TREATMENT OF LEAD COLIC.

By M. LEGROUX.

M. Legroux' communication is in the form of a Report on a paper by M. Girard of Marseilles. Lead-colic had been of rare occurrence in that city until 1853, when some metallic works being established, in the working of which lead was incidentally produced, 52 out of 260 work-people became affected within a month. Of these 39 came under M. Girard's care; and of this number one died of cerebral symptoms after his third attack of colic; 2 continued to suffer from paralysis of the wrist; and 7, who had had repeated attacks, exhibited serious symptoms. The others were only slight cases. All manifested changes in the gums, these being fungous and bleeding in some, and showing the blue line in others. The same treatment was observed in all, with the effect of rapidly dissipating the colic. This consisted in the exhibition of a pill containing two drops of croton oil and a senna clyster, and giving a pill every two hours, formed of extract of belladonna and opium, of each 1 grain, divided into 4 pills. The croton oil was continued a day or two, even if the pain were relieved; and the narcotic pills were continued for several days, with the occasional interposition of a purgative. One or two

sulphureous baths terminated the treatment, a few days sufficing for the cure.

M. Girard directs attention to a symptom observed in these cases, which he believes that he is the first to note, viz. a *souffle* furnished by the carotid arteries, and which he supposes to arise from the anæmic condition induced by the absorption of the molecules of the lead, of which the colic is but an epiphenomenon or neuralgic complication. This anæmia he attributes to the fluidifying power of the lead on the globules of the blood; and obstinate constipation with colic is a consequence of such anæmia. Purgatives rapidly relieve this condition, but as long as the anæmia persists relapse may take place, so that the great point is to restore the normal condition of the blood.

M. Legroux observes, that although the carotidean *souffle* may not have been noticed, the existence of anæmia, of which such *souffle* is an usual sign, has been long known and described. M. Girard in directing attention to the necessity of relieving the anæmic condition, has overlooked the principal fact, that a poison has to be eliminated. Tonics, iron, etc., are of no avail for this purpose, while the poison once removed from the blood, the anæmia ceases almost spontaneously. If the treatment adopted by M. Girard proved so rapidly efficacious, it arose from the fact of most of the cases being very slight; and even then relapses must be expected, for a long time is usually required to thoroughly purify the economy even in the simplest cases. The baths with which M. Girard terminated his treatment, are the means with which he ought to have commenced it. Observing, on the one hand, the facility with which cures are announced as rapidly obtained by purgatives and narcotics, and on the other the frequency of the occurrence of relapse, M. Legroux takes the opportunity of laying down the curative indications in *lead poisoning*. This term should be employed in preference to that of *lead colic*, which only indicates one symptom of a serious, deep-seated, general affection, which persists in spite of the temporary cessation of such symptom. It localises in the intestinal canal pain, which perhaps really has another seat, as indicated by the term *rachialgia*. It confounds together affections of the intestines of a most different nature, in consequence of their having pain as a symptom in common; and when this pain is relieved by some simple medication, a cure is supposed to have taken place because the colic has ceased. The patient leaves the Hospital apparently cured, and does not remain long before he is obliged to repair to another, suffering from accidents of a severer character than in the first instance. The colic had been suspended, but the intoxication persisted; and it cannot be too often repeated that the patient must not be considered cured as long as any lead remains in the economy, and that its complete elimination generally requires a long time.

The first indication to be fulfilled is the neutralisation, and especially the elimination of the lead deposited on the surface of the skin and the mucous membranes, or incrustated in their tissue. The black colouring of the skin due to the sulphuret of lead, produced by the agency of sulphureous baths, may often be reproduced three or four times, at more or less prolonged intervals. It has been observed on taking the sixth or seventh bath even, after five or six weeks' treatment. It is then only partial, and is seen especially round the nails. What is observed on the skin, likewise, may be seen on the mucous membranes in the form of altered condition of the edge of the gums, and of the slate colour of the large intestine, notwithstanding repeated purgation. When a patient suffering from lead-poison is brought to the Hôtel Dieu, M. Legroux orders him to be put into a sulphur bath and well brushed with soap. The soap does not suffice without the brush for the detachment of the sulphuret of lead. The patient does not go to bed until after this depuration, so that particles of lead collected on the surface may not become deposited in the pulverulent form, and afterwards be drawn into the mouth during the act of inspiration. In the same way the clothes pulled off should be changed, or thoroughly cleansed. While in the bath the hair, often matted together by the salts of lead, should be especially cleansed. The shoes are also placed in the bath and soaped. These operations are repeated several times at some days' interval, and that even if the last bath has not given rise to any black colour, experience having proved that after disappearing from the skin, the sulphuret may be reproduced there by the fifth or sixth sulphureous bath, and that even when it has not shown itself in the third or fourth. The

depuration of the mucous membrane of the digestive canal is accomplished by more or less strong purgatives, which indeed constitute the base of all modes of treatment—those even in which the curative power is attributed to neutralising agency or narcotics. Purgatives carry off the molecules which are lying free in the canal, and they induce exhalations and secretions of all kinds, by the aid of which the poison incrustated in the mucous membrane becomes detached, while that which has been introduced more deeply by absorption becomes eliminated. But one or two purgations will not effect complete depuration; and we must often repeat them during one or two weeks, recourse being still had occasionally to the same means during convalescence.

In respect to neutralising agents, M. Legroux regards sulphuric acid, sulphureous waters, and alum as useless, if not mischievous; but he thinks the persulphate of iron may be of some utility, given in subordination to purgatives. We have seen how long a period is required to produce complete cleansing of the skin, even with the aid of soap and the brush; and it may be supposed that a still longer time is necessary for the depuration of the intestinal canal. How often it has happened that patients cured to appearance have fallen ill again after some days of convalescence! It is by no means rare to find in workers in lead, who have undergone the Charité purgative treatment even two or three times, just when the cessation of all pain, and the return of strength and natural colour seemed to announce a certain cure, pallor return, the appetite lost, and a relapse taking place. All the lead had not been eliminated. It had remained latent in the economy, incorporated with the tissues or circulating in the blood. The elimination of the absorbed lead is a slow and difficult process, requiring frequent recourse to evacuates and sulphureous baths. M. Legroux has had no personal experience with the iodide of potassium, but it has proved of benefit in the hands of his colleague, M. Guillot.

At least two or three weeks are required for the internal and external depuration in lead poisoning; and supposing that within this space of time we have succeeded in eliminating all the poison, at least as long a period is required for the strengthening of the economy, purgatives and sulphureous baths still being occasionally required during this latter period. We must not consider a patient cured until a considerable time after the disappearance of all pain and of the icteroplombic colour, and when the strength and digestive functions have become quite re-established. Even then the patient should not expose himself to renewed poisoning, for one or two days' work often suffices to induce a relapse; so great is the predisposition which each intoxication leaves after it, perhaps in consequence of the economy still retaining a portion of the poison, and hence becoming more speedily saturated on renewed exposure.

M. Legroux concludes with observing that he has repeatedly had occasion to put these views into practice. He has tried every remedy proposed for the affection, and among other purgatives croton oil, which has obtained something like the reputation of a specific in this disease. It is, however, nowise superior to other purgatives, while it induces more irritation of the digestive canal. Of all means of treatment, he has found the well-known "La Charité" the best; for it is generally well borne, even when, as in obstinate relapsing cases, it has to be repeated two or three times. To this we have only to add effectual cleansing of the skin, and strengthening medicines, in order to fulfil every indication.—*Union Méd.*, 1867, Nos. 94, 95.

## PROVINCIAL CORRESPONDENCE.

### IRELAND.

DUBLIN, January, 1868.

THE important subject of the proper ventilation of public buildings was recently brought by Dr. John K. Barton before a meeting of the Royal Dublin Society, presided over by Dr. Churchill. Dr. Barton's paper gave rise to much discussion, and elicited the expression of a variety of opinions as to the best methods of accomplishing the object proposed in it. It is certainly much to be desired that public attention should

be directed to the quality of the "air we breathe," the purity of which is at least as important as that of the "water we drink," for it is a lamentable fact that the atmosphere of many of our crowded churches especially, is often so impure as to be injurious to health. For these reasons I consider that although his observations applied rather to Hospitals and Workhouses, Dr. Barton has done well in bringing the above-mentioned important question under the consideration of the mixed and highly influential meeting assembled on the occasion alluded to, in the Society's Board-room. In the course of his observations, Dr. Barton alluded to the recent proceedings at the London Lying-in Hospital, as strikingly illustrating both the importance of sufficient ventilation, and the determined opposition often made to its adoption, not only by servants, but by those who ought to be better informed.

At the same meeting Captain Maguire, R.N., presented to the museum of the Society a number of human skulls obtained by him in the Arctic regions while in command of the Plover, and mentioned that there never was any difficulty in removing such specimens, as the Esquimaux attach no importance to the preservation of the remains of their dead.

Mr. Moore, curator of the Society's beautiful Botanic Gardens at Glasnevin,—ground rendered classical by having been the constant resort of Swift, Addison, Tickell, and Delany,—exhibited a number of plants, whose unusual condition at this period of the year was indicative of the extreme mildness of the present season. Among the most striking of these were specimens of hawthorn in full blow, smelling as sweetly as that ornament to our Phoenix Park generally does in May, and potatoes from the open border forming tubers. Mr. Moore handed in a catalogue of the plants he had observed in a state of premature advancement, to serve as a permanent record in the Society's Journal of the unusual mildness of the winter of 1857-8. I may mention that the mean temperature of the month of December in Dublin was  $47^{\circ}180'$ ; the lowest point the thermometer fell to was  $33^{\circ}$ ; the highest it reached was  $57^{\circ}$ . The wind blew sixteen days from the south-west, nine days nearly due south, two days south-east, and four days west. The amount of rain which fell during the month was only 0.360 of an inch. With the exception of influenza, which has been prevalent, the season has not been unhealthy.

A meeting of the Irish Medical Association, open to the Profession, was held at the Royal College of Surgeons, on Wednesday, the 20th of January, for the purpose of taking into consideration the provisions of the Bill recently introduced into Parliament by the Right Honourable Henry Herbert, and the Attorney-General for Ireland, for the amendment of the Irish Poor-laws and of the Medical Charities Act of the 14th and 15th of her present Majesty; and also for the purpose of appointing a deputation to wait on the chief Secretary on the following day. The resolutions adopted were to the effect that the best interests of the poor, and especially of the sick poor, as well as of the rate-payers, would be best maintained by increasing, instead of diminishing, the influence of the Medical Profession in the administration of the Poor-law; and that the meeting, therefore, entirely disapproved of the clause providing for the substitution of non-medical persons for the present Medical inspectors. That the relieving officers should be empowered to cancel any Dispensary tickets issued to persons disentitled to gratuitous relief. That provision should be made to secure a continuance of salary to the Medical officer when actually incapacitated by illness, and that a substitute should be paid from the rates. That legal provision should be made for extraordinary services, which the dispensary and workhouse Medical officers are called on to render during the outbreak of alarming epidemics. That a minimum scale of salary should be adopted; and that inasmuch as the discharge of dispensary duties is necessarily attended with great expense,—say £50 per annum,—the minimum salary should be £100 a-year. That as great injustice is done to Medical officers by their being obliged to undergo a new election on the re-distribution of dispensary districts, a distinct provision should be made securing permanency of appointment. Lastly, it was resolved that the vaccination clause in the Medical Charities Act is unsatisfactory to the Profession and inefficient in practice, and that it requires amendment.

An adjourned meeting was held at the College on the following day, for the purpose of hearing the result of the interview with the Chief Secretary. Dr. Whistler stated that the

deputation had been courteously received by Mr. Herbert, who entered into all their representations, and evinced a great desire to do them justice in every possible shape. At the same time Dr. Whistler proposed that petitions to both Houses of Parliament, embodying the above resolutions, should be adopted; and his motion having been agreed to, the meeting broke up.

The Council of the Royal College of Surgeons in Ireland have announced that they will, on the first Monday in May, 1859, provided the essays sent in to them shall possess sufficient merit, proceed to award the first Carmichael prize of \$200 for the best essay, and the second Carmichael prize of \$100 for the next best essay, which may be sent to them, in accordance with the instructions of the late Mr. Carmichael, set forth in their announcement; on the state of the Medical Profession in its different departments of Physic, Surgery, and Pharmacy in the United Kingdom, at the time of writing the essays; the state of the Hospitals and Schools of Medicine, Surgery, and Pharmacy; and the state and mode of examination adopted by the several licensing Colleges or Corporations in each department; the writers to include in their essays suggestions for the improvement of the Profession in general, and to consider the best mode of rendering the examination as practical as possible.

## GENERAL CORRESPONDENCE.

### ACTION AND SOUNDS OF THE HEART.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your No. of December 26, 1857, I see a notice of some experiments by Dr. Halford, intended to explain the action of the auriculo-ventricular valves of the heart and the mechanism of its first sounds. They seem to have been witnessed by a number of distinguished men, who do not however appear to be aware that Dr. Halford has been anticipated both in his theory and his method of illustrating it by Drs. Baumgarten and Hamerick some ten years ago. In 1847 a paper by the latter of these gentlemen appeared in the *Prager Viertel-jahreschrift* on this subject, and was transferred to the pages of the *Monthly Retrospect of the Medical Sciences*, at that time edited by Drs. A. Fleming and W. T. Gairdner, from which publication I will make a brief extract of the author's views, as the majority of your readers will probably be unable to put their hand upon either that or the original work. Dr. H. asserts that the auriculo-ventricular valves are closed by the counter-pressure of the ventricular blood suddenly developed by the contraction of the *auricles*, that the cavities of the auricles and ventricles during the heart's diastole are distended by the continuous current from the veins; whilst at this period the valves are to be found floating in the blood in the form of a funnel: that the object of the auricular systole is to induce such an amount of tension in the contents of the ventricles, and of course in the blood surrounding the funnel-shaped arrangement of the valves, as to cause their rapid closure; and that in this way only can regurgitation be prevented.

Dr. Halford states that his views can be illustrated in the following manner: If the heart be removed from the body and the auricles cut away, (it is better however to operate with one only,) the artery obstructed by ligature, or by filling it with wax, and the cavity of the ventricle filled with a saline solution, the valve is found lying in the position above described. If then a stream of water be directed upon the valve from the height of a foot, so as to imitate the sudden contraction of the auricle, the valve is seen to close with great rapidity. If however an attempt be made to imitate the ventricular systole, by squeezing the ventricle with the hand, a large portion of its contents regurgitates before closure is effected. Dr. Halford thinks that this closure is not due to the operation of the musclic papillares, but that it is much facilitated by the small specific gravity of the valves, which enables them to float upon the surface of the blood; though, as the editors of the *Retrospect* remark, the specific lightness of the valves cannot play an essential part in the phenomenon, as is indicated in the cases of prone animals, and of a man standing upon his head. Dr. Halford further states that the mechanism by which the valves of the arteries are closed is similar to that of the auriculo-ventricular valves. Immediately

upon the contraction of the ventricles, the pressure of the blood, attained in the large arterial trunks acting equally all directions, effects the closure of the semilunar valves. Their complete closure occurs contemporaneously with the end of the ventricular systole. When the ventricular diastole begins, the arterial retraction commences, and the wave of reflux from the large arteries falls upon the valves already closed, and thus is produced the clear second sound. There is no regurgitation, which would necessarily be the case, to a certain extent, if the valves were shut only by the returning wave of blood. Dr. Halford also thinks that the first sound is produced by the vibration of the tense auriculo-ventricular valves, acted on by the blood propelled against them during the systole of the ventricles, and by the vibration of the chordæ tendinæ.

As the small specific gravity of the valves is assumed to facilitate their closure, anything which can render them specifically heavier, as fibrinous deposits, in the case of debilitated individuals whose blood is of low specific gravity, may be conjectured to interfere with their action. It is in such cases that the reestablishment of an improved condition of the blood removes the murmur, as in typhus fever, severe pneumonia, etc. On similar principles the bruits observed in chlorotic patients may perhaps be explained.

The editors of the *Retrospect* state that they have witnessed these experiments of Dr. Hamerick, and testify to their accuracy. The paper, I may also add, contains several deductions from these observations, which, however, as they are not directly involved in the question at issue, it is unnecessary to quote. I trust, however, that I have cited enough to show that Dr. Halford's theory and experiments, whatever other merit they may have, at least have not that of novelty, though they may possess that of originality as far as he himself is concerned. At any rate, as the question of the mechanism of the first sound is an important one, he is entitled to credit for drawing attention to these views, and for attempting to invalidate the generally received, but probably incorrect explanation of the phenomenon.

I am, &c.

FRANCIS T. BOND, B.A. M.B. Lond.

Queen's College, Birmingham.

#### MR. SYME AND HIS COLLEAGUES.

[To the Editor of the Medical Times and Gazette.]

SIR,—As you have thought proper to publish a contradiction of my statement, that the letter of Dr. Christison, from which you quoted, was returned to him at his own desire, for the correction of an error which he had discovered it to contain, I beg to transmit a document that should remove any doubt upon this point.

In regard to the other representations of your correspondent, my silence will not occasion any surprise to those who are acquainted with the position of their author, or the subject to which they have reference.

I am, &c.

JAMES SYME.

2, Rutland-street, Edinburgh, Jan. 26.

"MY DEAR SYME,—When my letter was read, for the first time, before the Committee of the Town Council and our Medical Faculty, I mentioned some corrections which were necessary, asked leave to correct the letter accordingly, and at once obtained permission to do so.

"The original letter was therefore returned, with the corrections in a postscript.

"Whatever may have been the impressions of others about the letter having been withdrawn, I did not propose to withdraw it, I was not asked to do so, and I would not have consented to withdraw it, had this been asked.

"I am, yours always,

"Monday, Jan. 25, 1858."

"R. CHRISTISON."

#### THE "SQUATTING UTERUS."

[To the Editor of the Medical Times and Gazette.]

SIR,—I am in the habit of meeting occasionally a condition of the uterus which I have known for the last three years, and which, for want of a better term, I have named to myself the "squatting uterus;" but I trust that, after reading my

description, you will kindly assist me to some more appropriate denomination. It is where the body of the uterus is too flabby and atonic to support the fundus under the weight of the superincumbent viscera; it therefore bulges out in every direction, as the fundus sinks nearer to the os uteri, —producing a variety of symptoms, which I will now enumerate.

The patient complains of pain, which is occasionally sharp, at the symphysis pubis, increased by standing, exercise, constipation, or distended bladder; it is usually also aggravated by the passage of solid feces, and after emptying the bladder. The pulse is feeble, the bowels generally confined and unhealthy, and there are the ordinary dyspeptic symptoms which belong to this condition.

After a while the catamenia usually become more profuse, until each period assumes the form of passive menorrhagia. As her strength gives way, these various discomforts increase; she has constant pain in the region of the anus, as from piles; occasionally it is of a bearing down character, rendering defecation very painful.

On examination per vaginam, the uterus is found large, globular, and very tender; the cervix short, hard, and painful, or sometimes scarcely any cervix at all, the os uteri presenting a thick cushiony opening, which is acutely tender. The uterine sound passes the full length of two and a half, or sometimes three inches, and as soon as its progress is arrested by the fundus, or, in other words, as soon as the fundus is raised to its full extent, a remarkable change is perceived in the lower parts of the uterus; the hard and tender cervix becomes instantly soft and natural to the feel; it is much smaller, and is no longer tender to the touch. Before the uterus had been elongated by raising up its fundus with the sound it had the shape of a flattened orange, bulging out from the os, or shortened cervix, so as to occupy more room than ordinary in the direction of its horizontal diameter, as if its sides, not being able to support the weight of the fundus, had yielded, and assumed this bulging form. The swollen os, the hard tender cervix, sometimes so hard as almost to justify the suspicion of malignant disease; the enlarged, bulky, and tender uterus, its inferior segment overhanging and bulging beyond the cervix to an unusual extent, are the immediate effects of this atonic condition of the uterine walls, which, unable to support the weight of the fundus (and I may also add the weight upon the fundus), give way, and allow the fundus to sink down upon the os. The feeble returning circulation of the parts beneath (os and cervix) is thus obstructed; they become painful and swollen. The uterus, as I before observed, assumes the form of a flattened orange, and presses more or less on the bladder and rectum; hence we invariably find that the patient has a frequent want to empty the bladder, from the pressure of the uterus upon it not allowing more than a small quantity of urine to accumulate without producing uneasiness; and from the same cause she frequently complains of sharp pain behind the symphysis pubis after emptying the bladder, from its sides being pressed against each other. Constipation produces pain, not only by increasing the weight of the superincumbent intestines upon the fundus, and its consequent pressure upon the lower parts of the uterus, but the passage of solid feces is attended with some difficulty and much pain, not only along the course of the rectum, where it is compressed by the enlarged uterus, but also behind the symphysis pubis, from the rectum, when distended with feces, pushing the uterus bodily forward against the neck of the bladder.

The state of the patient's general health tends to excite rather than to allay the suspicion of malignant disease. The chylipoietic functions are much deranged; the face is sallow, its expression depressed; she is always in pain, unless in the horizontal position; the catamenia gradually become irregular, usually too frequent and too profuse, and not unfrequently of an unhealthy character. During the intervals there is a leucorrhœal discharge, which at times is watery or mucopurulent. She loses strength and flesh; and if an examination be made for the first time at this stage, the practitioner can scarcely avoid suspecting the commencement of uterine disease; at any rate, such is the engorgement of the whole organ, that, in spite of the feeble state of the patient, it would seem to justify active local depletion.

It is the uterine sound which will instantly and certainly disclose the real nature of the affection. It usually passes the os and cervix without pain; but, on pressing against the in-



ternal surface of the uterus, the great tenderness of the part shows that it is in a highly irritable condition. The uterine cavity is evidently larger than usual in the unimpregnated state; and when the sound has raised the uterus into its natural pyriform shape, it will frequently show a distance of three inches from the os to the fundus, even in a patient who has never been pregnant. If, while the sound is in the uterus to its full extent, we examine the os and cervix, and that part of the uterus which the finger can reach per vaginam, an immediate and striking change is perceived. The lips of the os have become thinner, the cervix soft and of the natural size, and we can now freely press them between the sound and the finger without producing pain. The inferior segment of the uterus, instead of bulging out immediately above the cervix, has reassumed its natural shape, and the patient generally acknowledges immediate relief to her various pelvic discomforts.

The treatment of this affection must obviously be of a general character. The patient's health and strength must be restored; and when these return, a healthy state of the uterus will return also. Local depletion is seldom necessary; the relief is but temporary, whereas the debility which it produces is apt to be of some duration. Soothing injections of decoctum papaveris, either by itself or with a little liquor plumbi diacetatis; or, if the parts be very irritable and tender, a suppository of plumbi diacet. and extr. conii form the only local treatment which I have seen necessary in the early part of the case. At a later period, as her health improves, a mild astringent injection to give tone to the parts will prove useful. The prone position has been beneficial in some cases, by taking off the weight of the superincumbent viscera from the uterus.

As the above observations have extended to some length I select the following case rather on account of its shortness, reserving some longer ones for a future occasion.

Mrs. W. B., aged 34, married 14 years. 1 child. Blondine.

Oct. 16.—Constant dull, and occasionally sharp, pain in pelvis. Leucorrhœa. Painful, irregular, and scanty menstruation, with clots. Bowels stated to be healthy. Tongue lobulated and fissured in a most singular manner.

Had a very severe labour twelve years and a-half ago, which appears to have been followed by sloughing and cicatrization of the lower part of the uterus; the closed os uteri was opened by an operation. At present is very weak; has night perspirations.

*Exam. per Vaginam.*—Os and cervix much swollen; very hard and tender; uterus is large and globular; uterine sound passes easily three inches; the internal surface of the uterus is extremely tender. On gently raising the fundus with the sound the lower part of the uterus assumes its natural pyriform shape; the os and cervix instantly become soft, and are no longer swollen and tender.

℞. Pil. hydrarg. chlorid. oo. gr. v. alternis noctibus.

℞. Acidi hydrochlor. dil., acidi nitrici dil. aa. ʒi., liq. taraxaci ʒi., inf. cinchonæ oblongifolia ʒviij. M.—Ft. mist., sumat cochl. magna ij. bis die ante cibum.

Oct. 19.—Had a sanguineous discharge for six or eight hours after using the sound, and passed a small clot. Yesterday she had a good deal of pain and then more discharge. Abdomen soft, but flatulent; a good deal of pain on right side of abdomen, below the umbilicus. The tongue looks like a piece of raw meat, seored and notched across at right angles. Bowels well moved, natural; urine clear; hæmorrhoidal fulness.

Hirudines iv. ori uteri. Suppositorio plumbi c. conio o. n. post hirudines.—Rep. mistura.

24th.—Much better. No discharge to-day; a slight amount yesterday. Tongue better; has been up for the first time and without pain; says she has the sensation that "the womb feels firmer." Bowels moved yesterday; no night perspirations.—Rep. mistura et suppositoria.

28th.—Abdomen large and tympanitic, but soft and flabby; has still a coloured discharge, and on emptying the bladder a little blood always passes. Bowels not open; the suppositories give relief. Rep. mist. et suppositoria.

℞. Extr. aloes aquosi ʒii., extr. hyoscyami ʒjss. mastiches gr. xij. M.—Ft. pil. xx. sumat j.—ij. h. s.

Nov. 11.—Much better and stronger; no pelvic pain; pills act well. Rep. omnia.

I have not enumerated all the pains and aches about the pelvis which this patient described, as they would rather

have tended to confuse than to elucidate the nature of the case. Suffice it to say that there was general internal discomfort from a large and painful uterus pressing on all the neighbouring parts. Any movement increased the pain, and compelled her to lie quite still. The enlarged state of the cervix with great hardness and tenderness, extending into the body of the uterus, and the irregular form of the os, which had been divided on each side, made me fear at first the presence of organic disease; and the history of her severe labour, from which she had never thoroughly recovered, rather tended to confirm these suspicions. The uterine sound slipped in with great ease, showing an enlarged uterine cavity, the inner surface of which was acutely tender. On gently pressing up the sound until its further progress was arrested, which was when it had passed three inches, a complete change took place; the uterus was no longer large, hard, and globular; the cervix had become taper and soft, and bore firm pressure of the finger without any pain. The acute tenderness of the uterine cavity evidently diminished, and the patient found herself relieved of that continued pain and discomfort which was evidently produced by the bulging uterus pressing upon the surrounding parts.

Although I could not obtain very satisfactory evidence about the state of the bowels, the remarkably fissured condition of the tongue, and its raw-looking surface were sufficient proofs that the liver and bowels were not in a healthy state. She was low and feeble; the leucorrhœa was as much the result of debility and want of tone, as the perspirations were.

I endeavoured to fulfil the above indications by the Plummer's pill every other night, and the mixture of nitro-muriatic acid in infusion of red bark, which is by far the best tonic in these relaxed flabby habits that I am acquainted with. As, however, the pain which continued was at any rate an evidence of considerable congestion, if not even of inflammatory action, I decided on applying four leeches to the os uteri, which gave great relief. She could move without pain; she lost her night perspirations and was gaining strength when she left town. I am, &c. EDWARD RIGBY.

Berkeley-square, January 23, 1858.

## TYPHUS AND TYPHOID FEVERS.

[To the Editor of the Medical Times and Gazette.]

SIR,—Since the question as to whom the merit of establishing the distinction between typhus and typhoid fevers is due has been lately mooted in your Journal, perhaps I may be permitted, through the same medium, to express, along with Mr. Cooper of Cromer, the opinion generally entertained in Scotland, and more particularly in the west of Scotland, where the facts are best known, with regard to the claims of my father, the late Dr. Perry of Glasgow. He himself in his short paper in the *Edin. Med. and Surg. Journal* for Jan. 1836, observes, "I do not pretend to say that all my observations are new. Many of them have been made by others before, but not one of them is stated on slight grounds, or on the faith of others, or is not the result of, or confirmed by, my own observations."

It is to be regretted that he did not again publish his observations in a more lengthened and detailed form, as he had such ample opportunities of making them on a very extensive scale, and had no lack of materials, but only the absence of a "desire to become an author." Far be it from me to say anything in disparagement of the admirable and important researches published by Dr. Jenner, or of the ability displayed in the paper by Dr. A. P. Stewart, but I would simply point out the priority of the opinions advanced by Dr. Perry. Other observers had previously given descriptions of typhoid fever, although not always styled by that name. Dr. Peëbles of Edinburgh had also published some researches upon fever, with a history of the eruptions in contagious fevers.

The aim of Dr. Perry in the paper above referred to, appears to have been not so much to give a detailed account of the difference in the symptoms between typhoid and typhus fevers, as to assign to the latter its true place among the exanthemata in the nosological table, whilst, at the same time, their non-identity was distinctly pointed out. As stated by Dr. Stewart (*Edin. Med. and Surg. Journal*, vol. xlv. p. 326), "Dr. Perry, of Glasgow, was the first whom I heard maintain the complete difference of the two eruptions, and I am now fully satisfied of the accuracy of that opinion."



With regard to the correctness of the proportion of typhus cases in which Dr. Perry found enlargement and ulceration of Peyer's glands, I will not at present enter into any discussion, but merely remark that other observers, and some who regard the mulberry rash as a *sine quâ non* of the disease, have also found enlargement and occasionally ulceration of those glands.

Although too much cannot be said in praise of the careful and lucid manner in which Dr. Jenner has traced out the distinctions between typhus and typhoid, I am inclined to think that too much credit has lately been given to him in London for the originality of his views, seeing that long before their publication the Medical Profession here had almost uniformly adopted the opinions advocated by Dr. Perry, and that hundreds of Medical men then in practice throughout the United Kingdom could have testified that the exanthematous nature of typhus, and the specific differences between it and typhoid, as well as other forms, had been distinctly brought to them by the late Dr. Perry in the wards of the Glasgow Royal Infirmary.

I am, &c.

ROBERT PERRY, M.D.

Glasgow, 8, Melrose-street, Jan. 20, 1858.

## MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 22d inst. :—

ADRIEN, JOHN, Oldtown, County of Dublin.

BEAUMONT, JOHN MORTON, Walton-place, Upper Chelsea.

BYRNE, THEODORE EDGAR DICKSON, Whickham, Gateshead-on-Tyne.

COOKE, LOUIS RICHARD, Orchard-street, Portman-square.

DALY, MICHAEL, Mallow, County of Cork.

FAULDER, JOHN JEFFERY, Newcastle.

FORD, JAMES, Sandford, Devon.

GIRAUD, CHARLES HERVE, Petersfield, Hants.

KING, GILBERT LENNOX, Royal Navy.

LEY, EDWIN GRANVILLE, Rochester, Kent.

ROBINSON, AUGUSTUS, Annapolis Royal, Nova Scotia.

At the same meeting of the Court, Mr. RICHARD EVANS passed his examination for Naval Surgeon; this gentleman had previously been admitted a member of the College, his diploma bearing date February 22, 1850.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Jan. 21 :—

BARRETT, JAMES, Banbury, Oxon.

DAVIES, HENRY HARRIES, Llandyssul, S. W.

## DEATHS.

**BENNETT.**—On the 25th inst., in Upper Baker-street, John Morris Bennett, M.R.C.S., Eng., 1811. Aged 69.

**DONNELLY.**—On the 19th inst., at Seabrook, Kent, William Donnelly, M.D. E., 1826. Aged 63.

**FOTHERGILL.**—On the 21st inst., John Fothergill, of Darlington, M.R.C.S., 1814.

**HASSARD.**—On the 16th December, on his passage to England, at the Danish Hospital, St. Thomas's, West Indies, of yellow fever, Ross Hassard, Surgeon Royal Artillery, third son of the late Major-General Hassard, Royal Engineers, aged 41.

**PRINGLE.**—On the 17th inst., at Notting-hill, Andrew Pringle, of Borgue. Aged 36.

**ROGERS.**—On the 21st instant, at Newport Pagnell, Bucks, John Rogers, Esq., in his 77th year.

## APPOINTMENT.

**BARON H. LARREY** has been appointed Medical Inspector of the Army, in place of the late M. Baudens.

**MR. T. APPELEY STEPHENSON**, M.R.C.S., Eng., L.S.A., was, on the 26th inst., elected Medical Officer to Nottingham Union District, No. 3.

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY.**—The following gentlemen will be balloted for as Fellows of the Royal Medical and Chirurgical Society, on Tuesday evening,

February 9th, 1858. The ballot will be opened at half-past seven o'clock, and will close at half-past eight precisely :—William Warwick Harkness; Frederic George Reed; Joshua Harrison Stallard; John Richard Wardell.

**BRITISH METEOROLOGICAL SOCIETY.**—At the last meeting of the British Meteorological Society, held on Wednesday the 20th instant, Dr. R. D. Thomson, F.R.S. in the Chair; among other papers then read, and these almost exclusively meteorological in their character—was a communication eminently Medical in its bearing, from Dr. Smallwood, "On Ozone, and the Meteorology of Isle Jesus, Canada." In this paper Dr. Smallwood, without furnishing other results than those at which scientific observers have already arrived in reference to ozone, gives observations that tend to confirm those heretofore made in regard to the presence or absence of ozone in the atmosphere, as connected with the prevalence or non-prevalence of cholera.

**MR. GRIFFIN AND THE POOR-LAW GUARDIANS OF MELCOMBE REGIS.**—A new incident has just occurred in the way of an episode to the protracted struggle between Mr. Griffin and the Poor-law Powers. A vacancy having occurred for the appointment of Medical Officer to the Melcombe Regis district of the Weymouth Union, Mr. Griffin addressed a communication to the Guardians, offering himself as a candidate for the post. He asked for the appointment, not as a favour, but as a simple act of justice, in compensation for the hard work and small pay which he has so long experienced as Medical officer to his own district, in which the emoluments are much less than those of Melcombe Regis. He shows in his letter that the remuneration he has received as Medical officer has hitherto amounted to the astounding average of one shilling and threepence-halfpenny for each case!—some of the cases demanding serious surgical operations, such as amputation of the thigh, excision of the elbow-joint and the like. The remuneration in the Melcombe Regis district amounting to two shillings and twopence-halfpenny each case, Mr. Griffin, not unnaturally, seeks to improve his position by this addition, however scanty, to his present miserable pittance. The only answer given by the Guardians is the appointment of another person to the Melcombe Regis district; and Mr. Griffin again writes to his old friends at the Poor-law Board at Whitehall. In this document he points out not only the hardship of his own case, but the constant evasion and prevarication practised by the Board itself; and he quotes from former minutes and communications of the Board, to show how little is to be expected from its promises and professions. He is perpetually informed in these portentous documents that his case "shall receive due consideration," that it "will meet with due attention;" and after an infinite variety of phrases, filled with official verbosity and inanity, he finds that nothing whatever is done. We can imagine how the Board laughs in its sleeve when it receives one of Mr. Griffin's pungent communications, and orders the Honourable Mr. Slowcoach to give an official reply, characterized by the usual expanse of foolscap-paper and the usual poverty of ideas. But we hope that the House of Commons will bring these well-paid gentlemen to their senses, and prove to them, although perhaps too tardily, that the members of an honourable Profession are to be no longer insulted with impunity.

**EFFECTS OF NARCOTICS.**—Besides the various effects which are common to all the principal narcotics, each has characteristics of its own. Hashish produces real catalepsy, and exaggerates rather than perverts the reports of the senses as to external objects; the thorn apple, on the other hand, causes truly spectral allusions, and enables the Indian to converse with the spirits of his ancestors. The Siberian fungus gives insensibility to pain, without interfering with consciousness. The common puff-ball stops all muscular action, but leaves the perceptive powers untouched. (?) *Cocculus indicus* makes the body drunk, without affecting the mind. Cocoa has the wonderful power of sustaining muscular strength in the absence of food, and of preventing the wasting of the tissues of the body during the greatest and most prolonged exertion. The effects of the different narcotics are not only peculiar, but often opposed. Opium and hashish, common in many of their effects, are opposite in this, that the former diminishes sensibility to external impressions, whereas the latter almost infinitely increases it. Betel is even an antidote to opium, as tea is to alcohol. Tobacco suspends mental

activity; opium and hashish increase it a thousand-fold.—*National Review.*

**REORGANISATION OF THE POLISH MEDICAL SCHOOL.**—Last October an important change was made in the Medical organization of Poland. After the events of 1831 the Universities of Warsaw and Wilna had been closed, and the University of Cracow was the only poor resource that remained for the Polish youths wishing to pursue the Medical career. Even this was soon taken away by the annexation of the republic of Cracow to the empire of Austria. From that period the numbers who were enabled to study the Profession became very few, as the expenses were very great in going so far as the distant Russian Universities of Petersburg, Dorpat and Moscow. The result was that the new generation of Medical practitioners threatened to fall into mere mediocrity. The young Emperor Alexander II. during his recent visit resolved upon establishing a Medical faculty at Warsaw; and in a few weeks afterwards the new establishment was opened as the Imperial Academy of Medicine. The number of inscriptions for medicine and surgery almost immediately amounted to 200. At present the chairs for the first year's study, as chemistry, botany, natural history and anatomy, have been only filled; and the difficulty in finding professors capable of filling the higher chairs, especially the clinical and pathological chairs, is very serious. The means of overcoming it which has been suggested is to invite the return of some of the distinguished Polish Medical practitioners who emigrated after the events of 1831, and several of whom have since acquired great reputations abroad. It is hoped that Count Mouchanoff, Minister of Public Instruction, a man of remarkable ability, will recommend this step.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, January 23, 1858.

### BIRTHS.

Births of Boys, 941; Girls, 857; Total, 1798.  
Average of 10 corresponding weeks, 1848-57, 1563.

### DEATHS.

	Males.	Females.	Total.
Deaths during the week ... ..	661	683	1344
Average of the ten years 1847-56 ... ..	...	...	1207
Average corrected to increased population ... ..	...	...	1328
Corrected average for corresponding week in ten years 1847-56 ... ..	596.6	610.9	1207.5
Deaths of people above 90 ... ..	1	...	1
Deaths in 13 General Hospitals ... ..	44	21	65

### DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Dysentery.	Typhus.
West ....	376,427	..	9	4	10	2	3
North ....	490,896	2	7	7	12	..	6
Central ..	398,356	..	10	4	5	2	5
East ....	485,523	..	28	9	21	4	12
South ....	616,685	..	12	9	6	1	9
Total..	2,362,386	2	66	33	54	9	35

### METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer ... ..	30.231 in.
Mean temperature ... ..	37.5
Highest point of thermometer ... ..	50.0
Lowest point of thermometer ... ..	30.5
Mean dew-point temperature ... ..	51.2
General direction of wind ... ..	Variable
Whole amount of rain in the week ... ..	0.00
Amount of horizontal movement of air in the week ... ..	1085 miles

### BOOKS RECEIVED.

On Placenta Prævia. By R. Barnes, M.D. London: 1858.  
Mind and Body. By R. Jamieson, M.D. Aberdeen: 1858.  
The Study of Epidemic Disease. By E. H. Greenhow, M.D. London: 1858.  
Subcutaneous Surgery. By W. Adams, F.R.C.S. London: 1857.  
The Atlantis. No. 1. London: 1858.

A Practical Treatise on the Diseases of Children. By J. F. Meigs, M.D. 3rd edit. Philadelphia: 1858.

A Treatise on Midwifery. By P. Cazeaux. Translated by W. R. Bullock, M.D. Philadelphia: 1857.

## TO CORRESPONDENTS.

DR. CONOLLY's third paper will appear next week, with an Illustration as usual.

Mr. Paget's paper, "On some Affections of the Mouth and Fauces," shall appear next week.

Mr. Walker.—The address shall be sent.

Juvenis.—Physicians do not give receipts for their fees. The fee is honorary.

Dr. Sylvester's letter shall appear next week.

Juvenis begs to state that he submitted his plan (anonymously) a month ago for "A General Hospital Rate" to the Metropolitan Commissioners of the Board of Health, as well as to the Registrar-General for their consideration.

Inquirer.—An homoeopathic practitioner may accept an appointment under the Poor-law Guardians, and if he be legally qualified it might be difficult to displace him.

Dr. Goodwin's interesting case of Tetanus shall appear.

Juvenis recommends the following pomatum for the growth of the hair: Melt together four ounces each of beef marrow and oil of mace, and having strained through a fine sieve stir in (previously dissolved in half an ounce of tincture of tolu), two drachms of balsam of tolu, and one drachm each of oil of cloves, and the same of camphor. A piece, the size of a pea only, to be well rubbed in night and morning.

COMMUNICATIONS have been received from—  
Dr. CONOLLY; Dr. RIGBY; Mr. SYME, Edinburgh; Mr. PAGET; Mr. WHARTON JONES; Dr. BUCHANAN, Glasgow; Dr. G. JOHNSON; Dr. MARCET; Dr. CAMPS; Mr. HUSSEY, Oxford; Dr. SYLVESTER; Dr. GRAILY HEWITT; Dr. GOODWIN, Norwich; Mr. HUGHES; Mr. DAVIS; Dr. COLLIVER; Mr. GRIFFIN; Mr. A. WALKER; Mr. BARLOW; Mr. RIVERS; SECRETARY GENERAL BOARD OF HEALTH; Mr. WATTS; Mr. McDERMOTT; Mr. W. PARKER; Mr. BARLOW; Mr. PALMER; Mr. STEPHENSON; Dr. BAINES; Mr. E. S. BENNETT; Mr. J. ERTWILER; Dr. OXLEY; Mr. J. BROADBENT; Mr. J. CARMICHAEL; Mr. E. BATT; Dr. W. TAYLOR; Mr. H. E. WATTS; Dr. F. W. BLAKE; Mr. H. VASEY; Mr. C. SPENCER; Mr. J. LOVEGROVE; Mr. J. BIRNS; Dr. MORIARTY.

## APPOINTMENTS FOR THE WEEK.

Jan. 30, Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's 2 p.m. Charing Cross, 1 p.m.

MEDICAL SOCIETY OF LONDON, 8 p.m.: Mr. Henry Smith, "On some points connected with the treatment of obstinate Stricture of the Urethra."  
ROYAL INSTITUTION, 3 p.m.: Mr. Bloxam, "On the Chemistry of the Elements."

### 1. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopedic Hospital, 3 p.m.

ENTOMOLOGICAL SOCIETY, 8 p.m.

ROYAL INSTITUTION, 2 p.m. (General Monthly Meeting.)

EPIDEMIOLOGICAL SOCIETY, 8 p.m.: Dr. Snow, "On Drainage and Water Supply, in connexion with Public Health."

### 2. Tuesday.

Operations at Guy's, 1 p.m. Westminster, 2 p.m.

PATHOLOGICAL SOCIETY, 8 p.m.

ROYAL INSTITUTION, 3 p.m.: Professor Huxley, "On Animal Life."

### 3. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.;

Orthopedic Hospital, 3 p.m.

GEOLOGICAL SOCIETY, 8 p.m.

PHARMACEUTICAL SOCIETY, 8 p.m.

### 4. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 1½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

ROYAL SOCIETY, 8½ p.m.

ZOOLOGICAL SOCIETY, 8 p.m.

LINNÆAN SOCIETY, 8 p.m.

CHEMICAL SOCIETY, 8 p.m.

MIDDLESEX HOSPITAL MEDICAL SOCIETY, 8 p.m. Mr. Digby, "On the Causes and Treatment of Inefficient Action of Uterus in Parturition."

ROYAL INSTITUTION, 8½ p.m.: Professor Tyndall, "On Heat."

GROSVENOR PLACE SCHOOL MEDICAL SOCIETY, 7½ p.m.

HARVEIAN SOCIETY: Haynes Walton, Esq., "Observations on some forms of Impaired Vision, including Diagnosis and Treatment." N.B. The Ophthalmoscope will be exhibited, and its use explained.

### 5. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.; Great Northern, 2½ p.m.

ROYAL INSTITUTION, 8½ p.m.: Dr. Lankaster, "On the Drinking Waters of the Metropolis."

WESTERN MEDICAL AND SURGICAL SOCIETY, 8 p.m.: Dr. Ogle, "On the Registration of Sickness." Mr. Hatfield, "On the post-mortem examination of a Case of Sudden Death, and the discovery of O.I. in the right pleural cavity. (Council Meeting at 7.)

## The New Sydenham Society.—At the

Inaugural Meeting of this Society, held January 18th, at the Rooms of the Medical Society of London, Dr. C. J. B. Williams in the Chair, the following Resolutions were adopted:—

I.—Proposed by Dr. Watson, seconded by Mr. Solly, and carried unanimously—"That a Society be instituted for the purpose of supplying certain deficiencies in the existing means for diffusing Medical Literature, and that such Society be called 'The New Sydenham Society.'"

II.—Proposed by Dr. Gull, seconded by Dr. Hodgkin, and carried unanimously—"That the chief objects of this Society shall be the republication or translation of valuable British or Foreign Medical Works, Papers, and Essays, difficult of access to the Members of the British Profession."

III.—Proposed by Dr. Peacock, seconded by Mr. Erichsen, and carried unanimously—"That the Laws now read be adopted as the Laws of the New Sydenham Society."

IV.—Proposed by Dr. Budd, seconded by Dr. Sieveking, and carried unanimously—"That the President, Vice-Presidents, Council, etc. as proposed by the Provisional Committee, be elected as the Officers of the Society for the ensuing year."

### OFFICERS FOR 1858.

PRESIDENT.—C. J. B. Williams, M.D. F.R.S. etc.  
VICE-PRESIDENTS.

Sir Henry Holland, Bart. F.R.S.  
Sir Philip Crampton, Bart. F.R.S.  
Thomas Addison, M.D.  
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William P. Alison, M.D. F.R.S.E.  
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Thomas Mayo, M.D. F.R.S.  
J. Y. Simpson, M.D., Edinburgh.

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### COUNCIL.

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TREASURER.—G. Hillaro Barlow, M.D., 5, Union street, S.E.

SECRETARY.—Jonathan Hutchinson, Esq., 14, Finsbury Circus, E.C.

N.B.—Six Vacancies yet remain for Provincial Members of the Council: these will be filled up when the canvass for Members shall be more advanced.

At a Meeting of the Council, held at Dr. Williams's, on January 25, the following was adopted as the

### PROSPECTUS

of the new Society:—

The objects to which the New Sydenham Society will direct its attention are the following:—

I. The translating and editing of valuable Foreign Works on Medical Science, as also of important Papers which may have recently appeared in Foreign Journals, Transactions of Societies, etc. These works, papers, etc. will be translated in full, and brought out as early as possible after their original publication.

II. The reproduction of British Works, Lectures, and Papers, which, while of great practical value, are out of print or difficult to obtain, excluding the works of living authors.

III. A Year-Book of Reports in abstract of the progress of the different branches of Medical Science, compiled by a Committee.

IV. Should the funds prove adequate, it is proposed also to prepare Volumes of Medical Bibliography and Medical Biography.

It will be observed that the New Sydenham Society aims chiefly at the republication of Modern Works and Papers, especially those of a directly practical class. In order to secure a representation of the wishes and opinions of the general body of Members of the Society, it is proposed that its Council shall always include a certain number of provincial residents, and that its Annual General Meeting, at which the election of Officers and Council will take place, shall be held at the same time and place as the Anniversary Meeting of the British Medical Association.

After careful inquiry into the causes which led to the decline of the late Sydenham Society, it is believed that two of the most important were the expense of its management, and the inefficient means employed for enlisting new members, collecting subscriptions, and issuing books. It is, therefore, proposed, in order to remedy these defects, that the New Sydenham Society shall adopt a system of rigid economy in its management; and it is further contemplated to enlist a much larger number of Local Secretaries, and to adopt other precautions for ensuring punctuality in all its departments.

The assurances of support already received are so numerous, that it is intended that the Society shall commence its operations at once. The Council, however, earnestly beg of all interested in its prosperity to remember, that great success can only be attained by a Society of this kind when the number of members is very large. The expense of printing 5000 copies of a book is but little more than that of printing 500. It is merely the difference of paper, binding, and a trifle for presswork. It thus becomes the direct interest of every member to enlist as many additional members as possible, since by so doing he will not only extend the influence of sound Medical Literature, but will increase the number of works to be obtained for his own subscription.

The Subscription will be One Guinea annually, payable in advance.

NOTE.—It is intended as early as possible to appoint Local Secretaries in all towns of sufficient size, and by their aid to make a general canvass of the Profession. It will, however, very greatly assist the Council, if those gentlemen who have already determined on joining the Society will forward their names to the Secretary without loss of time.

## Carriages, New and Second-hand, of

superior style, sterling quality, and finest finish at reasonable rates, for cash, credit, job, or exchange. Circular of prices on application. Credit given when required. Buyers should take carriages on trial, with power to purchase by yearly payments, and thus prove them.

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Second Edition of Boudault on "Pepsine," with Remarks by English Physicians Edited by W. S. SQUIRE, Ph.D., published by J. Churchill, London, may be also had of the Author, 277, Oxford-street, price Sixpence.

## For Use Medicinally, in all Diseases of

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*President.*—THE RIGHT HONOURABLE THE EARL MANVERS.

*Visitor.*—THE LORD BISHOP OF WINCHESTER.

*Treasurer.*—JOHN PROPERT, Esq.

The Council of the Royal Medical Benevolent College have the pleasure to inform the Governors and Friends of the Institution that the SIXTH ANNUAL FESTIVAL will take place at the FREEMASONS' TAVERN on WEDNESDAY, the 24th of March next, when the Right Honourable the LORD STANLEY, M.P., has kindly consented to take the Chair. Gentlemen who are willing to act as Stewards on the occasion are requested to send their names to the Treasurer, or to the Secretary, at the office of the College in Soho-square. The liability of each Steward is limited to the cost of a dinner ticket.

The following Noblemen and Gentlemen have already undertaken to officiate as Stewards. A further List will be published shortly.

The Right Honourable the Earl of Huntingdon.  
Sir John Forbes, M.D. D.C.L. F.R.S., Old Burlington-street.  
The Rev. John Jennings, M.A., Canon of Westminster.  
The Rev. P. Melancthon Holden, St. Paul's Chapel, Gt. Portland-st.  
Richard Bagge, Esq., Gaywood Hall, Lynn.  
Henry Blenkarne, Esq., Dowgate Hill.  
Nathaniel Clifton Esq., Cross-street, Islington.  
Edward Clifton, Esq., Russell-place, Fitzroy-square.  
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Charles Cotton, M.D., Lynn.  
Henry Curling, Esq., Ramsgate.  
George Thomas Dale, Esq., Pembroke-place.  
William Dalton, Esq., (Hon. Local Sec.,) Cheltenham.  
Horatio G. Day, Esq., (Hon. Local Sec.,) Isleworth.  
Charles Drage, M.D., (Hon. Local Sec.,) Hatfield.  
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Henry Hancock, Esq., Harley-street.  
Richard Hassall, M.D., Richmond.  
John Vincent Hawkins, M.D., Lynn.  
W. C. Hoffmister, M.D., (Hon. Local Sec.,) Cowes.  
George C. Jonson, Esq., Eaton-place South.  
T. Marsters Kendall, Esq., (Hon. Local Sec.,) Lynn.  
Charles F. J. Lord, Esq., Hampstead.  
George Pinckard, Esq., St. James's-square.  
John Probert, Esq., New Cavendish-street.  
J. O. Smetham, Esq., Mayor of Lynn.  
William E. Snow, Esq., Tredegar square.  
Henry Sterry, Esq., Paragon, New Kent-road.  
Francis Webb, Esq., Chancery-lane.

By order of the Council,

37, Soho-square, London, January 26, 1858.

ROBERT FREEMAN, Secretary.

HERBERT WILLIAMS, Assistant Secretary.

[ESTABLISHED 1841.]

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By the Annual Report of 1857, it appeared that the number of Policies then in force was 3434, insuring £1,837,500, and yielding an income of £55,207.

At the SIXTEENTH ANNUAL MEETING, held on 26th November, 1857, it was shown that on the 30th June last:—

The Number of Policies in force was .. .. .	6255
The amount Insured was .. .. .	£2,917,598 13s. 10d.
The Annual Income was .. .. .	£125,113 3s. 8d.

Two Bonuses have been declared (in 1848 and 1853), adding nearly Two per cent. per annum on the average to sums assured, and by which a Policy of £1000 issued in 1842 on a healthy life, is now increased to £1360.

Profits divided every five years—next division in 1858.

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Assurances are effected at home or abroad on healthy lives at as moderate rates as the most recent data will allow.

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For forms of proposal and prospectuses apply to the Society's offices, 5, Crescent, New Bridge-street, Blackfriars, E.C., and Surrey-street, Norwich.

### SPECIAL NOTICE.

To secure the advantage of this year's entry, Proposals must be lodged at the Head Office, or at any of the Society's Agencies, on or before 1st March.

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THE WHOLE PROFITS DIVIDED AMONGST THE ASSURED.

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## ORIGINAL LECTURES.

## CLINICAL LECTURE

ON

HEMIPLEGIA DEPENDENT ON ATROPHIC  
CEREBRAL SOFTENING.

DELIVERED AT

King's College Hospital,

By R. B. TODD, M.D. F.R.S.

Physician to the Hospital, &amp;c.

(Reported by Dr. CONWAY EVANS.)

GENTLEMEN,—The best instance of disease which I can today bring under your notice is that of a woman named Mary Anne Godfrey, who is now lying in Ward No. 7, with hemiplegia of the right side. She tells us she is 34 years of age, and that this is the second time she has been in the Hospital, for she was here under my care with hemiplegia of the left side about five years ago. Upon looking over my case-books I find that this statement of hers is quite correct, and I have here the notes which were taken of her case when she first came under my observation.

The special interest of the case consists in the fact of her having been twice the subject of very complete hemiplegic paralysis; and having completely recovered from the first attack, she now, after the lapse of so long a period as five years, suffers a second attack on the opposite side.

The date of her former admission was May 21, 1860, and she was then 29 years of age. It appears that her health generally had been good until December, 1849, when she had an attack of rheumatic fever, for which she was under treatment in a metropolitan hospital. Ever since that time she has been more or less subject to rheumatic pains. It is not at all improbable that during this first attack of rheumatism there may have been some endocardial affection, for we found then and still find upon examination that a bellows-sound, accompanying the systole, is audible over the base of the heart and the region of the aorta.

In January, 1860, a month after the rheumatic fever, she had a fit apparently epileptic, and came out of it in two hours with the full use of her limbs. In March of the same year she had a second similar seizure, which lasted two hours, and on coming out of it she found her left arm paralysed and her face awry, but these effects disappeared in half an hour. Three weeks subsequently she had a third attack, also followed by transient paralysis of the left side. From this time she continued well, until the morning of May 17th, when she awoke, after a heavy sleep, with complete hemiplegia of the left side. In this state she was brought to the Hospital four days after the attack. Here she was at once placed under a supporting plan of treatment, the administration of quinine and iron, and an occasional purgative, together with a nutritious diet; in six weeks she perfectly recovered the use of her limbs, and left the Hospital quite well.

The history of the attack for which she has now been admitted into the Hospital is this:—On the evening of November 6th, 1866, while walking in the street, she suddenly fell down in a state of insensibility; she was taken up and carried home, and it was then discovered that she was paralysed on the right side of her body. She remained insensible all night, and the following morning was cupped on the back of the neck. And here let me remark that I hope to see the day when this practice of abstracting blood as a matter of routine (for it is really nothing more than this) in cases of sudden paralysis will be abandoned; undoubtedly it is daily becoming less frequent. Many men, when summoned to a case of sudden palsy, whether with or without loss of consciousness, either cannot or will not take the trouble to investigate the case thoroughly, and the only conclusion at which they seem able to arrive, is that the symptoms in some way or other depend upon congestion of the brain, that there is too much blood in the head; and, therefore, that bleeding must be resorted to, whether from the arm, or by applying leeches to the head, or cupping on the back of the neck.

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But to return to our case. In the course of the evening the patient recovered her consciousness, and this fact, in the opinion of many, would be a sufficient justification for the bleeding. But although she recovered her consciousness, the paralysis continued, and her power of articulation was considerably impaired, while vision and hearing were also somewhat affected. For the following two or three days she was rather feverish, but neither subsequently to nor during the attack were her limbs at all drawn up, nor was she in the least degree convulsed. The catamenia were quite regular; and there was nothing in her history to justify a suspicion of a syphilitic taint.

On the admission of this patient there was complete paralysis, as regards voluntary motion, of the muscles of the right side of the body; indeed, it is rare to meet with a case of hemiplegia more complete than this had been, for no reflex actions could be induced by tickling the sole of the foot, except occasionally, when we succeeded in exciting a slight action in one or two muscles connected with the great toe. The muscles of the paralysed limbs were all perfectly flaccid and relaxed; the mouth was slightly drawn to the left side; the tongue, when protruded, diverged somewhat towards the right side; the patient could see and hear well; the pupils were equal; there was no headache, but, as I before mentioned, a systolic bellows-sound was audible over the base of the heart.

Let me impress upon you the importance of observing and noting in your record in all cases of hemiplegia the condition of the muscles of the paralysed limbs. You should always flex the forearm upon the arm, and the leg upon the thigh, and carefully ascertain whether any of the muscles of these parts offer any resistance to these movements, and if they do, you should note the degree of this resistance—whether it be merely a slight resistance, or whether it amount to a state of greater or less rigidity. Sometimes you will find that the biceps is the only muscle which at all opposes your movements, and in other cases it is the triceps alone which resists; while in other cases you will find all the muscles of the limb in a state of intense rigidity. You will readily understand the great importance of attending to these points when I tell you that these different states of the paralysed muscles—flaccidity, slight resistance, or absolute rigidity—are indications of different states of brain. Thus the perfectly flaccid condition of the muscles of the palsied limbs is indicative of a cerebral lesion distinctly atrophic in its nature—a lesion the very opposite of inflammatory, of a low kind, and one in which there is a tendency to waste, and in which the vital powers are *below par*.

The resistive state of the paralysed muscles shows that the cerebral lesion, whatever it be, is of an *irritative* kind. A very frequent cause of this state of muscles is a small apoplectic clot with laceration by the effused blood of some of the healthy brain-substance immediately adjoining it. When the palsied muscles are hard and rigid, and almost in a tetanic condition, the brain lesion is of a more distinctly and decidedly irritative kind than in the last-mentioned class of cases, in which there is merely simple resistance, and is sometimes of an inflammatory nature. These are the cases best adapted for bleeding, or, at all events, for mercury. But when there is merely resistance of the paralysed muscles, and, *a fortiori*, when they are perfectly flaccid, these remedies are inadmissible and generally calculated to do harm.

Here, then, we have in the case before us all the indications of paralysis dependent on an atrophic lesion of the brain—all the characters, in fact, of an ordinary case of a common form of hemiplegia, but a form which is more frequently met with in persons more advanced in life than our patient. I omitted to mention that sensibility was considerably diminished in the paralysed limbs after the attack, and (what is not very common) it has since exhibited no decided tendency towards a speedy return. If you converse with this patient you will perceive that, although she is in a low and depressed state, which is partly perhaps due to the shock of the attack, and partly also to an enfeebled and impaired health prior to the seizure, her intellectual powers are pretty perfect; and I therefore infer that her hemispherical convolutions are not damaged.

The lesion in this patient is *atrophic* or *white softening*, and its seat is, I believe, some part of the *centre of volition*—that part of the brain which is immediately concerned

in voluntary actions, i.e. the corpus striatum and optic thalamus on the left side, or parts in immediate connexion with these ganglia. According to the view which I take of the physiology of the brain, I am led to regard these two great nervous masses—the corpus striatum and optic thalamus—as connected with the centres of volition and sensation respectively, much in the manner in which the capital of a pillar is connected with its column; and hence it is that lesion of the former gives rise for the most part to paralysis of voluntary motion, while sensation is chiefly impaired when the latter is the part most involved in disease. Still, however, it should always be borne in mind that lesion of either of these cerebral ganglia produces symptoms very similar to those caused by disease of the other. That the paralysis of motion, which is thus induced, should be on the opposite side of the body, may appear inconsistent with the view which I take of the different functions of these ganglia as separate centres, but this inconsistency is only apparent, and is entirely removed, I think, when we bear in mind, the exceedingly intimate connexion which exists between these two great masses of nervous matter, and when we remember how they lie imbedded the one in the other; so much so that it is very difficult to imagine lesion of the one without some affection of the functions of the other. But inasmuch as the optic thalamus is by far the larger of the two centres, and inasmuch, also, as it has much more extensive connexions with surrounding parts than the corpus striatum, so its function—common sensation—escapes far more frequently than the function of the corpus striatum—voluntary motion; and it is much more common to meet with cases in which the function of the corpus striatum is influenced by lesion of the optic thalamus, than those in which the function of the optic thalamus is interfered with, in consequence of a diseased condition of the corpus striatum. The explanation of this fact is, as it appears to me, to be found in the immense connexions of the thalamus with the corpora quadrigemina, pons variolii, etc.,—in a word, with the mesocephale. In consequence of the great size and extensive connexions of the optic thalamus, it requires a very large lesion of this body to affect sensibility materially; hence, then, whenever I find in a case of hemiplegia that sensation is much and permanently impaired, I am disposed to think, *ceteris paribus*, that the brain-lesion is considerable, and that it involves a pretty large portion of the optic thalamus with perhaps, also, some part of the corpus striatum.

But in the majority of cases of hemiplegia the paralysis is of motion only, although in most there is more or less numbness of the palsied limbs immediately after the attack. This latter symptom generally passes off in the course of a few days, or even hours, and the sensibility becomes perfectly restored, while voluntary motion remains more or less completely paralysed; and in such the lesion is chiefly of the corpus striatum, or of parts in its immediate vicinity, the optic thalamus either entirely, or almost entirely escaping. From the completeness of the paralysis of voluntary motion, and even of reflex actions in our patient upstairs, together with the great degree of impairment of sensibility, I am inclined to think that the lesion in this case is very extensive, and that it is, as I before said, of an atrophic character—white softening.

Now white softening depends for the most part upon any condition which cuts off from the brain, or from a part of the brain, the normal supply of blood. This has now been proved by many cases in which ligatures have been placed for surgical purposes upon the common carotid artery, and in which the operation has been speedily followed by hemiplegia of the opposite side. I witnessed a case of this kind, in which, two days after the application of the ligature, the patient was suddenly seized with hemiplegia of the opposite side, without any loss of consciousness whatever, and in which the post-mortem examination showed a state of white softening of the cerebral hemisphere of the same side as that of the carotid tied. I myself put on record some years ago a case in which hemiplegia resulted from a state of white softening dependent upon defective blood supply, which I believe is perfectly unique; and, although I have many times tried to bring about this pathological condition by tying the carotids of the lower animals, I have never met with decided success; but in the case to which I am now alluding the experiment was already performed for us by what one may almost designate a *frank disease*. The case was one of dissecting aneurism: through a slit in the aorta blood in considerable

quantity forced its way, by splitting up the coats of this vessel along the innominate, and for about an inch and a half up the right common carotid, where it coagulated, and thus formed a plug, which completely obliterated the cavity of the artery (carotid); I should add, that the dissected condition of the coats extended downwards along the arch and abdominal aorta in the belly, to the renal artery. When the accident occurred the patient fainted, but he recovered after a little time, under the application of the usual restoratives; and I saw him the same evening, and also the following day, and was greatly puzzled to tell what was the nature of the case; for the principal symptom was pain, referred to the back and the chest. But two days after the accident the patient suddenly became hemiplegic on the left side, without in the least degree losing his consciousness; and the characters of the palsy were precisely those of our patient upstairs, the paralysed muscles being perfectly flaccid and relaxed. He continued, however, to live on for eleven days, a very unusual thing in a case of dissecting aneurism, and then death took place, the coats of the first portion of the aorta having given way, and allowed blood to escape into and distend the pericardial sac. When we came to examine the body, we found a state of white softening in all those parts of the right hemisphere of the brain which are supplied with blood by the anterior cerebral artery, which, as you know, supplies the whole substance of the hemisphere. I may here observe, that the chief reason why I have been unable to produce this condition in the lower animals by tying the common carotid artery, is that their brains receive their chief supply of blood from the vertebrals, which appears to be even sufficient to keep up its nutrition, when both carotids are perfectly obliterated.

The state of white softening of the brain occurs chiefly in persons advanced in life—from fifty to eighty years of age, and upwards. In these patients it appears to depend upon a gradual change which takes place, to a greater or less degree, in the coats of all the arteries of the body, but especially in those of the brain. This change, which is known generally under the term *atheroma*, consists in the deposition of earthy and fatty matter in the walls of the vessels, causing a degeneration of their tunics. Sometimes the deposits are confined to the larger vessels; sometimes the capillaries are diseased, and their muscular fibres have undergone fatty degeneration, as was first pointed out by Mr. Paget. The effect of these deposits is, that the capillary circulation throughout the brain becomes more or less impeded, being most so when there is most disease of the vessels. The brain substance, gradually becoming less and less perfectly nourished, passes into a softened state, and at length melts down. The solution of continuity of nerve fibres which thus occurs results in the effectual cutting off of all communication between the centre of volition and the opposite half of the body, and induces a state of hemiplegia. It is precisely this process which, I believe, has taken place in the subject of our remarks to-day. If, then, the malady be due to a diseased state of the arterial system, and especially to a fatty condition of the cerebral capillaries, the walls of which have scarcely strength enough left to retain the blood within them, it is quite clear that the lesion is essentially of an atrophic nature, and in no way due to any overflow of blood to the brain. And it is in cases of this kind that true apoplexy most frequently occurs—that is to say, in which blood in greater or less quantity becomes effused into the brain—and the blood thus poured out often ploughs up the surrounding nervous substance, so as to form a considerable cavity, in which the clot is contained.

How do we distinguish this apoplectic condition from simple softening? and how do we know that in the case of our patient, Mary Anne Godfrey, true apoplexy has not occurred? The reason why I say there is no effusion of blood in this case is, because a very small clot will almost invariably induce more or less of a comatose condition. A clot no larger than the end of one's little finger will generally give rise to a lethargic condition at least, if not to perfect coma; and this will usually be accompanied with more or less of snoring. When hemiplegia is dependent on a state of simple white softening, though the patient may for some time after the stroke be for a brief period unconscious, lethargic, and inclined to gape, yet there will be no prolonged loss of consciousness, and the intellect will generally recover itself perfectly—this last depending partly on the normal nutrition of the greatest portion of the affected hemisphere,



and partly upon the healthy state of the opposite hemisphere.

Again, (and here, in consequence of want of time, I must speak rather dogmatically, although these conclusions, I should tell you, are drawn from close clinical observation, together with the results of numerous post-mortem examinations,) if blood be effused into the brain, provided it encroaches on and more or less lacerates healthy brain, then there will be more or less resistance or rigidity of the palsied muscles, while if the clot be large the symptoms of coma will be very decided and prolonged; the patient will lie in a heavy sleep, from which he can be roused only with great difficulty, or, perhaps, not at all. On the other hand, when you come to the bed of a patient labouring under hemiplegia from simple white softening, you will find him, generally speaking, able to answer questions readily and rationally, although, in some cases, his speech may be "thick," according to the extent to which certain muscles of articulation and deglutition may have been affected, or to which the centre of emotion may have been involved, either by shock or actual disease. We conclude, therefore, that the hemiplegia in the woman upstairs depends upon an atrophic softening (white softening) of certain central parts in the left half of the brain.

The history of this patient affords confirmation to this diagnosis. There is an account of her having had two or three epileptic fits prior to the first attack, and it is not improbable that both it and the second attack were real epileptic fits, so that it is very likely that the hemiplegia, or rather the white softening upon which it depends, may be associated with the conditions which give rise to the epileptic paroxysms.

Taking then this view of the nature of the case, what treatment did we pursue? You have heard the remedies which were employed prior to the patient's admission into the Hospital; and you will now, perhaps, not be surprised to learn that the plan which we adopted was precisely the reverse of this. A general supporting plan of treatment was resorted to; at first ammonia and chloric ether were exhibited every four hours, and with these a little wine was given; and during the last few days the patient has been taking quinine. Now, if the hemiplegia depended upon any hyperæmic or plethoric condition, upon a too highly nourished state of brain, or upon the presence of too much blood within the cranium, no measures would, probably, have been productive of greater harm than those to which we have had recourse; but on the contrary, our patient is slowly and gradually improving; slight reflex actions are now capable of being excited in the paralysed leg, and this limb will, doubtless, be the first which will recover itself, after which the palsy will disappear from the face and tongue, and lastly from the arm, for this is the order in which the recovery of paralysed limbs generally occurs.

I may here state that when this woman was in the Hospital in 1850, for a similar attack of hemiplegia, the paralysis was on the *left* side, whereas it is now on the *right* side; and the treatment upon which she was then placed was exactly like the course which is now being pursued.

She left the Hospital then, perfectly well, and continued so, with the exception of her being almost constantly subject, in a greater or less degree, to rheumatic pains until the present attack.

It often happens in cases of hemiplegia dependent on white softening, that the patient recovers perfectly from the first attack, and, after a longer or shorter interval, gets another stroke of palsy; and this second seizure is rarely on the same side as the first. The reason of this appears to be, that the affection depends upon a diseased state of the blood-vessels, and that this last morbid condition is the result of a symmetrical process, affecting both sides of the brain alike, but as it does not generally proceed exactly *pari passu* on the two sides, it is usually found in a slightly more advanced stage on one than on the other. This is a most interesting pathological fact, as it well explains the point in the clinical history of those cases to which I have just adverted.

Some of you may ask, How does recovery take place in these cases, and what changes occur then in the softened parts of the brain? It is impossible, in the present state of knowledge, to speak upon this subject otherwise than speculatively. As regards the fatty and earthy degeneration of the coats of the blood-vessels, upon which depends the defective blood-supply which so often immediately induces the state of white softening, this, I should imagine, is a morbid condition

which never recovers itself; but although this is probably the case, still as the softening is generally due directly, as just said, to some stoppage of the circulation in the brain, to the plugging, or the obliteration by some means of some vessel, so it appears reasonable to suppose that in the cases of recovery a collateral circulation is established sufficient to restore and maintain the normal nutrition of the softened brain; just as occurs when the main artery of a limb is tied for surgical purposes. This appears to me to be the most reasonable explanation of these phenomena, the correctness of which further observation must determine; however this may be, I feel satisfied from clinical observation that this simple white softening is capable of being repaired. But in very many cases the process of repair does not take place, the brain-fibres remain inadequately nourished, and so the case proceeds from bad to worse; the paralysis never recovers itself, the temperature of the palsied limbs falls below the normal standard, and the paralysed parts suffer in their capillary circulation, and often in consequence become œdematous. It is not very uncommon to see patients suffering from paralysis dependent on an atrophic condition of the nervous centres, whose palsied limbs are perfectly dropsical, although there may be no œdema of any other part of the body.

It is quite unreasonable, therefore, to think of treating such cases as that of our patient upon any other than a supporting plan. What you should do is to endeavour to improve the condition of the blood, and uphold the strength of your patient in every way that his digestive power will permit. If you do this you need not look upon these cases as hopeless, as used frequently to be done in former years; for upon this plan you will often find that these patients will go on for months, or even years. You see the practice which I almost invariably pursue, and many of you well know that it is a very rare thing for us to get a post-mortem inspection in these cases, as, unfortunately for our scientific researches, these patients won't die. Although we do not effect more cures now than formerly, certainly our patients live longer, and we generally send them out of the Hospital in a comparatively much improved condition; and this, I sincerely believe, is mainly, if not entirely, due to our adopting a supporting plan of treatment.

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THE ATTEMPT TO ASSASSINATE THE EMPEROR.—The explosive machines employed were very much the shape and size of a large fir-cone, the base, which by reason of its greater weight, (being at least three centimetres in thickness,) must receive the shock on falling, being connected by chimneys with fulminating capsules. The cavity of the bomb was filled with fulminate of mercury, the explosive power of which is said to be fifty times greater than that of gunpowder. The wounds inflicted by these agents presented some peculiarities, upon which M. Larrey recently commented. Most of them are small and superficial, some being so narrow that a common probe could not pass. Some are confined to the skin, while others reach as far as the muscles, being usually limited to the superficial layers of these. There is almost always only one aperture, but sometimes there are two, usually only five or six centimetres from each other. The communication between these is usually direct, though sometimes tortuous. The apertures are usually irregular and jagged. The projectiles extracted from the wounds, and those collected in large numbers in the clothes were generally very small, consisting of angular, irregular toothed fragments of the shell of the bomb. The number of wounds received by the same person is remarkable, 27 being counted in one case—the lower extremities being usually the parts struck. Of little account at first, these wounds after some hours became more painful than their size would lead us to expect, owing probably to the narrowness of the track. There has been little hæmorrhage; and the inflammation and fever have been very slight, while there is an absence of the nervous stupor or agitation seen in ordinary gun-shot wounds. In a few cases large pieces have produced far more serious effects, either causing death by penetrating important viscera, or producing the ordinary effects of gun-shot wounds. The great number and relative mildness of most of the wounds received, is due in great measure to the anxiety of the assassins to make sure of their aim. The fulminate by the violence of its action, so to say, crumbled up the machine in place of splitting it into splinters.

## ORIGINAL COMMUNICATIONS.

## THE PHYSIOGNOMY OF INSANITY.

By JOHN CONOLLY, M.D. D.C.L.  
Consulting Physician to the Hanwell Asylum.

## No. 3.—GENERAL MELANCHOLIA.

ONE effect of looking attentively at the portraits of the insane, when faithfully represented, is that the image remains long in the mind, with all that it reveals of the patient's state and antecedent experience; and that reflections naturally follow, touching the life of those consigned to this dreadful affliction, both before it fell upon them and after their recovery. For with them, the end of their mental trouble is often but the beginning or renewal of other troubles, many and great. The misanthropic poet, entranced with the grandeur of nature as displayed in all the beauty of mountain and lake, and all the variety of sunshine and storm, laments that he must plunge again into the crowd of mankind; and, though young, feels morbidly the loss of friends by whose death he seems to be left alone on earth. Yet he has wealth and rank and fame to support him. The poor recovered lunatic goes out of a comfortable asylum, to mingle with men once more; to seek his dismantled lodging; to meet his half-famished wife; to hear of the wanderings or the vices of his neglected boys; of the misery of his girls; and to encounter once more a world of want and hunger—of life-long "looped and windowed raggedness;" and of labour for which years and sickness have almost unfitted him.

The photographic portraits presented to the reader being chiefly of the poorest persons in society, naturally turn the thoughts towards the causes, forms, and consequences of insanity among those who must work for their daily bread, or have none. In the ranks of poverty we can conceive the exhaustion of hope, the miserable downward prospect of age, and, withal, the failure of energy in a poorly nourished brain. But insanity betrays the secret history of rich houses also, and exemplifies, in countless instances, the existence, even under their imposing covering, of all the feelings which lead to despair. The splendour fades when the house contains one member of the family whose mind has given way. Vast halls, and long silent galleries, and stately apartments, of which all the showy uses are gone, reveal to the Medical observer the nothingness of station and wealth, and the intrusion under golden roofs of all disturbances of mind, great and small, aspiring or mean. Surveying, even in a journey, the exterior of great mansions, in situations of matchless beauty—the grand portico, the vast range of windows, the surrounding plantations, the very trees of which seem aristocratic—one piece of fatal knowledge touching the wildness, or gloom, or imbecility of the owner, who lives in the mansion unconscious of all the high privileges which his gifts of fortune would bring with them, and having nothing mental left but the wayward caprice or frivolous joy of a child, throws an air of sadness over all the scene, casts a shadow over the sunny lawn, and gives a browner horror to the woods surrounding a house which has become a mere mausoleum of an owner dead in mind.

So, even the life-reflecting photographs of the insane, produced by Dr. Diamond, and copied to aid imperfect verbal description, cannot be viewed by those unfamiliar with faces and figures under the impression of desponding malady without feelings which become suggestive of many painful reflections. The equal step of affliction is traced in the castle and the cottage. The one accompanying the present paper is peculiarly of a character to excite the sympathy of any reflecting person who considers it. By some misfortune, a few of the most expressive points in the photograph are lost in the present Engraving; so that my description, written with the photograph before me, may seem exaggerated; whereas it is a faithful transcript from a faithful copy of the living man. A good disposition, free from violence or vice, together with habits of patient labour, seem clearly depicted in it; but the poor man's toil of limb and hand has visibly ceased. His frame is wasted, and the energy of the brain is no more equal to sustaining the limited exertion

of a day-labourer's life. The muscles are shrunken; the coat and waistcoat hang about him, in no way fitting him and his trowsers are a world too wide. The very integuments of the hands show, by numerous wrinkles, that nutrition is languid; and the whole figure indicates that the brain has suffered in the same way—is ill nourished, perhaps wasted in substance also, and shrunken from the skull. And hope and cheerfulness have departed from the poor man's heart altogether.

There is a curious kind of family resemblance in all these cases. Many a superintendent of an asylum, looking at this portrait, will be inclined to think he remembers such a man having been under his own care. I am myself very forcibly reminded by these photographic pictures of many cases familiar to me in the wards of Hanwell, in years gone by. Hopeless and worn out men, and desponding and terrified women, constituted a considerable proportion of the cases admitted from distant workhouses or from homes of destitution. In many instances such a state was but a painful ending of a life of joyless struggle. The female patients, in whom melancholia had often supervened on bodily illness, recovered in time, in larger proportion than the men. The women were usually more imaginative, and their fears were more various. In the men, depression seemed to have grown gradually out of realities; out of the hopelessness of overcoming the perpetual enemy with which they had honestly contended almost from boyhood to middle age; and, when once overcome, they rallied no more. The enemy was poverty.

Such are some of the melancholy results incidental to present social arrangements, and perhaps never to be quite unknown. But to those acquainted with the interior of the many good asylums in which these broken down people find a refuge and a rest on this side of the grave, the contemplation of them, and the pictorial representations of the visible effects of their various forms of distress, are not productive of pain without mitigation; for they know that even among cases the most hopeless, there are few incapable of being alleviated. Many must be the recollections of such in all asylums, for the class of paupers especially. Many a time, in all such institutions, have poor creatures arrived in carts; bundled up in wretched coverings; haggard and wild in aspect; regarding everything and everybody with suspicion, and seeming incapable of comprehending kind words, if such words were addressed to their unwonted ears. They entered the doors of the asylum as if they were entering a prison or a place of torture; looking at every stair and every side-passage with doubt and dread; ready to start away, anywhere—where; uttering few or no words, and those only of apprehension. Food was placed before them; but they could not, or they would not, eat. Their squalid clothes were removed; they were washed, or, for the first time since they were infants, were put into a warm bath; and then seated in clean and orderly wards, or taken to comfortable sleeping rooms; where for a time they could not be persuaded to lie down; for the very novelty of cleanliness and carefulness bewildered them. They had lived so long in a friendless world, that the language and actions of kindness were to them strange and incomprehensible. They could not understand the various attentions they received; and if they thought at all, thought they must be in a dream of what, contrasted with their habitual condition, must be a state of greatness such as dreams invent. And yet, although it was sometimes long before all the kindness that could be shown to them seemed to find its way to the heart, it usually did so at last: for true kindness is all-powerful. So, in the end, the unremitting attentions of many kind persons scarcely ever failed to awaken the dormant sympathies of these poor melancholy patients. Oftentimes the attempt appeared at first hopeless. Reasoning and expostulation were of no avail; and any appearance of authority only created fresh difficulties. In the old times, the refusal of food was opposed by force; and the patients, as the records of the asylum show, where any records exist, usually died. If the patient was suicidal, or destructive, or troublesome, the strait-waistcoat, or handcuffs, or hobbles were resorted to, and worn in many instances for years, and sometimes, as I have myself seen, to the hour of death itself.

In those times, the galleries and cells of asylums presented vivid expressions of malady to the artist: such as now will be looked for in vain. It was not simple malady indeed which was generally depicted in the faces of the wretched people

who then raved or moped in such places; but malady aggravated by mechanical coercion, or by neglect, or by positive cruelty. If none of these direct aggravations of disordered mind had been experienced, the faculties of the patients, generally, had been left quite unregarded and unemployed; so that the morbid ideas, the extravagances, or the listless apathy of the patients were left quite uncontrolled. The illustrations of insanity published from life at that time, often show these peculiarities in an unmistakable manner, as well as the mechanical means productive of them.

When those harsh practices prevailed, little or no attention seems to have been paid by the superintendents of asylums to the various shades of character of the patients admitted.

Generally, the history of the cases was neither recorded nor medically inquired into. Some cases were set down as violent, some as melancholy, some as suicidal, and some as harmless. The last alone were permitted to have the free use of their arms or legs; and were generally neglected. It is a part of the new system to examine every newly admitted case minutely; both as respects the mind and the body. The previous life is compassionately considered; the defective education, the privations, the scanty nourishment, the misfortunes; and all the influences which, long acting on the body and the mind, have produced exasperation, or terror, or despair, are not forgotten. And these considerations furnish indications of treatment, by following which the modern guardians of the insane have been enabled to increase the number of cures, and to diminish the number of deaths.

All the attentions alluded to, acting variously but continually, and combined with inexhaustible patience, communicate, at length, confidence, and even hope, to the poorest and unhappiest of people in good asylums. In some the change may be but slightly indicated; by a smile perhaps, or by an offered hand; but stronger indications will follow; industry will be resumed; and the most torturing features of the malady will disappear. Of patients of this kind, of the poorer classes, those are doubtless most secure of continued comfort who never afterward leave the asylum. Some of these I well remember who fully appreciated the haven in which they felt no more the storms of life; and who, remaining there until existence came to its natural close, earnestly requested to be buried in the quiet grave-yard of the asylum. Others, recovered enough to depart, and urged to departure by the destitute state of their once abandoned children, left the asylum with reluctance, with grateful expressions, and sometimes with tears. They had too much reason to do so; for when the gates closed after them, the hard world of trial again awaited them. Descriptions of such cases would be little better than vain recollections, but for the practical lessons taught by them, of the advantage, even among the insane, of considering the capacities and requirements of human beings, so as to act favourably upon them. This is really done in asylums; but scarcely anywhere else.

Sometimes the subsequent lot of such recovered patients comes distinctly to light. A few months since, I visited a poor married woman in one of the best Union houses near London. I went because I heard that a maniacal woman there was always praying to be sent to Hanwell. She was, however, scarcely to be recognised. Thirteen years, or thereabouts, had passed over her head and mine since she had left Hanwell, fully recovered from suicidal melancholy. Being then young, and her appearance prepossessing, and her disposition very amiable, she was an object of great interest to everybody in the establishment. Since that time she married, and has had five children. Until lately she continued quite well. Her husband is a hairdresser, and they seem to have lived happily together. Some months ago, their house took fire, and they lost all their little possessions. Not long afterward one of their children died—a very interesting little girl, and very dear to them. After that, the poor mother, who grieved much, began now and then to manifest some agitation of manner or weakness of mind. About ten days before I saw her, it happened, singularly and unfortunately, that the house of an opposite neighbour took fire, and the poor burnt-out inmates were hospitably taken in by this equally poor and half-distracted mother and her husband. This accident, however, and the recollections it revived, brought on a decided attack of mania, in which she became dangerous to herself and others. In this second attack, and in the midst of her incoherent talk, she still remembered Hanwell, and much that had occurred there, including having

there had her likeness taken. There was no room for her at Hanwell, and no room at Colney Hatch; both these large asylums were full. She could not be taken care of at home, and the Union was the only resource. There she was kindly received, and humanely attended to, as far as the arrangements could permit. But she was observed to be suicidal, and even now and then violent towards others; and she was almost of necessity put into a dress with long sleeves, preventing motion of the arms. She was also placed in a padded room, in which there was just space for a person to stand between the bed and the door, and to which there was no window. Air was admitted through a small grating in the door, and there was a perforated circle in the top of the room, the room itself not being so high as the ceiling, and being indeed only a closet within a room. When the door was shut the patient could not be seen. The door was secured by two large prison-bolts. Although the poor woman talked quietly, and sat down by the bed and sang some old songs sweetly, the nurses were still afraid of her, and the restraint in which she was placed seemed to them to be unavoidable. At Hanwell she would have been walking about in the wards, carefully watched; or, if in a padded room, not in darkness or close air. The restraint resorted to in the Union was irritating to the body and mind, entirely opposed to cleanliness, and calculated to oppose every attempt at cure. If it had been continued the patient could scarcely have recovered; and, in all probability, she would have died. It is in such cases and circumstances that we learn to appreciate the blessing of having in each county an asylum which affords a real place of refuge; for it is in vain to deny, and it would be folly to forget, that there was a time when institutions for the reception of pauper lunatics merely offered the convenience of relieving the workhouse; and possessed neither superior comforts, nor more chances of recovery than workhouses far more miserable than workhouses themselves now are. Not long after my visit, this poor woman was happily admitted into the Hanwell Asylum, where she is recovering.

The modern artist and the photographer are enabled to represent true pictures of what is effected by mental malady, and to facilitate the knowledge of its association with bodily ailment or disturbance, capable of relief. In the engraving No. 1 the deep perplexity of the young religious woman was unmingled with any trace of horror. In No. 2 the terror was of injury from imaginary beings. In No. 3 simple despondency is expressed, arising from failing powers of health, and the prospect of old age and poverty. Violent coercion would have added the expression of torture and vengeance to that of religious scruples and fear in the first illustration; would have exasperated that of the second into something demoniacal; and have added anguish and bitterness to the calm and resigned, though melancholy look of that which appears in the present number.

If I may trust to a general recollection of melancholic cases both among the poor and the rich, I should say that the number of cases in women considerably exceeds that of the supervention of the malady in men; and that in men it more resembles a deeper shade of natural anxiety arising out of real causes. It is less discursive, and generally less fruitful of various horrors in men than in women. Cases undoubtedly occur, in young men, of real acute melancholy, and are temporary in their duration. Such cases very commonly originate in irregular habits of life, coupled with the unstified voice of conscience. But by far the greater number of examples in male subjects will be found to be presented in middle and more advanced age, arising out of the continued cares and anxieties of life, and the fainter and fainter colouring of hope. And these cases are for the most part suicidal. I have known some such within the circle of my own private acquaintance; and in all, when their circumstances were minutely examined into, there had been some unexpected loss of property, or some concealed embarrassments. The older such patients are, the less expectation can be entertained of their recovery of mental energy. Indeed, many cases called cases of melancholia in young men, are but the beginning of a general loss of mental power, which passes on after the first delirious outbreak to imbecility, and gradually to dementia; and in older men the melancholy is often the mere commencement of senile decline. The malady is also in men more generally hereditary.

The Illustration No. 1 is most conformable to the characteristics ascribed to the melancholic temperament, being

marked not only by the black hair and eyes so frequent in melancholic patients, but by the long neck, expanded forehead, and other peculiarities often assigned to this temperament. I have met, however, with very intense cases of melancholia in young, fair-haired women; and although usually a dark-coloured skin is observed in the unhappy subjects of this malady, it is scarcely so constant as to justify a positive theory founded on the mere alteration of the secretion of bile. Remarkable modifications of the renal secretion often exist, without any other very manifest physical derangement. The countenance of men thus affected is peculiar: there is no trace of fancy or of disordered imagination, but a solemnity which scarcely admits the possibility of a smile. If a smile is evoked, it is in such a sort as to be really painful to behold.

The subject of the Illustration accompanying the present paper is one presenting the kind of solemn hopelessness arising out of long and unavailing efforts to keep just above poverty; and out of the diminution of nervous energy which becomes generally perceptible in the working man at his time of life. Probably both circumstances conjoined have brought him to this. He is sixty years old, and has all his life been a working gardener; sober in his habits, conducting himself well in the affairs of life, and reported to be of pleasant manners. But, although his occupation was one which a great authority declares to be the purest of human pleasures, and the greatest refreshment to the spirits of man, it could not ward off the invasion of slowly and obscurely working causes of decay. His power of being industrious died away; his pleasant manners left him; and some months since he fell unaccountably into a state of apathy or of vague despondency; his silence only broken by moaning and lamentation; and yet retaining a capability of making a rational reply to words directly addressed to him. The good form of the head; the shape, especially, of the anterior and upper head, and the submissive expression of the features, where we find no trace of violent passions or of evil habits, are distinctly marked. We read the clear impress in the whole face of an honest man. But the eye is sunken into the socket; the grey hair hangs straight, as is usual in age; and, although he is not very far advanced in years, the withered frame and settled hopeless look, and the general expression and attitude; the drooping head, the sight unemphatic on surrounding objects, the hands resting on the thighs, and the mental revelations of the eyelids, and of the forehead, and of the protruded under-lip; with the line drawn from the angle of the nose to the mouth, as well that line of age and care drawing down the corner of the mouth itself: all convey to the student of the human face, that, with failing nutrition hope has failed also; that the patient has come to a conclusion that insuperable trouble has fallen upon him, and that, ever meditating upon this, still he finds no way to escape. Dulness, therefore, the advancing shadow of the dulness of death, rests upon him, never in this world to be withdrawn.

#### NOTES OF

### PRACTICE AMONG THE OUT-PATIENTS OF ST. BARTHOLOMEW'S HOSPITAL.

By JAMES PAGET, F.R.S.

Assistant-Surgeon to the Hospital.

(Continued from page 5.)

#### NO. II.—ON SOME AFFECTIONS OF THE MOUTH AND FAUCES.

*Enlarged Tonsils.*—There is a physiognomy by which the children and young people that have simple enlargement of the tonsils may usually be known at once. Together with a general appearance of feeble health, they have a peculiar shape of the mouth and jaws. The jaws are narrow, so that the teeth are crowded and look disproportionately large. The aperture of the mouth is small, habitually slightly open; the edges of the lips thick, but not pouting, the lower lip rather inverted; the angles of the mouth a little raised; the front of the mouth is almost uniformly convex; the lower lip scarcely recedes towards the chin, but projects with a

broad convexity, as if its middle part were slightly pushed forward by the tip of the tongue. The general expression is that of a gradual narrowing and a smooth uniform rounding of the lower part of the face, which make it look small and featureless.

These peculiarities of shape appear due, partly to defective growth of the jaws, and partly to the habit which the patients have of advancing the lower jaw and tongue, in the position in which these parts are yet more evidently held during acute inflammation of the tonsils.

*Supernumerary Tonsils.*—I have twice seen a supernumerary tonsil (or what looked exactly like one) under the mucous membrane of the back part of the pharynx. One of the patients was a child, eight years old, with enlarged tonsils. Behind the mucous membrane, in the median line of the back of the pharynx, there was a firm, circumscribed oval mass, about half-an-inch in chief diameter, feeling exactly like a tonsil, and covered with healthy, but granulated mucous membrane. The other patient was a lady, twenty-five years old, in whom a similar swelling, exactly like a tonsil uplifting the mucous membrane of the pharynx, was situated just behind the right posterior arch of the palate. Six months after I first saw it it was scarcely discernible.

I have not had an opportunity of proving, by dissection whether my belief that these swellings were tonsils is well-founded, and I am not acquainted with any description of supernumerary tonsils. But when we consider the varieties of size which the ordinary tonsils present, independent of disease, in different persons, and the still greater differences of development of the similar follicular structures at the root of the tongue, we may believe that few organs are more likely than the tonsils to have outlying masses of structure like their own in their close neighbourhood.

*Excision of enlarged Tonsils.*—For chronic enlargement of the tonsils, whether through simple over-growth or in consequence of chronic inflammation, the excision of the projecting portions seems by far the best treatment. So far as I have seen, the cutting of tonsils is never followed by severe hæmorrhage or other serious inconvenience, provided they are not inflamed at the time of being cut. And I believe that if other means of reducing the size of enlarged tonsils be not quickly beneficial, the excision should be adopted both oftener and earlier than it commonly is. One frequently sees cases in which delay in operating has given time for the occurrence of the incurable "chicken-breast"-deformity of the chest, which Dr. Warren pointed out as a common result of the habitual hard breathing of children with enlarged tonsils.

The double vulsellum and common probe-pointed bistoury are, I believe, the most advisable instruments for this operation, because, among other reasons, they are equally fit for all cases. There are certainly some cases for which even the most improved guillotines are insufficient instruments; those, namely, in which the enlargement of the tonsil extends so far down by the side of the pharynx, or up towards the soft palate, that a fair portion of the disease cannot be taken within the ring or loop of the guillotine. For these broad-based enlarged tonsils, the knife alone is applicable; and, to remove them effectually, it is advisable to have a facility which will hardly be possessed if the knife be used for them alone, but which the hands accustomed to the cutting of common enlarged tonsils will seldom lack. The general direction for the operation must be to cut from below upwards, the blunted point of the knife being carried well backwards, and its edge just internal to the posterior arch of the palate.

*Salivation.*—Cases of salivation usually recover more quickly and more favourably among out-patients than among in-patients; for the freer exposure of the former to the outer air seems to do even more than compensate for the want of the comforts provided for the latter in the Hospital wards. I have, indeed, seen no cases of the severest salivation among out-patients, probably because I have never prescribed large quantities of mercury, and have never had the mishap of falling in with those whom even small quantities will severely affect. Among out-patients, no treatment of salivation has seemed so rapidly beneficial as that of giving saline purgatives (such as a Hospital mixture, with a drachm of sulphate of magnesia and ten drops of diluted sulphuric acid, three times a-day), and washing the mouth frequently with a

gargle containing either one or two grains of sulphate of copper in the ounce of water. Almost always, in three or four days of such treatment, all the severity, if not all the appearance, of the salivation is gone. Very free action of the intestines should be induced and maintained; for, except renal disease, nothing appears more favourable to the bad influence of mercury than constipation. It will be observed as having preceded nearly all unexpected or too severe salivations.

I have been told that the internal use of small doses of sulphate of copper is as beneficial in salivation as its external use; but in a few trials which I made with it, it appeared without influence.

*Perforating Ulcers of the Palate.—Inherited Syphilis.*—Cases are not very rare in which all the appearances of a tertiary syphilitic disease are seen in persons who have never had primary syphilis, and some of whom have never had sexual intercourse. Among such patients, I have seen cases of ulceration and necrosis of the bones of the skull, of iritis, of phagedenic ulcers of the extremities, the tongue, the palate, and the pharynx, which I could not by any characters distinguish from the ordinary tertiary diseases of the same parts, but which were certainly not preceded by any primary symptoms in the patients themselves.

I believe the explanation of such cases to be, that the patients were born of syphilitic parents, from whom they inherited a taint, of which the manifestation was delayed or renewed many years after the ordinary times of appearance of inherited syphilis. In some instances, I have known that the parents of such patients were syphilitic after marriage, and, in some, that the patients themselves had had infantile syphilis, from which they appeared to have completely recovered for ten or twenty years before the disease resembling tertiary syphilis appeared.

This manner of the appearance of inherited syphilis is not commonly admitted or thought of. And yet it is a very probable one, being much more according to the general rules of the inheritance of diseases, than is the almost unique method which is evident in infantile syphilis. Gout, phthisis, insanity, cancer, and other diseases, when they pass by inheritance, very rarely appear in infancy or early childhood; the general law of these inheritances is, that the manifestation of disease in the offspring should appear at or near the same time of life as in the parent. The transmission of syphilis is rarely according to this rule; but we should expect that the rule would, sometimes, be so far observed as that the disease should not appear till puberty or later; and such an accordance with the general rule is, I believe, exemplified in the instances above referred to.

Among the diseases which I am disposed to refer, in some cases, to this inheritance and late manifestation of syphilis, is a form of perforating ulcers of the soft palate which, I believe, has been too little noticed. It occurs most frequently in girls and women, especially (but not exclusively) in those who are ill-fed, or, from other causes, anæmic. It is sometimes associated with destructive ulceration, like that of lupus, in the nasal cavities, or fauces, but is more frequently the sole local disease. In some patients it follows other manifestations of syphilis; but in the majority no history of syphilis can be traced.

The edges of the ulcer, in any of these cases, are sharp and abrupt. They, and its base, are covered (while it is in progress) with an ashy or yellowish layer, as if with a superficial slough, and they are surrounded by a bright red area of highly vascular mucous membrane. The progress of the ulcer is scarcely painful; but in one or in two weeks it may perforate the whole thickness of the palate, boring a round or oval hole through it, or (if reaching its posterior border), making a wide gap, or destroying some of its border, or of the uvula. The borders of the ulcer are not indurated, and it heals with a smooth, thin-edged, glistening scar.

As I have already said, it is not pretended, and cannot be proved, that such ulcers of the palate as these are always, or generally, due to inherited syphilis. But in some cases I believe they are so; and the belief is strengthened by their being so generally curable with iodide of potassium, which leads to their speedy healing, just as it does to that of the known tertiary syphilitic ulcers, and as it does not to that of the ulcers due to lupus, or to tuberculous or strumous diseases.

## CASE OF TETANUS,

By JOHN W. GOODWIN, M.D.

Physician to the Norfolk and Norwich Hospital.

A. F., aged 19, a strong, healthy young woman, had been married about a month, and had always enjoyed most excellent health: was admitted into the Norfolk and Norwich Hospital on Tuesday, Jan. 19th, 1858, at 4.30 p. m. The following history was furnished by her husband. On Saturday the 16th Jan. she complained of pain in the chest, as if she had a cold, which continued to increase all Sunday, with slight pain in the side. On Monday she complained that the pain had removed to her neck, which was rather stiff, and at night had a warm bath and took a basin of gruel before going to bed about 10 o'clock, when she asked for a piece of bread, but could not eat it. From this time the pain and stiffness increased, and frequent twitching came on, which by 3 o'clock a. m. on Tuesday morning seemed to "chuck" her out of bed almost, so that she had constantly to be laid on her pillow; her back was very stiff, and her jaws were so fixed that when he left at 6 a. m. to go to his work, he did not think a sixpence could have been got between her teeth. The husband also stated that about three months ago, in carrying a weight up some steps she struck the right shin against one of the steps, which was bruised slightly and was tender for a short time; there was also a substance the size of a large pea or small bean to be felt in the situation of the bruise, which could be moved freely about, and which he last felt about a week previous to her being taken ill; it was tender if touched upon the top, but not if taken hold of and moved about. Mr. Francis, the district surgeon, was summoned to see her about 11.30 on the 19th, and found her bathed in profuse perspiration and labouring under constant short and severe spasms of the muscles of face and neck; the back was very rigid, and the hand could readily be passed underneath her; jaws firmly locked, and teeth, which were very perfect, close together, without leaving the least aperture. Partial pleurosthotonos was present. He administered a turpentine enema, which brought away a large quantity of flatus and some offensive fecal matter, and recommended the immediate removal to the Hospital.

On her arrival at the Hospital I found her very cold and exhausted, and there was great congestion of the face and upper extremities. Her breathing was gasping, forced, and hurried. The spasms were rapidly recurring in the muscles of the neck and chest. The back was quite rigid, and the muscles of the extremities were occasionally involved in the spasm. I immediately administered chloroform by inhalation, which had present and marked effect in relieving the spasm, and causing her to breathe evenly and quietly. The pulse, which on her admission was too quick to count, and most feeble, became about 110 to 120, and was fuller and stronger. Her skin became warm, and the fearful expression of countenance was replaced by a calm and tranquil appearance. The spasms recurred, however, very quickly if the effect of chloroform at all wore off, and I directed it to be continued constantly. I gave her two drops of castor-oil in a suppository, and a drop was also placed on the tongue by an elastic tube, when the spasm was slightly relaxed in the muscles of the jaws. Ice was also applied in bladders to her spine, and I left her at about 5.30, with the intention of returning at seven to see her. She, however, died suddenly, just at seven o'clock. The House-Surgeon had continued the administration of chloroform with good effect, and she had been so free from all spasm for about a quarter of an hour, that he felt quite encouraged when, after making an effort to speak, a sudden severe spasm seized her, and she was dead almost instantaneously. I forgot to mention that the catamenia had been present normally for three days previous to, and were so at her decease.

*An examination was made sixteen hours after death.*—There was no unusual cadaveric rigidity, and the muscular development was large, the body appearing well nourished. The brain and membranes seemed perfectly normal, but it was considered that the vessels of the membranes of the cord, and the cord itself, were rather more injected than usual. Lungs and heart were perfectly healthy, with the exception of a patch of pleuritic adhesions, quite recent, just about the middle of the anterior surface of the right lung. The stomach contained about half an ounce of fluid, which has not yet been



tested chemically. The uterus and ovaries presented the usual appearances seen in the bodies of women who have died menstruating, the uterus being enlarged, and containing several bullæ. The uterus itself contained a small coagulum. Not any other abnormal appearance could be found, and no trace of bruise on the moveable substance on the shin-bone, as described by the husband.

This extremely rapid case appears to me to fall into the list of those rare cases of *idiopathic* tetanus, at least rare in this climate. There is no ground whatever for any suspicion of poisoning, and I should not be inclined to attach much importance to the injury alleged to have taken place on the shin bone as a cause in any way of the disease. I would rather look upon it as having its origin in exposure to cold. As to the predisposing causes I fear, as is usual in such cases, little can be adduced, and this case does not furnish, more than preceding ones have done, any explanation of what the peculiar condition of the nervous centres necessary for the development of tetanus may be. In Dr. Todd's words, the immediate exciting cause, and the detail of the symptoms, constitute the entire history of the case.

Queen-street, Norwich.

## TREATMENT OF HERNIA BY WUTZER'S APPARATUS.

By ARTHUR J. CUMMING, Esq. M.R.C.S.

A boy, 12 years of age, was admitted an out-patient of the Exeter Dispensary in the beginning of this month, with a very large scrotal hernia (congenital), a bad cough, and rather weak intellect. He was fitted by a good truss-maker here, and although the truss was very strong, the hernia could not be kept up. On the 8th instant, I applied Wutzer's apparatus, which was kept on until the 14th instant, when the parts became painful, and inclined to suppurate; I therefore removed the plug and applied the truss, which before had failed to keep the rupture up. During the removal of the apparatus the boy coughed and cried violently, but the parts remained firm, and continue to do so.

I have now little doubt a cure is effected. There has been no constitutional derangement, and comparatively little pain.

I think an important part of the operation is to get the plug well beyond the internal ring, so that the needle may hold some of the tendinous fibres.

This appears a very good trial for the apparatus. I will communicate further, should there be any return of the hernia.

Southernhay, Exeter, Dec. 21, 1887.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### THE CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST. ILLUSTRATIONS OF THE TREATMENT OF THROAT AFFECTIONS.

(Cases under the care of Drs. PEACOCK, BENNETT, and BIRKETT.

(Continued from page 118.)

CONTINUING the examples of the usefulness of counter-irritation in catarrhal aphonia by the strong solution of iodine, we may cite the following, in which an affection of two months' standing was nearly cured by a single application. Its evidence is important also because sinapisms had previously been used without material benefit.

*Case 13.—Catarrhal Aphonia of two months' duration.—Cure by the topical use of iodine-counter-irritation.*—Elizabeth Mellish, a married woman, aged 39, stout and florid, was admitted under Dr. Birkett's care on Oct. 26. She stated that during a severe cold, two months before, she had become hoarse, and the symptoms had since increased. For more than a month the affection had been persistent as at present. Her voice was all but lost, and when produced was very hoarse and rough; the cough was also hoarse. There was no pain in

swallowing. The pharynx was pale and smooth. Two sharp mustard plasters had been applied, but without any relief. Dr. Birkett ordered a demulcent mixture for the cough, and directed that the iodine solution should be applied outside the throat. The painting was made very freely.

On Nov. 2, a week after the application, her voice was very much stronger, and the hoarseness less. On the 9th the throat affection was all but well. She remained under care on account of a bronchitic affection for a month longer, but excepting the first painting no topical measures for the throat were needed. Her voice remained clear, though slightly feeble. She was discharged well on Jan. 25.

We have adverted to the frequency with which slight laryngeal affections in delicate women occasion a loss of voice, which, if not actually deserving the name of hysterical aphonia, is closely dependent upon a hyper-susceptibility of the nervous system. The following case is an example of pure hysterical aphonia, in which probably not the slightest of inflammation of the laryngeal mucous membrane existed.

*Case 14.—Hysterical Aphonia.—Somnambulism.—Throat hæmoptysis.—Treatment without any topical application.*—Rachel N., aged 18, a tall slender girl, of intelligent expression, who had been in training as a pupil teacher, was admitted on August 17, under Dr. Risdon Bennett's care. Her deportment and expression were very markedly hysterical. She had considered herself in consumption, and had acted the part of a confirmed invalid for nearly two years, during which time she had wearied out the patience of several Physicians at Hospitals where she had attended. Her cough, a loud ringing one, like the bark of a weak-voiced cur, was made to resound through the house whilst she was sitting in the waiting-room. Judging from its character, a very hoarse voice might have been expected. It was not so, however; quite inconsistently, the voice was the faintest possible whisper, but perfectly free from roughness. Her aspect was not phthisical, nor had she materially lost flesh. There had been hæmoptysis in very small quantities several times; but in all probability the blood had come from the throat, the artificial violence of her cough being quite sufficient to account for the occasional rupture of small vessels. It was stated, however, that some of her mother's family had died of phthisis; that disease had, however, not shown itself in any of her brothers or sisters. Her mother stated that she was a very restless sleeper, and had frequently been known to walk in her dreams. On careful examination of the chest, no physical signs of importance could be detected. The catamenia were reported to be irregular and painful. The urine was pale, copious, slightly turbid, not coagulable, and of sp. gr. 1015.

The diagnosis as to the absence of any real disease was so positive, that no local treatment was thought of. Dr. Bennett contented himself with ordering the tincture of valerian in a stomachic and tonic mixture, and giving directions to her mother as to the requisite moral management. It should be stated that, as is often noticed in the more severe forms of hysterical simulation of organic diseases, that no actual hysterical fits had ever been known to occur. The girl continued to attend for about two months, and then left to go into the country. The symptoms had been very little influenced.

The four cases with which we shall conclude this series, are examples of the loss of voice in connexion with tumours in the neck. By far the more common of the tumours met with in this region are enlargements of the thyroid body, but aneurisms, malignant growths, and swollen lymphatic glands, are equally potent in their influence upon the larynx, and, from usually being concealed, are of much more difficult recognition. A specimen of aneurism of the aorta, presented to the Pathological Society by Mr. Childs at a recent meeting, was from a case in which tracheotomy had actually been performed on account of symptoms of laryngeal obstruction; and we well remember an almost similar one in which Mr. Le Gros Clark performed in St. Thomas's Hospital the same operation when the real cause of the dyspnoea was an aneurism within the thorax. It is often exceedingly difficult if not impossible to discover at what part of its course the trachea is obstructed, or whether the cause of the dyspnoea exists in it or in the larynx. In association with tumours the breathing is impeded from two quite different causes: first, the trachea itself may be compressed and narrowed; and secondly, the laryngeal nerves, and especially the recurrent, may be stretched, pressed upon, or otherwise irritated, in-



ducing spasmodic closure of the glottis. To the relief of the latter element, tracheotomy is an effectual measure, but it usually can do nothing against the former. Not unfrequently both are in action in the same case, and a permanent dyspnoea is present, induced by the compression of the trachea, whilst there is also a liability to suffocative paroxysms due to irritation of the nerves. In none of the forms of chronic laryngitis, as illustrated by the preceding cases, is there any liability to marked paroxysmal aggravation, and in this symptom we have a most useful diagnostic of the probable existence of a tumour.

*Case 15.—Permanent and paroxysmal Dyspnoea, dependent upon a tumour in the right side of the throat.—Some relief by Counter-irritants.*—A man, aged 30, attended Dr. Peacock's out-patients' room for some months on account of hoarseness and loss of voice of long duration. His voice was metallic and ringing. He looked ill, and there was considerable lividity of the lips. In the right side of the neck a little above the clavicle was an oval tumour evidently of deep attachments, and about the size of a small fist. It fluctuated indistinctly, and was diagnosed as a tense walled cyst. There had been paroxysms of dyspnoea in which suffocation had appeared imminent. Mr. Hilton saw the case in consultation with Dr. Peacock, and as no surgical interference was thought advisable, it was determined to try the effect of severe counter-irritation over the tumour. The tumour, it should be stated, had existed for many years, but had latterly increased. It did not appear that there was any very great pressure upon the trachea itself, as the opposite side of the neck was quite free.

Counter-irritation, by means of the iodine paint, and also of a very strong solution of nitrate of silver with nitric acid was repeatedly resorted to during a period of about three months. After each application the tumour became less tense and softer, and the symptoms were notably ameliorated. Although it gave intense pain the man was always anxious to have the application made. At length the voice was very much improved, and the liability to paroxysms passed off. The man left town to go to the sea-side, and nothing was subsequently heard of him.

*Case 16.—Large Bronchocoele.—Hoarseness and Dyspnoea.—Liability to Paroxysms.—Recovery under Iodine Treatment.*—Ann Moszis, aged 15, for three years the subject of a large bronchocoele, was admitted June 8, 1883, under the care of Dr. Birkett. Her maternal grandmother, two sons, and two sisters were stated to have had full-necks, but had all recovered from the affection. The tumour was a large one, and almost of equal size on the two sides. She had been very hoarse for many months, and suffered constantly from impeded breathing. Paroxysms of dyspnoea had often occurred, but had never been very severe. Menstruation was reported free and regular. The girl had been born and brought up in Essex, but for four years past had lived in London.

A mixture, containing three grains of iodide of potassium to the ounce, was ordered to be taken three times a day. The tumour was also freely painted with the iodine solution.

On Sept. 21, the note states, the voice is now almost clear, but when she speaks loud there is a slight laryngeal twang perceptible. The mixture was now substituted by one containing a drachm of the syrup of the iodide of iron.

On Nov. 30 she was discharged, the following being the note then taken:—"Has a perfectly clear voice, and can shout loud. The swelling of the thyroid is all but gone, and what remains is quite soft. She looks well, and expresses herself as feeling so."

## HOSPITAL NOTES.

### MODIFIED OPERATION FOR EPIPHORA.

After slitting up the lachrymal canals for the relief of epiphora, (the method introduced by Mr. Bowman, and now so generally adopted,) it now and then happens that only an incomplete result is obtained. Although a gutter for the tears of a quarter of an inch in length has been obtained, yet they do not wholly find their way into it, and the overflow still occurs during sudden increases of secretion. Mr. Critchett suggests that this is sometimes due to the two sides of the canal falling together too closely, and has proposed to remedy it by cutting the inner one wholly away. This is easily effected by means of a pair of small curved

scissors. A case now under care, the only one, we believe, in which the proposal has been carried out fully, confirms the expectations of benefit. The canal had been freely slit up some weeks before, and no union of its margin had followed, but still the tears occasionally ran over the cheek. The caruncle was large, and filled up the hollow which should naturally exist at the inner angle of the lids, and also somewhat tilted the lid outwards. Mr. Critchett cut away the inner wall of the canal, removing an elliptical piece of mucous membrane about a quarter of an inch long and an eighth broad in its middle. A little cup has now been formed in which the tears collect, and the apex of which is the nasal extremity of the canal itself. The liability to epiphora has as yet been wholly remedied. Mr. Critchett remarked the other day respecting these cases that he was convinced that an enlarged condition of the caruncle, pushing the lower lid with its punctum outwards, was not unfrequently a cause of epiphora, and suggested that the right practice might in such cases be to snip away part of that body, and thus draw the lid back into the proper position.

### DIFFICULT DETECTION OF CALCULUS.

Mr. Solly has at present a case of much interest under his care in St. Thomas's, in which very different opinions have been given as to the existence of a stone in the bladder. The patient, a man of 30, has three times been brought into the operating theatre, and sent back on account of those present not being able to satisfy themselves. Mr. Solly himself has, we believe, on each occasion entertained a confident opinion that he has struck the stone, but no sound perceptible to those standing by has been elicited, and in other hands the sound has forwarded no satisfactory evidence. It has been suggested that there is a calculus embedded in the prostate, or possibly encysted in the left side of the base of the bladder, in which positions the grating sensation has always been felt. In support of the diagnosis of an encysted stone is the fact that the man's sufferings are not severe. Some of our readers may possibly recollect a very instructive case recorded in our Hospital reports about five years ago, in which a man under Mr. Erichsen's care in University College Hospital died of abscess in the liver, having a large calculus encysted in the walls of his bladder. He had been under the care, first of Mr. Arnott, and latterly of Mr. Erichsen, for a long series of years, and the stone had repeatedly been felt. On several occasions lithotomy had been decided on, and the man placed on the table for its performance, but as no one had ever succeeded in detecting the stone at the time, it had always been deferred. The result proved the wisdom of the caution which had been exercised, for the stone was so almost completely encysted that its removal could not have been safely accomplished.

### DIAGNOSIS OF THROAT HÆMOPTYSIS.

The following notes on the characteristics of throat hæmoptysis as distinct from that attending pulmonary disease, are the memoranda of a conversation on the subject in the out-patient's room of the City Hospital for Chest Diseases. They may possibly interest some of our readers. When blood comes from the throat, *a*, it is always in very small quantity—*b*, it is never mixed with small air-bells—*c*, it generally occurs as streaks in mucus—*d*, almost always follows a fit of coughing—*e*, is of most frequent occurrence early in the morning—*f*, the patient often complains of having a dry throat on waking. When the hæmoptysis is spontaneous, or when it amounts in quantity to anything near a tablespoonful, it is almost always pulmonary.

### CANCER OF THE LUNG IN A CHILD.

An interesting example of extensive carcinoma of the lung, at the very unusual age of three years, is furnished by a little boy who now attends Mr. Hutchinson's out-patient room at the Metropolitan Free Hospital. The disease affects the upper and anterior parts of the right lung, and the dulness on percussion is complete, and extends over a large surface. The boy is emaciated, feverish, and very restless. No expectoration of blood has yet occurred. About the diagnosis there can be but little doubt, as Mr. Hutchinson excised the left testis nearly a year ago, on account of medullary cancer. The little fellow was then rapidly failing in health; but he quickly recovered from the operation, and became almost as robust as ever. The cord yet remains quite sound, and there is no evidence of the lumbar glands being affected. Cancer

is hereditary on his father's side. He furnishes a good illustration of the fact that growing cancers, especially when of considerable size, induce cachexia and wasting, quite independently of any pain caused, or of hæmorrhage, or discharges. Neither in the original or the recurred growth has there ever been any ulceration, nor has the boy suffered any material pain; yet in each instance he has rapidly emaciated during the growth of the tumour, whilst the degree of health regained after the excision of the primary one was most complete.

#### SUCCESSFUL EXCISIONS OF THE KNEE-JOINT.

The case under the care of Mr. Le Gros Clark, in St. Thomas's, to which we adverted some months ago, as being the most rapid recovery after excision of the knee which we had witnessed, affords now one of the most perfect triumphs of that operation which could be desired. It will be remembered that healing took place almost wholly by first intention, the outer wound being closed in about a fortnight. The woman now walks about with a firm straight limb, very little shorter than its fellow.—A boy, who is shortly to be discharged from the Metropolitan Free Hospital after excision of the joint by Mr. G. Borlase Childs, furnishes another instance of a most satisfactory result. His right knee had been disorganised by old disease, and the tibia dislocated outwards and backwards. In this condition he had been admitted about six months before the operation. A patient trial, both by forcible extension under chloroform after division of the hamstring tendons, and by gradual extension by means of a screw apparatus, had been made without success. Although not much swollen, the joint was still the seat of considerable aching pain, and the boy was thin and delicate. The fixity of the bones was such that Mr. Childs was obliged to saw through the shafts of the two bones from before backwards without having first separated them at the joint. This was done carefully and without any inconvenience, but extreme caution was necessary afterwards in dissecting away the united heads of the bones from their connexions in the popliteal space. A considerable collection of concrete material, the remains of a large abscess which had been absorbed, was opened in the front and inner part of the joint, but in all other parts the articular surfaces were most firmly united to each other. The boy had considerable constitutional disturbance for a week or more after the operation. Although the limb had been very firmly secured on a back splint, yet it was found about the tenth day that the femur had become tilted forwards, and had ulcerated through the anterior flap. To rectify this state of things, the boy was again put under chloroform, and the end of the projecting bone having been cut away with forceps, reduction was again effected. After this no trouble in securing good coaptation was encountered. Mr. Childs obtained great advantage from the use of a short splint in front of the femur. At present the boy is quite well, and about the ward. The limb is perfectly straight, and, though three inches shorter than its fellow, will be a very useful one. The wound, excepting a very small place, is soundly healed.

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# Medical Times & Gazette.

SATURDAY, FEBRUARY 6.

## POSITION AND PROSPECTS OF MEDICAL REFORM.

PARLIAMENT has met again. Amid the important questions to be considered—the war against the Chinese empire—the past insurrection and future government of India—the safety of foreign refugees—the reform of our electoral system—and other matters of like magnitude, it is not probable that Medical reform can occupy much, if any, of the attention of either House. Still the business of a session of Parliament cannot be considered complete unless there be discussed a "Jew Bill," a "Salmon Bill," and a "Medical Bill." So said Sir Robert Peel regarding Salmon, so said Lord Elcho regarding Doctors. In truth, year after year these topics are floated along the surface of parliamentary proceedings—only to be swamped—to be raised and floated again, when the stream of parliamentary business is at its height, when little attention can be vouchsafed to the topics, or an unwilling hearing obtained for the forbidding subjects.

An "Oaths Bill" is acknowledged to be absolutely necessary for the relief of conscientious Jews, that they may breathe and swear with freedom in the atmosphere of the House of Commons.

Moreover, it is absolutely necessary that the Salmon tribe should be permitted to enjoy the full tenure of their existence in our seas and rivers—that they should be cherished, fostered, and protected while young Parrs, till they become mature and unwieldy salmon—that they may be encouraged to live as fish ought to live, in order that they may die the legitimate death of salmon. But, that these things may come to pass, it is necessary that the parrs and the salmon should have a Bill to regulate the tenure of their life and their mode of death.

Equally with conscientious Jews and deeply-injured Salmon, those who practise the healing art within the realms of the British empire, require legislative interference on their behalf. The numerous attempts that have been made during the past fifty years to legislate on Medical Reform, have demonstrated how much need there is for some measure which will "alter and amend the laws" by which the Medical Profession shall be governed. They have shown also how serious is the undertaking, and how powerful must that effort be which shall reduce the chaotic mass of our Profession into a uniform whole.

The condition of Medical affairs becomes more and more serious every day; and the longer an efficient measure of Medical Reform is withheld from us, the legislative enactments which advance and promote the general sanitary interests of the community leave the confusion of interests of the Medical Profession more and more confounded. Any one who has given the least attention to Medical affairs in Parliament during recent years—who has observed the progress of discussion, not only on the various Medical Bills which have been introduced, but also on those topics bearing on the practice of Medicine in Workhouses, Asylums, Hospitals, and the promotion of Sanitary science generally, cannot but see how recent enactments tend to multiply the divisions of our Profession, and widen the breaches between its sections. When laws are made to regulate and amend the mode of existence of national or civic institutions, we, as a Profession, are left behind. We are left behind, because no one knows how we may be safely interfered with; and therefore we are

rather let alone, because it is found impracticable to arrange the conflicting interests of our sections. Many new enactments have been made, especially since the accession of our present gracious Queen to the throne of these realms, influencing indirectly the position of Medical men in relation to each other, and to the public generally.

In 1848 the "Public Health Act" was passed, and now continues to drag out a most incongruous existence, so far as its relation with the Profession of Medicine and the institutions of the Profession are concerned. "Nuisance Removal Acts" and "Boards of Health Acts" have had to be confirmed. Special Acts, relative to Medical attendance on the poor, the care and inspection of emigrants and emigrant vessels, of lunatic asylums, and Acts respecting legal and efficient vaccination have been severally enacted at various times, and all of them fully demonstrate the pitiable position and discordant state in which the members of our Profession exist. Nay, it has even been necessary that special clauses should be introduced into special Bills, in order that the word "Medical" shall be construed to extend to and include the term "Surgical."

The tide of popular opinion has long set against the continued existence of corporate monopolies, and although it has continued hitherto to sweep in whirling eddies past the huge unwieldy masses of the Medical Corporations, yet the undercurrent is rapidly undermining their foundations, and in the end great must be the fall thereof. Already, in England, Scotland, and Ireland, many of the ancient rights and privileges exercised by these bodies have been obliged tacitly to be relinquished under the influence of this popular feeling.

The cause of this unsatisfactory state of things is, doubtless, to be traced in the absence of all uniform organisation of the Medical Profession. Unlike the Law and the Church, *We*, as a Profession, recognise no head—no representative. Medical men have rarely been able to secure a seat in the House of Commons, and when they have done so they can scarcely be considered as even "representatives." When they do find a seat in Parliament they take their places in the House of Commons as representatives of civic communities, not of a learned, enlightened, and humanising profession. Moreover, before they gain such an honour, and the confidence of a constituency, they have generally ceased to be acting members of our Profession;—they have become active citizens, caring anxiously for the political and municipal interests of the people, having ceased altogether from medical attendance on the sick. While "a complete body of Divinity" luxuriates in the Upper House; while the profession of Law has its Attorney-General in England, and its Lord-Advocate for Scotland, each of them able to secure a seat in Parliament, our Profession, second only to one in the sacredness of its mission, in the greatness and nobleness of its nature and of its aims, has no Physician-General to interest himself in its welfare—to watch over its concerns—to protect its rights, to aid in the maintenance of its position amongst the community, and the advance of its science. Hence also it is that questions which involve an accurate and an extensive knowledge of the science of medicine do not receive that unbiased, that matured consideration and elaborate discussion which they demand;—that questions which affect the interests of public health are virtually determined by men who have no voice in Parliament, but whose professional opinions must be obtained and instilled into those who are to settle the most abstruse questions in State Medicine. It was only by the determined exertions of an eminent and active member of our body that a Medical Officer of Health was permanently attached to the Board of Health; and although we may not live to see the day, still we hope that the Medical Profession may yet be represented in Parliament as

it ought to be. We wish to see some distinguished Physician the President of the Board of Health, (not in the subordinate position of its Medical officer), but with a seat in the Privy Council of Her Majesty's Government, and a voice at least in the Legislative Assembly of our country.

The want of unanimity, general supervision, and organization of the Profession is stamped upon every Act which professes to regulate the practice of medicine in our land. Accordingly the Charters and Acts of Parliament relating to the practice of Medicine and medical affairs generally from the time of Henry VIII. may be characterised as a most conflicting mass of legislative enactments, demonstrating this lamentable want of unity and unanimity of supervision in the management and control of our affairs. Nay, more, the acts which exist and which profess to regulate the practice of our Profession, are impressed with internal evidence of their origin—an origin of which we have no reason to be proud. The individual rights and legal charters of one body appear to have been secured by stolen marches upon the others. Thus these bodies severally became secured in complete monopolies over limited jurisdictions, and the acts are records of exclusive and peculiar privileges granted to each of them. Institutions whose privileges have thus been secured by private intrigue, perpetuated and rendered more exclusive by similar means during the past three hundred years are necessarily narrow in their scope of usefulness, illiberal in their aims, exclusive in their rights and privileges, and limited in the local range of their lawful jurisdiction. Opposing each other in what ought to be the common interest of all, they are prejudicial to the well-being of the public at large; and, while they foster and tacitly encourage trading monopolies, they are obstructive to the advance of the science of Medicine concurrently with the advance of other sciences, and their continued existence *in statu quo* is incompatible with the spirit of the age. As the country advances in the knowledge of those circumstances which contribute to promote her national health, enterprise, and wealth, the science of Medicine is from time to time required to lend its aid in the promotion of social improvement, but the means to effect this end become at once conflicting when the interests of Medical Corporations are threatened to be assailed.

The Acts which established Universities in this country,—the most ancient seats of learning which now exist,—are impressed with the spirit if not the letter of the law, that those taught within the walls of these venerable institutions should go forth competent to preach, to teach, or to practise whatever had been taught them in the sciences of Divinity, Law, or Medicine. But Corporations, like mushrooms, quietly and insidiously sprung up around them, and the Medical corporations, like the mediæval guilds of Goldsmiths, Silversmiths, Cordwainers, Shoemakers, by stolen marches upon these ancient and noble seats of learning, as well as upon each other, have all but neutralized their power and privileges, and confounded the interests of all.

Thus it is that the Medical profession is divided into opposing sections, containing the elements of discord and contention. No one, therefore, can be surprised at the agitation which shakes and undermines the foundations of our Medical institutions, when we are regulated by no national legislation like the Law and Religion of our country, which commands the respect of nations. When the rights and privileges of sections of the Profession assume new aspects, from the advance of other institutions under the fostering care of a liberal government, the Medical Profession finds itself left behind, with its rights and privileges becoming more and more numerous, incongruous and conflicting.

The time has certainly arrived when the 19,000 Medical men of this country must assert their position in the land,

and endeavour to obtain from Parliament a clearly defined "locus standi," in spite of the conflict between the contending interests of Medical Corporations and Universities. It having happened almost every parliamentary session during the last fifty years, that measures "to regulate and amend the laws which regulate the Medical profession," have been thrown out by the influence of the contending interests of these bodies, it is not unlikely that the same fate awaits the measures to be discussed in the present Parliament. If such an event happen, let us, as a body, petition Parliament for a ROYAL COMMISSION, to inquire into our position, whose decisions, and recommendation to the Home-Secretary, shall be final. While we were the first to recommend this step, in our Number for July 11th, 1857, let us now earnestly and strenuously impress upon our Professional brethren the power and importance of this mode of settling the question. Let such a Commission be empowered to hear evidence and obtain documents bearing directly or indirectly upon the whole subject of "Medical Reform." Let it be empowered, with the aid of competent legal men, to examine into the state of our Medical Corporations and Universities. Let the Commission be empowered to ascertain minutely the revenues of all of them, the sources of these revenues, and how they are disposed of. Let it ascertain and determine the relation of the several Corporations to the members of the Profession generally. Let it appreciate and put before the public, the benefits (if any) which the Profession as a body and which the Public derive from the continued existence in their present state of the exclusive Medical Corporations. Let it inquire into the education and examination of Medical men by the Universities, corporate licensing bodies, and schools of Medicine. Let it examine into the varieties of the licences to practise, and the privileges conferred upon Medical men by corporate bodies and Universities.

Without information, such only as a "Royal Commission" so empowered can collect, there never can be obtained any just and reasonable ground of adjudication between the conflicting interests of Universities, Corporations, the members of the Medical Profession as a body, and the public generally.

By this means the 19,000 members of the Profession will aid in assigning to these corporations the position they ought to hold among the Medical institutions of the country, and the position of the Universities. We, as a Profession, may then feel that we have effected an efficient and satisfactory reform, in place of these contending institutions being permitted to compromise the position of those who constitute the great mass and strength of our professional ranks.

In the meanwhile, we shall endeavour to lay before our readers, from time to time:—

1. A short historical account of the measures proposed in recent years to secure an Act of Parliament to "alter and amend the laws regulating the Medical Profession," the origin of those measures, the motives which influenced their progress and frustrated the endeavours of their promoters.

2. An account of the position of contending parties in and out of Parliament who advanced or opposed the special measures before Parliament at the close of last session.

3. An analysis of the measures before the House of Commons, and the circumstances which may not only tend to prevent agreement, but which may lead to unsatisfactory compromise, and perhaps to the absolute frustration of the adoption of any measure.

4. In the event of this not at all improbable result, we shall endeavour strenuously to urge the necessity of finally settling the question of Medical Reform through the medium of a *Royal Commission*.

## THE WEEK.

On the 31st instant, a committee of gentlemen, headed by Sir John Forbes, Dr. Andrew Clark, Dr. Brown, and others, waited upon Dr. M'William, on behalf of the Medical officers of the Royal Navy, for the purpose of presenting him with a magnificent service of plate, as a token of respect for his distinguished character and services, and as an expression of gratitude for his long, disinterested, and finally successful advocacy of the claims of Assistant-Surgeons to ward-room rank. In detailing the circumstances which had more immediately led to this presentation, Sir John Forbes made an eloquent speech, which will be found in full in another column, together with Dr. M'William's reply. Sir John formally presented the testimonial, which consisted of a splendid salver, with a dinner and tea service, of richly-chased silver. Long may Dr. M'William live to enjoy his well-earned honours!

Sir Colin Campbell's last despatch contains the following gratifying passage:—"I must not allow this opportunity to pass without bearing my testimony to the unwearied zeal and assiduity of the Superintending Surgeon, Dr. J. C. Brown, Bengal Artillery, which have never flagged for an instant, and have been of the greatest use to the force in the field from the time the troops first took the field before going to Delhi. I beg to recommend him most particularly to your Lordship's favourable consideration."

Mr. Pocock, of Brixton, has obtained £250 damages against an attorney named Nicholls, for an assault and defamation of character. The action was tried before Lord Campbell on Tuesday. The attorney had charged the Surgeon with having committed adultery with Mrs. Nicholls. There was not the slightest ground for any such accusation, and Lord Campbell well observed, "There did not seem to be the slightest cause of suspicion with regard to Mr. Pocock, and yet the most serious and frightful charge had been made against him. For a Medical man who was called in to attend a lady in her confinement to abuse the confidence placed in him, and to seduce her, was so atrocious a crime that the imputation of it would work the utter ruin of the person to whom it applied. The plaintiff was entitled to recover damages upon both counts, and he was bound to say that Mr. Pocock would leave the court without the slightest stain upon his character. It seemed to be a most groundless charge against a respectable and honourable man, and the jury would give such damages as would show they concurred in that opinion." If sitting on a sofa with a lady and feeling her pulse are acts to be construed by a jealous husband into adulterous criminality, what Medical man could exercise his Profession in safety?

The doings of the American horse-tamer, which have been detailed so fully in the daily papers, have excited considerable attention among scientific men. The nature of the power exercised by this man, and the manner in which he is enabled to reduce the most unruly animals to obedience, is a very curious physiological problem. On Monday, among several visitors at the riding-school at Buckingham-palace before whom experiments were made, there were Sir James Clark, Sir Henry Holland, Dr. Lyon Playfair, and Mr. Spencer Wells. The American was shut up in a loose box with a very spirited stallion, four years old, which he had never seen before. When the visitors were admitted, he was lying on the straw beside the horse, who allowed him to knock his hoofs together, and did not oppose his force in any way to the will of his master. Lord Alfred Paget, who had learned the secret, also exhibited similar power over a pony.

Other gentlemen have been entrusted with the secret, and it appears, from what they say, that there is nothing cruel or objectionable in the plan followed, but that it is the first step in a system of education. The horse is first taught to be submissive, and if kindly treated he is said to continue docile. The American professes to continue his system until the horse will obey the voice like a dog. How such rapid submission is obtained is the secret. It has been imagined that, like the "Whisperer," whose secret died with him, something is done by breathing into the nostrils. Others have tried this, however, and failed. Whatever the secret may be, it is one certainly worth knowing, and we shall be glad to hear that the five thousand pounds required before it can be made known is subscribed.

The Clerk of the Coroners of Liverpool has just prepared a statistical return of Inquests held before the Borough Coroner during the year 1857, from which it appears that "few inquests take place on any member of a family above the labouring classes: if an accident happen in a wealthy family, the family-surgeon is sent for, and if no crime has been committed, he gives a certificate, and the family are spared the annoyance of a Coroner's Inquest!" Thus saith the report: but how many cases of sudden or unexplained death may happen not necessarily involving an implication of murder, which nevertheless require investigation, and which it is absolutely culpable in the parties who are cognisant of the matter, to hush up? Further, the Liverpool return says, "453 cases of deaths reported to the Coroner's Court by the police and others, into which the Beadle made inquiries, and inquests were not considered necessary, thereby saving an expense of upwards of £960!" How the Beadle could be considered a competent judge or witness as to the cause of death it is difficult to say. The saving of expense seems to be the all-important object in these proceedings. It is not confined to one town or one city; it is a general, a prevailing evil; and it cannot be doubted by those who have an opportunity of studying the question in more aspects than one, that if these public investigations were to take place more frequently, cases to require them would soon become more rare. Thus, instead of an increased expenditure, which is so much feared, a saving of expense would be the result. Nothing is a greater drag upon the financial resources of a county or a parish, than the constantly recurring cases of sickness and death amongst the poor. If they and others are beyond or below the power of moral influences, legal restrictions and inflictions must be brought to bear upon them; and the subject that has now been under consideration must necessarily claim a prominent degree of attention should any measure referring to Medical jurisprudence come under the notice of the Legislature in the next session of Parliament.

We have lately published some extracts from letters appearing in the *Morning Post*, under the signature "A Physician," written in a very bad spirit; the author attempting to show that the professional ardour and benevolent exertions of young medical men in the cause of charity are all based upon the lowest form of selfishness. He has made a special onslaught on special hospitals and their founders. Here he has been answered by Dr. Savage, who, after showing the advance made in Ophthalmic Surgery since the establishment of Eye Hospitals, thus replies to the author's objection to special hospitals:—"It has been objected to special hospitals that they absorb subscriptions rightfully belonging to general hospitals. In reply to this I will contrast the origin of two hospitals. The enormous sum of £30,000 was spent on the bare walls of St.

Mary's before a single patient was relieved. Fifteen beds were put into a private house in Orchard-street, and the Samaritan Hospital for women was in working order then and there at the cost of £100. Every surgical operation of importance has been performed there, and the average number of out-patients is 130 per diem. Let the claims of such institutions only be measured by the amount of benefit they confer at the same cost, and a glance at the history of special hospitals must decide the unprejudiced in their favour, if distinction must needs be drawn where both kinds are so urgently wanted. \* \* \* Free, cheap, ready, and efficient relief at those places is the rule, the correspondent of the *Morning Post* notwithstanding; and it is here, regardless of the sacrifice of time and energy, that the aspirant may be daily seen doing an amount of real good which no other class has ever shown itself willing or able to effect. What if he thus endeavour to qualify himself for what is called high-class practice, which, at the best, is but another name for hard work, and even so seldom reached before the age when every other pursuit is rewarded with retirement and decent competence, at a tenth part of his self-denial and exertion?"

Let our readers consider well the concluding paragraph in the last quarterly return of the Registrar-General. It is here for their perusal:—

"England is a great country, and has done great deeds. It has encountered in succession, and at times in combination, all the great powers of Europe; has founded vast colonies in America; and has conquered an empire in Asia. Yet greater victories have to be achieved at home. Within the shores of these islands the twenty-eight millions of people dwell who have not only supplied her armies, and set her fleets in motion, but have manufactured innumerable products, and are employed in the investigation of scientific truths, and the creation of works of inestimable value to the human race. These people do not live out half their days; a hundred and forty thousand of them die every year unnatural deaths; two hundred and eighty thousand are constantly suffering from actual diseases which do not prevail in healthy places; their strength is impaired in a thousand ways: their affections and intellects are disturbed, deranged, and diminished by the same agencies. Who will deliver the nation from these terrible enemies? Who will confer on the inhabitants of the United Kingdom the blessings of health and long life? Who will give scope to the improvement of the English race, so that all its fine qualities may be developed to their full extent under favourable circumstances? His conquests would be wrought neither by wrong nor human slaughter, but by the application of the powers of nature to the improvement of mankind."

## REVIEWS.

*Untersuchungen ueber die Entwicklung der Blutgefasse.* Von Dr. TH. BILLROTH. Pp. 81. Berlin: 1857.

*Researches on the Development of the Blood-vessels.* By Dr. TH. BILLROTH.

Dr. Billroth, Lecturer on Microscopic Anatomy at, and Assistant-Surgeon to, the University College Hospital at Berlin, has given special study to the important matter of the development of the blood-vessels, both in the physiological and pathological states, and recorded in the above work his microscopic observations on the development of the blood-vessels in the area vasculosa of the fowl's egg during incubation, in the tail of the frog-larvæ, in the foetal cellular tissue, in granulations and cicatrices, and, finally, in certain tumours.

According to Dr. Billroth's observations, there are three different kinds of development of the blood-vessels:—1. Round cells lying close to one another unite; the contents of the cells is changed to blood-corpuscles, which come into circulation by rupture of the cell-membranes, the walls of the vessels being only formed by the cell-membranes themselves.

2. The cells elongate, assume a spindle-shaped appearance, and leave a canal between them. 3. Offshoots arise from the walls of the vessels, become hollow, and finally form canals, which come into connexion with the canals of the primary blood-vessels.

The observations of Dr. Billroth on the process of granulation and cicatrization are summed up as follows:—If there have been any extensive wound, a part of the wounded tissues is always removed by necrosis. Then exudation sets in from the capillary vessels on the surface of the wound. The tissue itself is dissolved with the exudate to a homogeneous substance, within which begins the formation of cells. Capillary vessels are formed out of the cells, and from these new vessels fresh exudation arises. Before the epidermis has been re-formed the tissue is condensed by resorption of the intercellular substance; most of the vessels are obliterated, and remain in the cicatrix as solid cellular tissue. This process begins earlier in the deep layers of granulations than in the superficial ones. The contractile power of the cicatrix is caused by the resorption of the intercellular substance, and by the obliteration of the blood-vessels. Dr. Billroth never found any follicles, papillæ, and nerves, in the cicatrix, but always bundles of cellular tissue and elastic fibres. The formation of the cicatrix is seldom completed until a whole year has elapsed after the infliction of the wound.

Finally Dr. Billroth relates his observations on certain tumours not yet described microscopically. The "collonema" consists entirely of a mass originally gelatinous, not closed by a cyst, and not arising from mollification of formerly solid masses. A tumour of this kind, as large as a fowl's egg, was observed by Dr. Billroth on the external opening of the inguinal canal of a boy; it was removed by the knife, and did not return. The "tumour glomerulosus" consists almost entirely of blood-vessels, and is much like the alveolar cancer. The "cylindroma"—instances of which have also been observed by Professor Busch at Bonn, and by Dr. A. de Graefe at Berlin—is a tumour arising from the lachrymal gland, which is first hypertrophied, and afterwards destroyed by rapidly growing cylinders of cells.

Dr. Billroth has also examined microscopically a large number of teleangiectasies, and has come to the conclusion that these tumours are composed of newly formed vessels having a much larger diameter than the capillary vessels of the skin. The growth of these vessels arises chiefly from the capillary nets of the glands of the skin, of the roots of the hair, and of the papillæ.

Five engravings drawn up from the microscopic preparations of Dr. Billroth, have been very well executed, and add to the value of this work, which merits a place in the library of those who take a special interest in microscopic anatomy.

*The Physiology and Treatment of Placenta Prævia; being the Lettomian Lectures on Midwifery for 1857.* By ROBERT BARNES, M.D. Pp. 208. London: 1858.

THESE Lectures were delivered last year before the Medical Society of London, and they have also appeared in the pages of a contemporary. Dr. Barnes gives a very philosophical view of the nature of Placenta Prævia; and while he repudiates any attempt to establish dogmatically a new method of treatment, he calls in question the propriety of employing empirically the remedial measures now generally practised. Dr. Barnes's treatment of the affection is eclectic, each case being treated according to the peculiar features it may present.

*On the Transmission, from Parent to Offspring, of some forms of Disease, and of Morbid Taints and Tendencies.* By JAMES WHITEHEAD, M.D. F.R.C.S. M.R.I.A. Second edition. Pp. 432. London: 1857.

THE demand for a second edition of this work proves the interest which the subject has excited among the members of the Medical Profession; and the author has taken the opportunity of furnishing many additional facts in corroboration of the views which he originally advanced in relation to the transmission of syphilis from parent to offspring. Although Dr. Whitehead offers some general remarks upon the hereditary character of other diseases, it is to the communicability of syphilis, and the treatment of this affection, that his pages are chiefly devoted. Apart from its great merits as a scientific treatise, Dr. Whitehead's volume tends to promote very powerfully the

cause of morality, by showing the physical misery entailed very frequently upon helpless and innocent beings in consequence of venereal delinquencies.

*A Sketch of the Principles and Practice of Subcutaneous Surgery: being the Oration delivered before the Medical Society of London, at their Eighty-fourth Anniversary, March 9, 1857.* By WILLIAM ADAMS, F.R.C.S., Surgeon to the Royal Orthopaedic Hospital. Published at the request of the Society. Pp. 67. London: 1857.

IN this Oration Mr. Adams brings together with great ability a number of facts and reasonings, to prove the many advantages attendant upon the performance of surgical operations in parts which are not exposed to the influence of the air. As illustrations of this subcutaneous surgery, he adduces the successful results of tenotomy, the operation for strabismus by dividing the muscles of the eyeball, that of Wutzer for the radical cure of reducible hernia, subcutaneous operations for the cure of varicose veins, and other proceedings of a like kind in other regions. The danger of compound fractures, on the other hand, is greater than that of simple ones, because in the former there is an external wound; and the unfavourable results of trephining are attributable to the irritation and suppuration caused by the exposure to the atmosphere. Mr. Adams's Oration will well repay perusal: it is the production of one who has made himself acquainted with the literature of his subject, and has mastered its practical details.

*On the Study of Epidemic Disease, as illustrated by the Pestilences of London; being a paper read before the Epidemiological Society of London at the opening of the Session 1857-58.* By E. HEADLAM GREENHOW, M.D. London: 1858.

THE author of this paper displays great powers of research in describing the different pestilences which, in the form of black death, plague, sweating sickness, cholera, and influenza, have at different periods visited this metropolis. With regard to the causes, prevention, and treatment, of these dreadful visitations, Dr. Greenhow does not give any information, nor does he give any opinion as to their mode of propagation. He inclines to the belief that, although malignant epidemics may be introduced from one country to another by the medium of ships, yet a certain constitutional predisposition must exist among communities, to enable the germs of disease to exert their morbid power. The influence of meteorological phenomena in connexion with the outbreaks of epidemics is briefly noticed; and the paper contains much information and much suggestive material in a very small space.

*A Manual of Qualitative Analysis.* By ROBERT GALLOWAY, F.C.S. Second Edition. Pp. 197. London: 1858.

WE are happy to announce a second edition of this very useful little work, which is well calculated to assist the chemical student in practical analysis. The directions given are so plain as to be intelligible to any common understanding; and the tyro in chemistry, with this book in his hand, and a few necessary implements, will be soon able to comprehend all the fundamental principles of that science.

*Mind and Body: a Discourse on the Physiology of the Phrenical action of the Cerebrum.* By ROBERT JAMIESON, M.D. Aberdeen: 1858.

IN this very brief discourse, a sketch is drawn of the powers and faculties of the human mind, and their connexion with, and dependence upon the bodily organs. This very difficult subject is treated by Dr. Jamieson with great perspicuity, being entirely free from that mysticism which too often prevails in physico-metaphysical speculations.

**PRIZE QUESTION.**—The Société des Sciences Médicales et Naturelles de Bruxelles offer a prize medal, value 300 francs, for the best essay on the following subject:—"Indicate the physiological and pathological facts discovered by aid of the ophthalmoscope. Which are the diseases of the eye in which its employment may prove of utility?" The memoirs, written in French, Latin, German, or English, to be forwarded, post-free, by the 1st July, 1858, to the Secretary, Dr. Van der Corput, Rue d'Arenberg, No. 14.





MELANCHOLY.

From a Photograph by D<sup>r</sup> Diamond



## PROGRESS OF MEDICAL SCIENCE.

## Selections from Foreign Journals.

## ON SCORBUS AS OBSERVED IN THE FRENCH ARMY IN THE CRIMEA.

By M. PERRIN.

Endemic scorbutus has hitherto appeared under such special conditions, as to assume from these a too great exclusiveness of character, which it is of importance to free it from before its general history can be written. It is only as contributing to this object that M. Perrin presents this sketch of the physiology of the epidemic he had the opportunity of witnessing. It has been long the habit to regard scorbutus as a disease peculiar to seamen and long voyages, scorbutus as it occurs among landsmen being scarcely acknowledged. One of the objects the author has in view is to show that this disease is not dependent upon any specific cause or peculiar to a maritime life; and that it is but the manifestation of morbid conditions generated within the economy by the disordered action of the hygienic modifying circumstances upon which life and health depend. If epidemics of scorbutus are of more frequent occurrence aboard ship, it is because there are to be most frequently found united the causes capable of producing it. This idea is in nowise novel, for it is to be met with in every page of the works of Lind, Boerhaave, and Van Swieten; but it seems not sufficiently acknowledged in special works and modern classics.

*Etiology.*—M. Perrin passes in brief review the various hygienic circumstances the French soldier was subjected to. The supply of fresh meat was only defective at first, when scorbutus did not prevail in the camp. From February 1855 it was distributed at first twice, and then five times a week. It was of good quality except that it was very lean. The supply of bread was not always regular, and rice was the most constant means of making up the amount of the soldier's rations. The absence of fresh vegetables and fruits was felt as a most severe privation, the preserved vegetables forming a most insufficient substitute. To this deficiency the author greatly attributes the outbreak. In other respects the regimen, after the first four months, was very tolerable. But the uniformity and incompleteness of the diet soon wearied the stomach, and brought about chronic diarrhoea, which led to progressive wasting of strength.

In respect to one or two articles of diet M. Perrin makes some interesting remarks. *Coffee*, he thinks, has enjoyed in the French army a somewhat exaggerated reputation since its employment during the Algerian wars. In the Crimea he found that the officers who took coffee fasting often suffered from a fatiguing excitement, irritation of the skin, sweating, vertigo, a fulness of the stomach interfering with their breakfasting, or vague colicky pains followed by serous stools. In several messes these inconveniences ceased on substituting tea. The common soldier suffered less, not only because his nervous system is less impressionable, but because he prepared his coffee not by infusion but by prolonged ebullition, forming with biscuit a kind of panada. Nevertheless, in many instances, it was observed that coffee taken regularly on quitting the trenches, so far from supporting the soldier's strength, gave rise to mere excitement, soon to be followed by exhaustion and a kind of syncope. *Brandy* also was frequently mischievous in its effects. Intended to be mixed with the coffee, or with the water in order to correct the bad qualities of the latter, it was almost always taken neat, either while in the trenches or on the return from them. Thus taken it stupefied the enfeebled economy, and the roads from the trenches to the camps were strewn with soldiers who were rather surprised than intemperate.

Added to the too uniform alimentation, was a no less powerful cause, viz. humidity, the efficiency of which has been acknowledged by most authors. During the whole of the winter of 1855, the soldiers had to march a long distance up to the knees in snow or mud, to reach the trenches, to pass usually twenty-four, and sometimes twelve hours, in these when filled with ice-cold water, having on their return to camp no means of drying their clothes, and frequently not of changing them. What contrivance in clothing could provide against this horrible wet penetrating through all, and

dissolving everything! Even in the fine period of the year the nocturnal humidity was excessive. Thus the army was placed in a very exceptional state as regards wet, and one highly favourable for the development of endemic scorbutus. It is, moreover, worthy of remark, that this exposure to cold wet seems to have imparted a peculiarity to the disease; for the lower extremities, which were especially exposed to its depressing influence, were the principal place of election of the scorbutic manifestations. Lastly, we may note as not without its importance, the excessive fatigues and the moral condition of an army engaged in a contest for eleven months without truce or repose.

From what has been said, it results that the scorbutus of the Crimean army depended upon three causes, mutually aiding each other: an alimentation incomplete in itself, and taken at irregular intervals, and excessive nervous expenditure enfeebling the functions of the stomach. These two causes together induced indigestion, with diarrhoea or vomiting, whence arose complete prostration and wasting of the powers, taking on the scorbutic form, under the influence of permanent humidity.

*Symptoms.*—After a certain period of stay in the Crimea, the troops almost invariably contracted a diarrhoea, which it became impossible to free them of. Fever being always absent, three or four stools were passed daily, with little or no pain, but accompanied by extreme prostration, and such a tendency to syncope, that the slightest movement, a ray of sun, or a moment's exposure to the heated atmosphere of the tents, produced sudden paleness of the face, decoloration of the mucous membranes of the mouth and eye, cold sweating, and frequently fainting. The stools were viscous, very fetid, dark in colour, frequently streaked with blood, and almost always mixed with white lumps of concreted mucosities. The number seldom increased, nor was there tenesmus. This valetudinarian state exhibited an unexampled tenacity; and during several months half the army suffered from its depressing influence. But, while it proved refractory to all treatment, it was rare to find it increasing in gravity, so as to endanger of itself the life of the patient. This camp diarrhoea, long since described under various names, has never, as far as the author knows, been before observed upon so large a scale, exhibiting such relative benignity with such a placid tenacity. Is it, in fact, a distinct disease? or should it be regarded as one of the forms of the scorbutic state? The intensity of the general phenomena, the presence of blood in the stools, and the persistence of the symptoms, seem to favour the latter opinion.

However this may be, the numerous cases of confirmed scorbutus observed always took their rise in this valetudinarian condition. Pains in the lower limbs, and especially in the knees, invincible horror of all motion, engorgement of the knees and calves, some puffiness and a greenish pallor of the face, together with difficulty of respiration, were usually the assemblage of symptoms that ushered in the affection. Contrary to what is observed in most general affections, morning, between the hours of nine and ten, was the period of exacerbation. The affection might remain for a long period stationary at this stage; but in the great majority of cases spots of the skin rapidly supervened, these being always preceded by the specific pains. They varied in extent and colour, and corresponded well in their appearances to the descriptions given by authors. When seated on the ankle, and radiating towards the calf, this last became the subject of a special induration of the cellular tissue, which can only be compared to scleroma, the subjacent mass being as hard as wood, and not yielding to pressure as in oedema. The slightest pressure or movement induced the most acute pain. The local heat of the part was sensibly increased.

During the course of this morbid evolution, the scorbutic state of the gums was, exceptionally only however, observed; notwithstanding that it has been set down too often that the gums are almost constantly the seat of the earliest manifestation of scorbutus. In fact, however, the disease may exist without its ordinarily reputed symptoms. Those which were never absent were a feeling of utter exhaustion, horror of all movement, piercing pains in the lower limbs, and a difficulty of respiration not justified by the condition of the chest. In more than 600 scorbutic patients these symptoms, in different degrees, have never been wanting. The diarrhoea, or benign dysentery, already spoken of, generally accompanied the scorbutus, constipation being only exceptionally present. The

pulse was small, frequently irregular, but very rarely febrile; the skin was dry and parchment-like, the urine spare and sedimentary, and the cerebral functions were always unimpaired.

*Accidents.*—Among these, *contraction of the tendons* was a rather frequent consequence of the painful muscular engorgement already described. Its exclusive seat was the posterior region of the thigh, the muscles of which retained the leg in a semiflexed position, uninfluenced by any traction employed. It was remarkable that such contraction never affected the tendo-Achillis, producing forced extension of the foot, notwithstanding the painful condition of the muscles of the calf. The contraction was purely convulsive, so that after every effort had been used in vain to straighten the semiflexed leg, this was accomplished with ease on the employment of chloroform. These contractions persisted as long as the disease, and in the end led to articular swelling, like that which results from keeping a limb too long unmoved.

Another consecutive accident was of rarer occurrence, but of more serious consequence, viz. *difficult respiration*. This has already, indeed, been mentioned as a constant symptom of scorbutus; but it sometimes assumed the form of such a serious complication as to constitute one of the most dangerous accidents of the disease. The scorbutic patients of the Crimean army were rapidly transported to Constantinople before the disease could compromise their lives. One circumstance alone defied all precautions, viz. the sudden outbreak of an affection of the chest, which proved promptly fatal. In a single night three scorbutic patients of the author's regiment died in this manner, and in a few days he himself nearly underwent the same fate. The invasion of this symptom was quite sudden. To the ordinary difficulty of breaking of the disease, there succeeded, generally in the course of one night, the extreme anxiety and an almost absolute impossibility of breathing. The thorax seemed as if compressed by an iron hoop, while the severest pains traversed the base of the chest in every direction, and compelled an immovability which only yielded to imminent asphyxia. No one can picture the anguish of an unfortunate patient thus surprised, who amidst comparative health, without fever or any cerebral reaction, finds himself suddenly condemned to absolute immovability, either in the standing or sitting position, scarcely able to articulate a syllable, and obtaining a little air only at the expense of the most violent muscular efforts. In contrast with this the pulse is small, but irregular; the heart beats feebly; the respiratory murmur, though more indistinct, is unaccompanied by *râle*; percussion detects no effusion or notable congestion; and the skin, though dry, is devoid of febrile heat.

Once produced, this accident persists until death or change of place, manifesting regular alternations of better and worse, according to the hygienic conditions by which the patient is surrounded. The appearance of this complication is not peculiar to any special stage of the scorbutus, and it sometimes even precedes all organic manifestations of the disease. M. Perrin believes that the thoracic pains spoken of by Lind and Boerhaave are of the same nature as these here described; but he has never found them, as described by Lind, confined to one side, or modifying the piercing pains of the limbs. He is disposed to attribute their production to contraction of the diaphragm, all the muscles of relation being liable to become scorbutic, i.e. to acquire the painful engorgement so commonly seen in the muscles of the thigh and calf. In such a condition a muscle cannot contract, or impart the slightest movement, but at the expense of the most vivid pain; and if we supposed the diaphragm so affected, we should have a ready explanation of the excessive difficulty of breathing, unconnected with pulmonary lesion and of the relief derived from bringing into play the great thoracic inspiratory muscles.

*Treatment.*—Anti-scorbutics, quinine, bitters, aided by tonic regimen and the different acids, all were found uniformly of no avail, and nothing that could be devised could be substituted for change of locality, which was the great remedy. The author admits he had no opportunity of trying the efficacy of lemon-juice on a large scale. (May we not attribute to some extent the complete absence of the disease in our own army to the ample supply of this valuable substance it was furnished with?)—*Union Méd.* 1857, Nos. 103, 104.

### IMPERFORATE RECTUM.

On the occasion of the relation at the Boston Medical Society of some cases in which the operation had been performed without success, the following opinions were delivered:—Dr. Bigelow remarked that, judging from results, he did not think the operation for imperforate rectum, or even for imperforate anus, a desirable one. In the former case, the blind extremity of the upper portion of the intestine is often high up, and it would be practically impossible to maintain any communication with it after operation, except by a fistulous track through cellular tissue having a tendency to contract, to inflame, and to become obliterated, like other fistulous openings. This might occur in a favourable case; but in the majority of cases in which he had operated he had failed to find the upper gut, even when distended. This result must not unfrequently occur: the peritoneum is often perforated, and neighbouring organs are injured. Indeed, the region is so deep, and the canal is so narrow, barely admitting the little finger, that manipulation is attended with much uncertainty, which should be considered, as well as the very unpromising character of the result. Dr. Bigelow had never seen a successful case. As to *imperforate anus*, he could only speak of one case, in which the tendency to contraction after dilatation was such as to render the life of the little child miserable. Defecation was always attended with pain, and the constant use of the bougie, and repeated scarification were necessary. He believed that in the present state of art, it is better that a child born with either of these imperfections should die without this operation, although it must occasionally be performed in deference to established opinion.

Dr. Jackson spoke of the liability to error on the part of the surgeon in operating, and the slight chance of ultimate success of the operation under the most favourable circumstances. In one case the rectum was transfixed, the instrument passing through its wall into the peritoneal cavity. In another, the instrument passed up by the side of the rectum without penetrating it. In a third a free opening was made into the vagina. He mentioned still a fourth, where the instrument did not enter the rectum, and probably passed into the cavity of the peritoneum. With regard to the comparative frequency of cases of imperforate rectum and imperforate anus, his own record showed the number of each to be not far from equal. In remarking upon the prognosis, he alluded to the frequency in the case of females of an opening from the intestine into the vagina, the latter serving as a channel for fecal matters. In a case mentioned to him by Dr. Mussey, the patient was still living, aged 20, in whom such opening existed. In males an opening is sometimes found from the rectum into the membranous portion of the urethra, as in a case reported by Dr. York. In this case the opening made by the operation healed, and the fecal matters found their way again by the urethra. The child lived about twenty months; the opening into the urethra was about the size of a common bougie. Dr. Cabot stated that he had never known the operation prove ultimately successful; and Dr. Jackson added that Dr. J. C. Warren had told him, some years since, that he did not remember a single successful case. Dr. Walker had mentioned to him one that had succeeded.—*Boston Medical Journal*, vol. lvii. p. 240.

### EXCERPTA MINORA.

*Dislocation of the first Phalanx of the Thumb on the metacarpus.*—Dr. Cutter thus describes a mode of reduction which has several times been put into force by Dr. Crosby, after various other plans had failed:—"I placed the patient in a chair, and took another by his side, both of us facing the same way. An assistant sat behind us to hold the boy's (eight years old) elbow fixed. I then took hold of the metacarpal bone (of the thumb of the left hand) with my right hand, my forefinger passing between his thumb and forefinger, and my thumb resting on the top of the metacarpal bone, with its end touching the dislocated end of the phalanx. With my left hand I tipped the phalanx back, until it stood perpendicularly on the metacarpal bone; then pressing the phalanx forward by the end of my thumb, it was readily carried by flexion into place."—*Boston Journal*, vol. lvii. p. 174.

*Sore Nipples.*—A correspondent of known experience and judgment strongly recommends equal parts, by weight, of glycerine and tannin as the best application for sore nipples. It is also an excellent remedy for chaps and excoriations of

other parts. The tannin dissolves readily in the glycerine.—*Ibid.* p. 187.

**Ossaceous Union of Teeth.**—The editor of the *American Journal of Dental Science* observes, that he has frequently seen examples of ossaceous union of teeth, but that the most remarkable specimen was recently presented to him. "It is a dens sapientie and a small supernumerary tooth. The side of the crown of the latter is united to the grinding surface of the crown of the former; the root of the supernumerary pointing backwards and upwards. The last-mentioned tooth must have been developed from a sac given off from the coronal portion of the sac of the wisdom tooth, and a union of the enamel membrane of the two teeth must have taken place previous to the deposition of earthy salts in the cells of the enamel fibres."—*Ibid.* p. 208.

**Treatment of the Drowned.**—Dr. Cornstock is surprised in the recent discussions on this subject no mention has been made of applications to the nose. In one of the instances of longest submersion on record, the first signs of recovery followed the pouring  $3\frac{1}{2}$  of sp. ammon. aromat. into the nostrils, and thrusting a feather dipped in ammonia as far as it would go. Dr. Wistar declared that the most successful treatment consisted in stimulating enemata, suppositories of mustard and red pepper, and a plaister of these substances applied to the anus and perineum. He believed that life lingered longest in this part of the body.—*Ibid.* p. 254.

**Delivery impeded by Enlarged Fetal Kidneys.**—M. Chevance relates a highly interesting case in which delivery was accomplished only after eventration, on account of great hypertrophy of both fetal kidneys. The pelvis was normal, and the child was premature; but the kidneys together weighed 250 drachms, while the rest of the body weighed only 612 drachms.—*Union Méd.* 1857, No. 89.

**Ice in Intestinal Obstruction.**—Mr. O. Masson relates two additional examples of the efficacy of this. Referring to his thesis of 1857 for an account of the mechanism, varieties, and diagnosis of internal intestinal obstruction, he here confines himself to a statement of the great benefit derivable from its treatment by ice. This is to be applied to the abdomen, administered as iced water as clysters, and given the patient to drink. A hoop is placed above the abdomen of the patient, and to this is suspended a large caoutchouc bladder, capable of covering the whole surface of the abdomen. If a sufficiently large bladder cannot be obtained, several smaller ones, or several small common bladders, should be substituted. Into the bladder morsels of ice are placed, and are, as soon as melted, replaced by others. The clyster of iced water is to be given three times daily. The general condition must determine how long this practice may be persevered in. In one of these cases relief was obtained thirty-six hours after regular use of the ice, and in the other only after four days.—*Bull. de Thérap.* tome lli. pp. 345—353.

## GENERAL CORRESPONDENCE.

### A NEW METHOD OF TREATING ASPHYXIA.

[To the Editor of the Medical Times and Gazette.]

SIR,—In a former number of your Journal, (No. 385, Nov. 7, 1857,) I described in a concise manner a new method of inducing respiration in cases of asphyxia, and instituted a comparison between it and Dr. Marshall Hall's plan, both with regard to the principles and practice. I also stated some of the advantages which my method appears to possess over the various measures heretofore employed for the restoration of persons apparently dead from apnoea. I subsequently, in No. 387, November 28, 1857, by way of illustration, brought forward the case of a child still-born restored to animation by the method there recommended. I now propose to give you briefly the results of some experiments on the dead body, which were undertaken with the view of elucidating the subject of artificial respiration.

The apparatus employed was very simple, and consisted of three tubes: one of glass, to be passed into the trachea; another a bent barometer tube, graduated; and these two connected by a piece of India-rubber tubing.

The following was the mode of using the apparatus:—

The glass tube was passed through an aperture made in the

trachea, and firmly secured in its place by a ligature. A small quantity of coloured spirit was poured into the bent barometer tube, which was retained in an upright position on a level surface by an assistant who carefully noted the height of the column of fluid.

Trials were made on persons of both sexes, and of ages ranging from a few weeks to fifty-four years; and at a length of time after death which varied from one hour and a half to two days.

The object of the first experiment was to determine what would be the effect of pressure upon the front of the chest by the hand alone.

The body was placed on its back supported by a small pillow or folded article of dress, the head resting on its side.

Pressure being applied, the fluid in the bent tube immediately rose (see fig. 1), and when the pressure of the hand was removed, the fluid fell slowly to its previous level, proving—

1stly. That air had been expelled from the lungs;

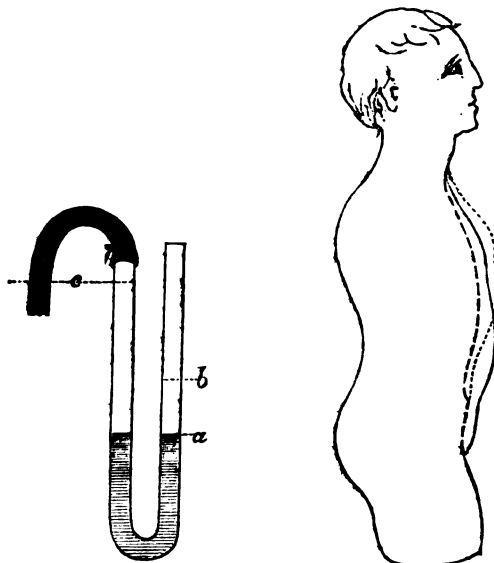
2ndly. That it returned, though slowly, in consequence of the feeble elasticity of the chest.

3rdly. That the actual capacity of the chest was not increased by this mode of procedure.

The second experiment was to ascertain the influence of the *Postural Method*.

FIG. 1.

FIG. 2.



a. Natural level of fluid. & Height to which fluid rose by pressure on the chest. c. Point to which the fluid receded in the first leg of the instrument by the drawing of air into the lungs when the chest was expanded by my method.

Continuous line represents the ordinary state of the chest. Broken line represents the depression of the chest under pressure. Dotted line represents the enlargement of the chest, produced by the forced action of the muscles of inspiration. The space between the continuous line and the broken line indicates the extent of respiratory movements in the postural method. The space between the dotted line and the broken line indicates the extent of respiratory movements in my method.

The subject being placed upon the face, the fluid rose in the bent tube as in the first experiment; and on turning the body (a) on the side, and a little beyond the column of fluid fell slowly to its former level.

The result of these two experiments exactly corresponds, proving that air can be expelled from the lung, whether by pressure of the hand, or by the altered position of the body, and that the air returns into the chest by means of the elasticity of the parietes, although this is effected but feebly.

It is obvious that by this method the actual capacity of the chest is not enlarged.

(a) The body must not be turned into the prone position by means of the arms, as in that case the chest would be expanded.

The third experiment was for the purpose of testing on the dead body the method which I venture to lay before the Profession.

The position of the subject was the same as in the first experiment, viz., supine, with the head resting on its side. The height of the column of fluid being carefully noted, the arms of the patient were extended upwards and outwards by the side of the head, so as to raise the shoulders and put the pectorals on the stretch, elevate the ribs, and consequently open the chest. The fluid in the bent tube rapidly fell. The shoulders and arms were then pressed down upon the sides of the chest, and immediately the fluid rose up as much above its usual level as it did in the foregoing experiments, demonstrating—

1stly. That the actual capacity of the chest was increased, and air drawn into the lungs by the constrained action of the muscles of respiration upon the moveable walls of the thorax.

2ndly. That expiration was produced by pressing the arms and shoulders down upon the chest.

I am, &c.

HENRY R. SILVESTER, B.A. M.D. Lond.  
High-street, Clapham, Jan. 8, 1858.

### RAPID DELIVERY.

[To the Editor of the Medical Times and Gazette.]

SIR,—Should you think the following case of any value in a medico-legal point of view, perhaps you will find a place for its insertion in your columns.

On the 1st ult. I was requested to attend a labour, some four miles distant. On arriving at my destination, I found that the case was a primipara, and that labour had been progressing for some three hours; but about half an hour previous to my arrival the membranes had ruptured, followed by an ordinary pain, and that no further pains had been felt. I waited in the room some ten minutes, but finding no pains present, I set it down as one of those cases in which the membranes rupture early, and a lingering labour ensues; and finding that an examination per vaginam was objected to at present, I directed that I should be called as soon as labour again commenced, and advising, if she found it practicable, that she should walk gently about, supported by the nurse.

I had hardly made myself comfortable in the parlour, before I was hastily summoned up stairs, and was informed by the nurse that "baby was born."

It appears that at her last pain, now some forty minutes ago, she "felt something come away," and the nurse fancied she "heard a baby cry," but no notice was taken of either circumstance, the completion of the labour not being expected so soon. The child was to all appearance dead, but I deemed it advisable to try every measure for its restoration, and did so for half an hour, but without avail.

I may add that the person was a respectable farmer's wife, and great was her grief when she found the position of affairs.

Should the like case have happened to one of the class of "unfortunates," I will leave your readers to draw their own conclusions as to the apparently "suspicious circumstances of the case."

I am, &c.

ARTHUR WIGLESWORTH.

Blakeney, Gloucestershire,  
Feb. 1, 1858.

### POST-PARTUM HÆMORRHAGE.

[To the Editor of the Medical Times and Gazette.]

SIR,—In some of your recent numbers I have read with interest letters from correspondents on a subject of the greatest possible practical importance, viz. Post-partum Hæmorrhage. In the year 1840, I adopted a mode of treatment which in seconds, rather than minutes, answered every indication, and more than realized my most sanguine expectations. As this has been tested now by upwards of seventeen years' experience, not confined to my own practice, but shared by the majority of practitioners with whom I have come in contact during that time, I give it to the Profession with confidence, as an unfailing remedy.

It consists of an injection into the rectum of 4oz. of turpentine, 4oz. of cold water, and a handful of common salt, forcibly retained by means of a folded napkin firmly pressed against the anus, until violent bearing down or tenesmus, is induced. The object is, *first*, to produce continuous reflex action; an action that will last sufficiently long to prevent all risk from relaxation of the womb, since the bearing down of the gut will be necessarily accompanied by the contraction of the womb. *Secondly*, as turpentine, by its stimulating properties, acts as a powerful restorative to the whole system, it becomes a matter of the greatest importance in the selection of the agent chosen for the purpose of inducing reflex action, to make use of one possessing such properties. *Thirdly*, the anti-hæmorrhagic properties of turpentine may possibly also prove useful. Want of time prevents my entering into the subject as fully as I should have wished to do; but if you will oblige me by the immediate insertion of this, I shall take an early opportunity of supplying you with the particulars of my first case, in which all the ordinary known remedies had failed, and my reasons for adopting the practice mentioned.

I am, &c.

Carlisle, Feb. 2nd, 1858.

THOMAS ELLIOT, M.R.C.S.L.

### THE NARCOTIC PRINCIPLES OF THE "NATIONAL REVIEW."

[To the Editor of the Medical Times and Gazette.]

SIR,—Last week you quoted from the *National Review* a paragraph about narcotics, which could, as I presume, only have been written under narcotic agency. I like the *National Review*, in its own department, but like a sprightly barnacle in the Royal Society, I fear it to be an exquisite fish out of water, when it endeavours to connect the "metaphysical" nothing with the physiological laws, the demonstrable. I know of no positive facts about the effects of Hashish, or thorn-apple, but I ask for the proof that Siberian fungus, by which is meant, I suppose, the *Amanita Muscaria*, produces insensibility to pain without interfering with consciousness. So I do not wonder at the (?) with which you embellished the assertion. I know once a gentleman who had seen a great many people affected with the *Amanita Muscaria*, and the impression on his mind was, that he had never witnessed such profound or heavy drunkenness from any alcoholic drink. The effect of the common puff-ball, as a narcotic, were first described by myself; I have used it more than any other experimentalist, and I am, probably, the only man who has been under its influence. But that "the common puff-ball stops all muscular action, without interfering with consciousness," is to me a novelty with which it would be pleasant to be better acquainted.

How *Cocculus indicus* affects the human subject I cannot say; any way, it makes animals profoundly intoxicated. But whether a dumb animal, dead drunk, is as intellectual as in more sober moments, remains an open question.

The discovery that cocoa has "the wonderful power of sustaining muscular strength in the absence of food, and of preventing the wasting of the tissues of the body during the most prolonged exertion," is an acute and remarkable observation. But is it not overstrained, and might not exertion be carried too far even for cocoa? Take for instance the feat of walking a thousand miles in a thousand hours.

I do not wish to carry the opposition argument further, except to state, that it is not the general rule that "tobacco suspends mental activity," or that "opium increases it a thousandfold." To some men tobacco gives great activity of thought; to others opium, in any dose, and at any time, is a stupifier. In excess, the effects of the two narcotics are essentially the same.

I am, &c.

B. W. RICHARDSON.

12, Hinde-street, Feb. 3, 1858.

**CITY LUNATIC ASYLUM.**—At a special Court of Common Council, Mr. W. Cox brought up the report of the Local and Finance Committee respecting the proposed Lunatic Asylum for the city of London. The report of the Committee stated that, assuming accommodation would be required for 200 patients, the cost would be about £50,000; and the Committee recommended that the amount should be raised by a county rate. The report was adopted.



## REPORTS OF SOCIETIES.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 26, 1858.

Sir C. Locock, M.D., President, in the chair.

A paper by Mr. HAYNES WALTON was then read.

## VASCULAR TUMOUR IN THE ORBIT, OF MANY YEARS' STANDING,

AND LATTERLY PRODUCING THREATENING SYMPTOMS, SUCCESSFULLY TREATED BY THE INJECTION OF TANNIC ACID.

A lady, twenty years of age, was sent to Mr. Walton by Mr. Square, of Plymouth, in 1856, on account of a vascular growth in the left orbit. The eyeball was prominent, and turned slightly upwards and outwards, restricted in motion, and incapable of being directed inwards. The lower eyelid bulged, and was slightly discoloured, especially towards the nose. By turning down the tarsal margin, there was exposed a growth, having the appearance of a congeries of veins attached to the eyeball, and which was evidently only a part of a larger mass. Pressure emptied it, the act producing pain, and re-distension took place very slowly. The chief subjective symptoms were, pain on the slightest exertion, and in extremes of temperature and during the catamenia; inability to lie down, in consequence of unpleasant sensations in the orbit and head; vision nearly extinct. The affection was congenital. Very soon after birth, slight swelling of the lower eyelid was discovered. At the age of thirteen it attracted attention generally, and besides being larger, there was a bluish tint of the integument. Reading or writing for some hours always caused temporary enlargement, and heightened the colour. Mr. Walton diagnosed the tumour to consist chiefly of dilated and tortuous veins, and came to the conclusion that it was limited to the anterior and inner part of the orbit, and did not pass posteriorly. He resolved to treat it by the method of injection, and sought for an agent which might be safely used. Some experiments with the perchloride of iron caused him to reject it as unsuitable, from the tendency of the free acid which it contains to produce sloughing, or at least severe local action—a result to be avoided in such a situation. Ultimately, he determined to employ tannic acid, as an agent not possessing caustic properties, and one readily producing coagulation of the blood. A strong solution of this substance was thrown in with a syringe. There was rapid cessation of the hæmorrhage which followed the preliminary puncture, and the solidity of the tumour showed the extent of the coagulating action. Considerable swelling of the eyelid and chemosis of the conjunctiva ensued, accompanied with local pain and slight constitutional disturbance, but this was of short duration. A slight incision deemed necessary in the tumour was in a day or two followed by a dark brown discharge. Later an abscess formed under the lower eyelid, and was evacuated by an external incision. The eyelid was long paralysed, but ultimately the movement completely returned. The discharge from the tumour continued for many weeks, varying in quantity, and several times pain and local irritation preceded the escape of fibrinous clots; and twice a small cretaceous mass was discharged. When the patient left town, just three months after the commencement of the treatment, there was no longer any secretion from the seat of the disease or the abscess, and all trace of the tumour had long disappeared. The eyeball had fallen back nearly to the natural plane, although all its movements were not perfect. It could be directed downwards and outwards naturally, but not turned fully inwards, nor could it be raised to more than half its proper extent.

Mr. DIXON asked Mr. Walton whether he thought the termination of the case bore out the superiority of tannic acid over other injections. It appeared that inflammation, and subsequently the formation of abscess, followed the injection, very much as in the case of alum and other solutions.

Mr. ROBERT TAYLOR said he had seen the case described by the author, and could state that the inflammation was never at any period so excessive as to require surgical interference, or to endanger in the least degree the safety of the eyeball. The result had shown that nothing could be more

satisfactory than the method employed. From what he had seen of the case, he was induced to adopt the same method in a case that came under his own care early last summer. He injected half a drachm of saturated solution of tannin, and the result was, sufficient inflammation to consolidate the globe, and to check the progress of the disease without endangering the parts.

Mr. SPENCER WELLS said, the author objected to the use of perchloride of iron, because it produced too speedy coagulation of the blood. That altogether depended upon the strength of the solution. If the solution was of the specific gravity of 45, according to the French *aréomètre*, coagulation took place almost immediately; but if the specific gravity was from 20 to 30, the coagulation would take from ten to fifteen seconds, allowing sufficient time for the fluid to pass along the canula before the coagulation took place. He had found that in passing an ordinary trochar and canula into the tumour, and then affixing a syringe containing the solution, coagulation was apt to take place in the canula. To avoid that, Mr. Blaise had modified the French instrument, making the canula sufficiently sharp and hard to act as a needle. There was a screw piston, and the syringe was made of glass and graduated. The piston could be screwed down till the needle canula was quite full, it was then passed into the tumour, and by turning the handle, as many drops as were required could be injected, without the fear of any retardation in the canula. He had used the instrument in several cases with beneficial results. In one case, which he believed was an encephaloid tumour of the ilium, he injected ten drops in four different punctures, and the result was very successful, the growth having been entirely arrested, and the tumour converted into a hard, painless, moveable tumour, which was diminishing in size. In other cases of *nævi* and *varix* he had employed the same means successfully.

Mr. HULKE said, he had made several experiments with perchloride of iron, according to the French formula, and had never found any difficulty arising from the coagulation of the blood in the canula. He had injected the solution into the circulation of dogs, and the result was, that the blood very speedily coagulated, and death immediately ensued. During the last year he had seen four cases of venous *nævi* on the eyelids, three of which were treated with perchloride of iron, not in the way of an injection, but by dipping a piece of silk in the solution, and passing it through as a seton. A little suppuration was excited in the track of the thread, but on the second or third day the whole growth became solid, and no unpleasant effects were produced.

Mr. CHARLES HAWKINS recommended the introduction of a probe coated with nitrate of silver, and mentioned a case of *nævus* in which that method had been successfully adopted, the probe having been introduced at different times in different parts of the tumour, which ultimately disappeared.

Mr. WALTON, having briefly replied,

A paper by Dr. ROBERT LEE was then read.

## ON THE MEMBRANA DECIDUA WHICH SURROUNDS THE OVUM IN CASES OF TUBAL GESTATION.

The author commenced this communication by citing various authorities to prove that the common opinion from the days of William Hunter to the present time was that the decidua, or outer surface of the secundines, belong to the uterus, and not to the ovary, or that part of the conception that is brought down from the ovary; and that in cases of extra-uterine pregnancy, a deciduous membrane was still to be found in the cavity of the uterus. But a case is recorded in the seventh volume of the *Medico-Chirurgical Transactions*, in which the uterus is stated to have been "considerably larger than we observe that organ to be in the unimpregnated state, even in women who have borne several children. On laying it open, the uterine vessels were observed to be very large but empty, and there was a great quantity of gelatinous matter in the cavity and neck of the uterus. When this was washed off, the internal surface of the viscus looked very vascular, having been highly injected; but there was not the least appearance of a decidua." A second case is recorded in the seventeenth volume of the *Medico-Chirurgical Transactions*, in which the author himself was surprised at finding that "no organized deciduous membrane lined the cavity of the uterus, but the whole of it was coated with a thin layer of albumen." This case occurred

in 1829, and the preparation was placed on the table of the Society in 1832; but until 1836, when another example of tubal gestation came under his observation, it does not appear that he made any attempt to determine whether the ovum in the Fallopian tube was surrounded by decidua. The two preparations were then examined together, and a description of the appearances observed was published in the *Medical Gazette* for 1839-40. These cases, with four others which have subsequently come under his observation, are the subject of the present communication. In Case 1, on opening the tube, and examining the different parts of the ovum, he found a deciduous membrane everywhere surrounding the chorion, and closely adhering to the inner surface of the tube, as the decidua usually does to the lining membrane of the uterus. Within the decidua, the chorion, amnion, and embryo were distinctly seen. The uterus was larger than natural, and there was no appearance of decidua lining its internal membrane. In Case 2, on carefully examining the ovum contained in the right Fallopian tube, it was evident that a deciduous membrane everywhere surrounded the chorion, and adhered to the inner surface of the tube. The placenta, which was situated at the extremity of the ovum nearest the uterus, was seen covered with the decidua, and coagula of the fibrine of the blood were traced from the interstices of the placenta through the decidua into veins in the thickened muscular coat of the tube. The uterus was considerably enlarged, and its inner surface was coated with a very thick layer of yellowish-white soft substance. There was no trace of any arterial or venous canal in this cavity. In the third case, the fetus had reached the age of six months, and was contained in a cyst which adhered to the omentum and intestines and to the surface of the uterus, and contained a great quantity of thin, fluid-like pus. The walls of the uterus were healthy, and the cavity empty. There was no decidua or substance of any kind coating its inner surface, but a decidua was attached to the placenta in the usual manner. In Case 4, the greater part of the ovum had been removed, but still the decidua reflexa could be very distinctly seen covering a considerable portion of the villi of the chorion. In the uterus was found a coating of considerable thickness, and of a yellowish-white colour, in which neither arteries nor veins could be traced. Case 5 is also one in which only a portion of the decidua was found in the tube. In Case 6, the substance lining the cavity of the uterus resembled the fibrine of the blood, and was of a red colour at its upper part; where it had been detached from the surface of the uterus, the lining membrane presented a perfectly natural appearance. The embryo was enclosed in the amnion, with the vesicula umbilicalis remarkably large. The cells of the placenta and the villi of the chorion were distended with coagulated blood, and surrounded by deciduous membrane. By a careful dissection subsequently made, the decidua was found to consist of placental decidua, decidua vera and reflexa, with a decidual cavity. An enumeration of the preparations in St. Bartholomew's and Guy's Hospital museums is appended, illustrating the pathology of Fallopian tube conception. In the former there are five examples, and of one of these the museum catalogue states that "the outermost membrane enclosing the fetus has all the character of decidua. Besides this membrane, the amnion and chorion are distinct; the fetus and umbilical cord are also perfect." In the opinion of the author, there can be no doubt that a decidua surrounds the ovum; and though none of the other preparations have been dissected with the view of ascertaining the point, yet in all the separation of the ovum from the inner surface of the tube has been carried to an extent sufficient to enable us to demonstrate the fact. There are thirteen preparations in Guy's Hospital museum. The author was permitted by Dr. Wilks, the conservator of the museum, to make a minute examination of the ovum in one of these, which had escaped entire through a rent in the Fallopian tube. He had the satisfaction not only to discover the vesicula umbilicalis, but to see the chorion completely surrounded by decidua, as in the case described at the early part of this communication. There can be no doubt that if the ova in these preparations were submitted to a similar examination, a decidua would be found in all, surrounding the ovum in the Fallopian tube. He did not wish to express an opinion on the nature of the membrane or substance found coating the inner surface of the uterus in the greater number of these preparations, which has been almost

universally considered to be decidua since the days of Dr. William Hunter, although no blood-vessels in it have been discovered. His great object was to demonstrate the existence of a decidua around the ovum in cases of tubal gestation.

Dr. JOHN CLARKE called the attention of the Society to one of the preparations of Fallopian-tube gestation laid upon the table. The uterus, he said, was laid open, exhibiting, as he thought, a true deciduous membrane—not the membrane that was thought formerly to be formed by lymph poured out, but (as understood of late years) the inner membrane lining the uterus, and presenting a peculiar tubular appearance. In the neck of the uterus there was the usual secretion in the glands. It was quite clear that in the Fallopian-tube there was no appearance of a strictly speaking deciduous membrane; there was nothing but the fetus, the amnion and the chorion lying against the inner coat of the tube. He did not venture to state, however, that in no case was a deciduous membrane formed round the ovum in Fallopian tube gestation; but he regarded the cases in which there was such a membrane as indicating an effort of nature to accommodate the part to a new function, which it was not originally intended to perform. The ovum had escaped from the ovarium, and lodged in the tube. Nature did not set up the inflammation, as in cases where foreign bodies existed; for this was not, strictly speaking, a foreign body, but a living body, intended by nature to be matured and brought into the world, and she accommodated, as far as possible, the tube to the purposes of the uterus; and accordingly there was a certain membrane thrown out somewhat resembling a deciduous membrane, but, as appeared upon close microscopical observation, totally differing from the decidua in the uterus, having, however, certainly the function for a short time of sustaining the life of the ovum. The preparations exhibited did not appear to him (Dr. Clarke) to support the views of the author, since in almost all of them there was a deciduous membrane in the uterus, whether called lymph or shreds; and in those cases where it was not found the uterus was large, and there was some statement of uterine action, followed by the discharge of a membrane or fluid; and it was but reasonable to suppose that in those cases the deciduous membrane might have escaped.

Dr. TYLUS SMITH said he did not know that any previous observer had collected so many cases of extra-uterine gestation, with a view to point out the existence of decidua, or a membrane like it in the tube, as the author; but the fact he believed to be more generally known than Dr. Lee appeared to suppose. In 1856, he (Dr. Smith) published a systematic course of lectures on midwifery, and his observations were in their purport exactly similar to those of Dr. Lee, namely, that in the cases under consideration, a decidua, or a membrane similar to it, was found in the Fallopian tube, and that generally, but not always, a decidua was found in the uterus. When the ovum became attached to the lining of the tube, there was no difficulty in supposing that the mucous membrane in that situation would, as far as its organization allowed, behave as the mucous membrane of the uterus would have behaved if the ovum had passed through the tube, and attached itself to the uterus.

The PRESIDENT said he remembered many years ago, when a student in Edinburgh, being at the Queensborough Hospital, when Mr. Syme was in the act of opening the body of a young woman who had died of small-pox. In the operation there was discovered what at first sight appeared to be a cyst, at the edge of the pelvis, which it turned out to be a case of extra-uterine gestation. He felt interested in examining the ovum; it appeared to be a transparent cyst with a neck attached to the Fallopian tube, and was floating above the brim of the pelvis amongst the intestines. It was opened carefully, and, most undoubtedly, there was neither a decidua to be seen, nor anything like it. There was simply the fetal part of the ovum, the two membranes that are always considered fetal membranes, and the regular coat of the Fallopian tube itself. The connecting neck was about an inch and a half long. On cutting into the uterus, he remembered Mr. Syme saying, "Here is Hunter's membrana decidua." It was not an organised membrane, since the ovum had never been there. In many cases mentioned by Dr. Lee, there was what was called a cribriform membrane, and even in his own cases there were remnants and appearances similar to those of a deciduous membrane in the state in which it would almost necessarily be if the ovum had never reached the uterus.

The explanation of the apparent difference in these cases was the gradation of pregnancy. In normal pregnancy Hunter's theory was no doubt right; but in extra-uterine foetation a membrane was formed, which was never properly developed because it was not required. The case was considered to be something like that of menstruation, which some believed to be nothing but imperfect or disappointed pregnancy. In Hooper's Morbid Anatomy there was a representation of the interior of the uterus of a woman who died accidentally during menstruation; and the condition of the lining membrane of the uterus was very similar to what was observed in the uterus when pregnancy occurred in the Fallopian tube. He concluded that that was the explanation: that when the ovum never reached the uterus the membrane in the uterus was never a perfect one; but at the same time the ovum would never go on to perfection without having a substitute for the membrane in the locality in which it was found—which substitute could scarcely be called a deciduous, but rather a fortuitous membrane.

## THE PATHOLOGICAL SOCIETY.

TUESDAY, JANUARY 19.

Dr. WATSON, President, in the chair.

(Concluded from page 146.)

Dr. BEALE, for Dr. EALING of Hereford, showed a specimen of

### IMPERFORATE RECTUM.

The infant had died of obstruction of the bowels when six days old. There was an opening at the anus into which the finger could be passed for an inch. An attempt had been made during life to enter the bowel with the finger, but although the extremity of the pouch was easily perforated no meconium was obtained. At the autopsy the rectum was found distended with meconium, and placed a little above the extremity of the anal pouch. The finger had passed by the side, but had not entered the bowel. The calibre of the gut was wholly obliterated, and the intestine at the part converted into a fibrous band.

Mr. BALLARD exhibited a specimen from a case of

### TUBERCULOUS ABSCESS OF THE ANTERIOR MEDIASTINUM BURSTING INTO THE TRACHEA.

This specimen was from an infant, aged 5½ months at the time of his death, the offspring of a phthisical father, the mother being apparently healthy. From two months old he was noticed to have a slight husky cough, for which, at the age of three months, an application was made to his throat with a sponge probang on two occasions, immediately after the last of which symptoms of croup came on; he was then placed under the care of a homœopathic practitioner during three weeks, without any relief to the symptoms. Mr. Ballard saw him first on Nov. 7, suffering with impeded respiration, hoarseness, and sonorous cough, but no mucus in the throat. Leeches, antimony, and calomel were carefully employed for a short time, but with only partial relief. The symptoms continuing after a month, the propriety of performing tracheotomy was well considered, but the idea abandoned by the advice of Dr. Fuller, who suggested that there was a tumour pressing on the lower part of the trachea. Three weeks before death, and on several subsequent occasions a little purulent fluid was coughed up. He continued to suffer much distress until January 1, when he died rather suddenly.

Post-mortem examination showed in the anterior mediastinum a mass of tuberculous glands, and an abscess, the size of a pigeon's egg, containing softened tuberculous matter, which communicated with the trachea, through its anterior wall, by a ragged opening half an inch in length, the mucous membrane around and above for some distance being much ulcerated. The larynx and the tracheal mucous membrane below it, for the space of more than an inch, appeared quite healthy. The pharynx contained a good deal of purulent fluid, such as was found in the cavity of the abscess. Both lungs were entirely studded with masses of tubercle; the pleura on the right side were adherent. The right side of the heart was distended with dark, semi-coagulated blood, thus confirming the suspicion that the child died of asphyxia, caused by a large quantity of the contents of the abscess being discharged into the trachea.

Mr. CALLENDER showed specimens from a case of

### PERFORATION OF THE SEPTUM VENTRICULORUM.

This specimen was removed from the body of a man, aged 36, who died a few hours after his admission into one of the wards of St. Bartholomew's Hospital. The heart was enlarged from simple dilatation of all its cavities. Just below the aortic valve a circular opening penetrated the septum. Its edges were sharply defined, except that some fringe-like portions of fibrin projected from its upper margin. The endocardium around was thickened. Upon its right side a mass of decolorised fibrin formed for it a valve-like covering, so as to prevent the passage of fluid from the right into the left ventricle. There was a good deal of thickening about the aortic valve, which consisted of only two cusps, evidently of long standing. One of the tertiary branches of the left pulmonary artery was occupied, at its bifurcation, by a globular mass of fibrin. This had been subjected to the action of the blood. Its interior had been hollowed out, and the remaining shell had become dilated, with yielding of the surrounding structures. Beyond this point two other clots were seen. Through one of them the blood seemed to be boring for itself a channel. Had this process been continued, the perforation might have been completed, and the canal restored, narrowed, of course, by such remainder of the coagulum as might still cling to the arterial wall. The remaining clot, round, solid, and, like the others, decolorised, had not been influenced since its first lodgement by the action of the blood. The pulmonary lobules with which this occluded artery communicated were in a state of gangrene. The other organs, with the exception of considerable venous congestion, presented a natural appearance. It seemed not improbable that the perforation of the septum had resulted from endocardial disease, and the appearances noticed in the left lung from the separation of portions of fibrin from the mass which covered the opening thus determined.

TUESDAY, FEB. 2, 1858.

Dr. WATSON, President, in the Chair.

Mr. CALLENDER exhibited a specimen of

### TUMOUR OF THE BRAIN.

In the anterior portion of the right hemisphere was a mass of medullary cancer. No other malignant disease was found in the body. The membranes of the brain were extensively adherent. The subject of the disease was a man, aged 47, who had died after a six months' illness. He had been throughout that time liable to frequent convulsive seizures affecting the left side of the body.

Dr. FULLER next brought before the Society a specimen of

### LARGE FIBRINOUS CLOT IN THE RIGHT VENTRICLE.

A man, aged 19, had for long been subject to chronic bronchitis, often attended by much dyspnoea. When admitted his orthopnoea and lividity were extreme, but these symptoms were mitigated after a few days' treatment. Subsequently, however, he relapsed, became insensible, and so died. At the autopsy in the right ventricle was found an enormous fibrinous clot, which distended every part of it. The centre of this clot had softened, and resembled pus. The lungs showed the effects of chronic bronchitis, but there was nothing in them to account for death. Dr. Fuller was inclined to attribute death to the clot, which had evidently existed for some time.

The President remarked, that it was difficult to explain how these clots could occasion sudden death. He had often seen similar ones, but of smaller size.

Dr. BUISTOWS observed that he had himself, in a volume of the Society's Transactions, published a series of examples of the formation of clots in the heart. It was a mistake to say that they were most frequent in the right ventricle. He had found them in all the cavities, and he thought with almost equal frequency on either side. He also had not found that they caused sudden death. Usually they were found in cases in which the patients had been long in dying; often when a recovery from an almost dying state had taken place a few days before the event.

Dr. QUAIN would remind the Society that Mr. Gulliver had long ago decided, after an extended series of observations, that these softened portions of clots never contained true pus. Dr. FULLER also showed

#### FIBRINOUS EXUDATION FROM A CASE OF DIPHTHERITE.

The child, aged 9, had been suddenly attacked by acute inflammatory symptoms. The tonsils and pharynx were covered by a creamy exudation. Her paroxysms of dyspnoea were extreme, and she was expected to die. In one of the most violent, however, she expectorated the cast exhibited, which had evidently been modelled on the whole pharynx. It measured four inches in length, and was a wide cylinder capable of admitting four fingers. After this most complete relief followed. A bright scarlet rash which had hitherto existed at once disappeared. A rapid recovery ensued. In answer to a question from Mr. Hutchinson, Dr. Fuller stated that the chlorate of potash was not used throughout the case.

Dr. OGLE showed a

#### POUCH CONNECTED WITH THE MITRAL VALVE.

One curtain of the mitral valve was perforated, and the opening was blocked up by a pouch, which had apparently been constructed from the fibrin of the blood.

Dr. OGLE also showed a

#### MUSCULAR CORD IN THE MITRAL VALVE.

One of the chordæ tendinæ was replaced by well characterised muscular tissue. Dr. Ogle had never noticed a similar condition. Both these specimens were illustrated by excellent drawings.

Mr. THOMAS SMITH showed two specimens of

#### ABSCESS IN FATTY TUMOURS.

One, a large one, had been removed from the thigh of a lady about a year after the abscess had occurred. The suppuration had been considerable, and had been evacuated externally. At the time of excision the line of cicatrix through the middle of the tumour was distinctly seen.

Dr. COCKLE showed a preparation of

#### AN ANEURISM OF THE AORTA.

The patient, a man aged 60, had suffered much dysphagia from the pressure of the tumour on the œsophagus. The sac was very large and almost filled with clot. For three days before death there had been no pulsation in the left radial. A pulsating tumour had been noticed during life between the second and third left cartilages. Mortification of the nose had commenced a few days before death, and was rapidly spreading.

Mr. HULME showed an

#### EYE-BALL AFFECTED BY MALIGNANT DISEASE.

A somewhat delicate child, in whose family no history of hereditary tendency to cancer could be made out. The child's health failing, it was determined to extirpate the globe. After removal, a growth of medullary cancer from the posterior part of the globe was found. The lens and cornea were quite transparent, but no trace of retina could be discovered.

### EPIDEMIOLOGICAL SOCIETY.

MONDAY, DECEMBER 7, 1857.

Dr. GREEN, in the Chair.

Dr. ODLING read a paper

#### ON THE DISTRICT MORTALITY OF LONDON.

The author calculated logarithmically the annual rate of increase of population in each of the 36 metropolitan districts, between the census of 1841 and that of 1851, according to the equation  $r = \sqrt{\frac{m}{p}}$ ; and presuming the same rate to have continued since 1851, ascertained the mean population of each district in the year 1856. The mean annual rate of increase was greatest in Islington, where it amounted to 5.62 per cent., and least in St. James's, Westminster, where it was estimated at 0.27 per cent. The mean of the entire metropolis was 1.94 per cent. The calculated population of St. Pancras in 1856 amounted to 189,337, and was greater than

that of any other district; while the population of Hampstead amounted only to 13,060, and was less than that of any other district. The density of population was greatest in the Strand district, which had 258 persons to an acre, and least in Lewisham, which had only 2.4 persons to an acre. The lowest mortality occurred in Camberwell, Lambeth, and Clerkenwell, where the death rates per 1000 were 18.57, 18.71, and 18.97 respectively; the highest in St. Olave, Southwark, Whitechapel, and Greenwich, where the death rates per 1000 were respectively 55.25, 26.60, and 25.58. The extremely high death rate of St. Olave, Southwark, was evidently due to its containing Guy's and St. Thomas's Hospitals. The mean mortality of the metropolis was represented by a death rate of 21.83 per 1000. From an examination of the entire results it appeared that no district having a high reputation for salubrity had a high death rate, but that several districts having had bad reputations enjoyed a comparatively low mortality, as instanced particularly in Lambeth, Bethnal Green, St. Luke, and Bermondsey. The death rate of any district did not appear to have any specific relation with its elevation or with its density of population. No calculation was made of the mean individual wealth of the residents in each district, and consequently no comparison of wealth with mortality, but it was observable that the poor parishes of Lambeth, Clerkenwell, Bethnal-green, and St. Luke had lower death rates than the rich neighbourhoods of St. George Hanover-square, St. Mary-le-bone, and St. Martin's-in-the-fields. Dr. Odling also made calculations of the death rates from epidemic disease, and of the proportions which these death rates bore to the general death rates. In his own parish of Lambeth, moreover, he ascertained that the entire death rate varied from 12.33 per 1000 in the Brixton subdistrict, comprising 17,506 inhabitants, to 21.69 per 1000 in the Lambeth Church subdistrict, comprising 18,390; and that in his eight subdistricts the total rate of mortality increased precisely as the proportion which the infant mortality bore to the entire mortality increased.

### EAST INDIA COMPANY'S SERVICE.

#### QUESTIONS PUT AT THE EXAMINATION FOR ASSISTANT-SURGEONS.

January 11 and 12, 1858.

##### ANATOMY AND PHYSIOLOGY—MR. BUSK.

1. Describe fully the structure, functions, and relations of the sympathetic system of nerves, noticing its minute anatomy.
2. A line being drawn from the symphysis of the lower jaw along the lower border of the ramus, another along the anterior border of the sterno-mastoid muscle, and a third from the symphysis of the lower jaw, to the upper border of the sternum in the mesial line; describe the parts contained within the triangle thus formed.
3. Enumerate the excrementitious substances met with in the human subject, and describe the sources whence they are derived, and the various modes in which they are eliminated from the system, noticing more particularly the chemical composition and character of urea, and the mode of procedure for its detection when present in the blood.
4. Describe the human blood and the changes it undergoes when removed from the course of circulation, both within and without the body, noticing the circumstances by which its coagulation is effected in either case respectively.
5. Describe the different regions into which the abdomen is divided, and enumerate the parts contained in each.
6. Describe the peculiarities of the mucous membrane in the different portions of the alimentary canal, commencing at the mouth.
7. Define the following terms:—Reflex action, centripetal impression, complementary nutrition, homologous organs or parts.

##### MEDICINE—DR. WALSH.

1. Describe the anatomical characters and mode of progress of circumscribed (or nodular) apoplexy of the lung. What are its symptoms and physical signs; and what the diseases of which it is a recognised effect?
2. What are the signs of enlarged spleen? Point out the

differences in the enlargement, according as it occurs in fevers, in leucœmia, and in organic diseases of the viscus itself.

3. Describe the course and symptoms of uncomplicated measles.

4. What are the premonitory symptoms, actual phenomena, and immediate sequels of an apoplectic seizure, depending on cerebral hæmorrhage?

5. Comment on the prognosis, immediate and remote in—(a) a first attack of rheumatic pericarditis; (b) acute morbus Brightii.

6. Enumerate the more striking characters of the urine in—(a) chronic pyelitis (inflammation of the mucous membrane of the infundibula and pelvis); (b) severe chorea; (c) chronic cystitis; (d) saccharine diabetes.

7. Give the symptoms, signs, modes of spontaneous termination, and diagnosis of abscess in the iliac fossa (unconnected with parturition.)

8. How would you treat—(a) congestive menorrhagia; (b) poisoning by corrosive sublimate; (c) eczema impetiginodes of an extremity; (d) angina pectoris? [Write prescriptions in Latin, without using abbreviations, for any two of the drugs you may recommend.]

#### SURGERY—MR. PAGET.

1. Describe hæmorrhoids, external and internal, in their ordinary and their inflamed states; and the plans of treatment, palliative and curative, appropriate for each kind. In this and other cases write prescriptions for whatever medicines you would recommend.

2. Describe the most frequent appearances of infantile syphilis, and the appropriate treatment.

3. Describe the scrofulous, or tuberculous, disease of the testicle, tracing it through its several stages, and state especially the characters by which you would distinguish it from syphilitic disease, common chronic inflammation, and gonorrhœal inflammation, of the same organ.

4. What are the principal points to which your attention would be directed in selecting a site for a general hospital? Would you, or would you not, in such an hospital, appropriate separate wards to cases of accidents, operations, and certain diseases? State reasons for whichever plan you would adopt.

5. What are the chief marks of distinction between gonorrhœal rheumatism and common rheumatism, and the chief consequences to which the former disease may lead?

6. Describe briefly the principal varieties of dislocation of the humerus, and the characters by which each may be distinguished from (1) fracture through the anatomical neck of the humerus; (2) fracture through the surgical neck; (3) fracture of any part of the scapula.

7. Describe a carbuncle in the several stages of its progress, when not subjected to any active local treatment.

8. What are the general and the minute characters of "fibrous tumours" of the uterus? What changes do they usually produce in the uterus when they grow (1) in the mid-substance of its walls; (2) near its cavity, at the fundus; (3) in or near the vaginal portion of the cervix? What is the corresponding disease in the male?

#### NATURAL HISTORY, &c.—DR. HOOKER.

Answer five or more of the following Questions.

1. Describe in general terms the structure and functions of leaves; in what respect are they analogous to those of bark.

2. Give examples of active principles being present in the bark and leaves of the same plants, but absent or rare in their other organs; upon what peculiarities of structure may this depend?

3. What are the principal modifications of inflorescence? Give examples.

4. What are the structure and functions of pollen; how is it developed, and how does it act on the ovule?

5. The term fruit includes different organs when applied to the apple, nut, plum, strawberry, pine-apple, and fig; what are the organs common to all, and what are peculiar to each of these?

6. What are sago, tapioca, arrow-root, tous-les-mois' manioc, and revalenta; what plants produce them, and how are they procured from those plants?

7. What are the milk, meat, shell, eyes, husk, and coir of the cocoa-nut? define them botanically.

8. What is diastase? give examples of its action during the

life of plants; and of its importance in an economic point of view.

9. What are the principal animal, vegetable, and mineral acids or irritants, and what their sources?

10. What are the principal oceanic currents; and how do any of them influence the climates of the great continents?

11. How do the climates of the east and west coasts of England differ; and what causes the differences?

12. How would you obtain a frigorific mixture artificially? How and under what circumstances may you be able to make ice when the temperature of the air is above 32°?

13. Describe in general terms an electrical machine and a galvanic battery, explaining the principles upon which they are constructed.

14. What are the general principles upon which the science of Geology is based?

15. Describe shortly the reproductive organs of birds, fish, insects, and arachnida.

16. What animals produce sponge, honey, coral, cuttle-fish bone?—and what are these several substances?

17. Describe in general terms the development of the feathers of a bird, the shells of a chelonian, mollusc, and crustacean, and the scales of a fish.

18. Define the terms archetype, vital action, organic function, absorption, assimilation, and sensation.

#### TESTIMONIAL TO DR. M'WILLIAM.

THE following are the speeches of Sir John Forbes and Dr. M'William at the meeting alluded to in a former column.

#### SIR JOHN FORBES'S ADDRESS.

DR. M'WILLIAM.—It is with the greatest pleasure I have accepted the honourable office of being the medium of conveying to you, from my brother Medical officers of the Navy, this splendid testimonial, which, in the words of the poet, may be said to be twice blessed,—honouring them that give, and him who receives. The inscription on this splendid salver concisely tells the story of the events closed by the present proceedings, noting briefly your merits, your noble exertions in the cause of your naval brethren, and the high and just sense of both entertained by them. Although the special cause for conferring the present honour as you is here stated to be your successful labours in the cause of Medical Reform, and especially in obtaining ward-room rank for the Assistant-Surgeons, it can be doubted by no one acquainted with the circumstances, that your previous distinguished exertions in the river Niger and in the Cape de Verd islands bore a part in exciting the feelings which have found issue in this precious gift. That passage of your life in the Niger, extra-professional no doubt, yet closely connected with our noble Profession as *preservative of life*, has always struck me as one of the noblest instances of civil heroism; and I cannot resist the temptation of re-stating it in the words in which it was recorded at the time in one of our Journals, by one of your admirers:—"There are few of our Readers but must remember the melancholy impression made on the public mind by the disastrous result of the expedition to the Niger, when this was made known in England through the newspapers. And none who remember this can forget that pathetic passage in the story, which represented the noble conduct of the Surgeon and Geologist of the expedition, when left alone, in the far recesses of the Niger, amid their heroic companions all stricken to death or to death-like helplessness by the fatal fever of the country. In this trying conjuncture, when the salvation of all on board depended on the speedy removal of the ship from her actual position, Dr. M'William took the navigation on himself, steering with his own hand and piloting the vessel through all the intricacies of the river, while his companion worked the engine below. There is something very affecting, we had almost said sublime, in the picture thus presented to the imagination of these two solitary men of science assuming offices so foreign to their past habits and knowledge, stripped of all exterior cognizance of their class, standing as humble workmen at the helm and furnace, toiling by day, watching by night, while the force of the stream and the paddles was sweeping their ill-fated bark, freighted with their dying or dead companions, through the manifold dangers of their unknown course. The author of the volume before us was the clear-headed and stout-hearted pilot who did this, the un-

doubted preserver of the ship and her surviving crew; and the slight and simple way in which he speaks of his own exertions strikingly illustrates the old truth, that the brave man is ever modest." (a) Such an action as this of itself claimed the highest testimonial, and I am proud of our Government (I believe I may give Lord John Russell the honour of the deed), that such a testimonial was conferred in the dignified and honourable appointment which you received in Her Majesty's Customs, which you still retain, and which we all wish you to live long to do honour to. Of the more special cause of the present testimonial, your labours in promoting the welfare and dignity of your brother officers on board ship in the navy, I can myself speak from personal knowledge, and can bear witness how warmly, how earnestly, how indefatigably, how long, and how successfully you conducted your noble agitation. And perhaps I am the better qualified to speak of this great triumph, from my having had personal knowledge—now, alas! fifty years since—of the evils which it has now at last remedied. But the best and most satisfactory proof of the value of this measure is afforded by the gratifying fact, that the candidates for Medical appointments in the Navy, since it was carried, have come to be numerous and abundant, while previously the state of things was the very reverse. These statements suffice to prove that the present is no idle ceremony, but that it is a tribute due to you as a benefactor of your brethren and of your country; and I do not doubt that the testimonial will be cherished by your descendants, the bearers of your name—some of whom I see here—long, long, as an heir-loom of honourable distinction. I am sure, in concluding, that I am only conveying the wishes and feelings of all present, and of all who have had a share in the production of this testimonial, when I express an earnest wish that you may be long spared for the good of your country, and the happiness of your amiable family.

#### DR. M'WILLIAM'S REPLY.

SIR JOHN FORBES.—I wish I had the power to give expression in a suitable manner to even a small part of what I feel at this moment. Never did the truth of the maxim, that "when the heart is most full of emotion, the tongue is then least obedient to its dictates," come home to me so forcibly as on the present occasion. And when I look upon this splendid testimonial—when I call to mind the circumstances under which it is presented—when I think of the man by whom I am thus honoured, I may well be excused if I fail adequately to convey to you my heartfelt thanks and gratitude for so high an appreciation of my humble services. You tell me, Sir, that these superb pieces of plate are presented to me by the Medical officers of the Royal Navy, in consideration of services which I have rendered in the cause of Naval Medical Reform; and this leads me, with your permission, to say a few words with reference to the efforts that were made in that direction, to the circumstances that influenced me in making them, and to those men without whose support and encouragement all efforts must have proved wholly unavailing. When I first entered the Naval service, nearly thirty years ago, I found prevailing among the Medical officers, more especially among the junior class, a very general dissatisfaction—a degree of dissatisfaction, indeed, which could not fail to be prejudicial to the interests of the public service. The Assistant-Surgeons complained, and they complained justly, that their position on board ship was not such as that to which they were entitled by their rank, their profession, the authority of an order in Council, and other claims. Respectful memorial, petition, and urgent remonstrance, although emanating from various and influential sources, long proved unavailing to produce the slightest concession to the claims of the Naval Medical officers; and it was not until the sitting of a Commission to inquire into naval and military promotion and retirement, in 1839-40, that a bright spot appeared through the heavy cloud that hung over the prospects of the department. The Commissioners instituted the inspectorial rank in the service, and conferred other benefits upon the Medical officers, by which they became entitled to the gratitude and thanks of the whole department. They recommended the assimilation of the Naval Medical officers in rank and in title with the officers of the Army Medical Department; but, as is too well known, the recommendation has never been properly carried out, as to this hour the naval

inspectorial grade are assigned a rank inferior to that of their brethren in the sister service. This ought not to be, and surely cannot much longer be allowed to exist. As to the Assistant-Surgeons, the Commissioners never questioned the propriety or expediency of admitting them to ward-room privileges, but they could not see their way by which the desirable improvement could be effected. In their report they stated that, "There were practical difficulties in the way of making any arrangement which could accomplish this in a satisfactory and uniform manner in all classes of ships." Some time in the year 1846, I learnt from various sources that the grievances of the Assistant-Surgeons had again been much talked of on the foreign as well as on the home naval stations. I ascertained that on one of those stations certain men, pre-eminent in the fleet and in the service for their talents and judgment, as well as for their attachment in other respects to the service—men whose general and professional character placed them far beyond the suspicion of being actuated by the love of notoriety, or of agitating for mere agitation-sake,—had felt their position so keenly, that they had resolved to leave the Service unless redress were obtained. As types of the class of men of whom I am speaking, I may mention, as then on a foreign station, Dr. Fred. James Brown, now the Consulting Physician and Surgeon of Chatham; and at the time I speak of as attached to the Home station Dr. Andrew Clark, now one of the Physicians of the London Hospital, and distinguished not only as an accomplished Physician, but as a diligent, able, and successful original inquirer. Any one at all conversant with the Service, and interested in its welfare, could not fail to perceive the amount of danger and injury impending over the Medical department by the prevalence of discontent among such a class of men. I therefore felt it a duty, in reply to some statements made by a Lord of the Admiralty in the House of Commons, which appeared to me to be erroneous, and calculated much to add to the existing dissatisfaction, to address a letter, with my name appended, to the editor of the *Morning Herald*, in which I stated respectfully, and I believe in words free from offence to any one, my views of the whole question. I have good reason to know that the views then taken by me were in harmony with those of every Medical officer in the service, and they have never, so far as I am aware, been impugned by any officer of the other branches of the service. I conscientiously can declare that I was working, as I conceived, for the public good, and that my sole object was to prevent the ruin of the Naval Medical Department, which I then considered imminent. I need not dwell upon the various events that preceded the attainment of the great object as regarded the Assistant-Surgeons; but I cannot pass over in silence the uniform and constant support of all my brethren in the service; the sympathy of the Colleges and Professional Corporate bodies of the United Kingdom, and of the whole of the Profession in civil life; the steady and efficacious representation and support of the general and professional Press; and the powerful, unflinching, and effective advocacy of the cause by Boldero, Hume, Wakley, and others, in the House of Commons; and by Lord Brougham, Lord Campbell, the Duke of Richmond, and others, in the House of Lords. The justice of the cause of the Assistant-Surgeons was at length recognised by the Admiralty, who in a circular of July 16, 1855, ordered, "that Assistant-Surgeons of the Navy were to take relative rank with Lieutenants and Assistant-Surgeons of the army, and to mess in the ward-room."

I need not allude to the complaints, the heart-burnings, the disappointments, to say nothing of the injury and loss to the Service that might have been averted, had the Order in Council, obtained by Lord Melville in 1806, been fully carried out in proper time. How strange and inconsistent does it now appear that successive Boards of Admiralty, who could equip and send forth the finest fleets the world ever saw, were so long incapable of seeing, or unwilling to see, the only means by which the Naval Medical Department could be efficiently recruited, and thus preserved from ruin. I say efficiently recruited, because, as is too well known, until of late years the candidate list was always at zero. What is its condition now? Sir John Liddell, who, as everybody knows, has during his whole life been devoted to the service, informed me not long ago that he had candidates enough and to spare. I must own that I look forward with much hope to the prospects of the Naval Medical service.

(a) Brit. and For. Med. Rev. vol. xvi. p. 259.



Sir Charles Wood has already earned a title to the grateful thanks of the whole department by his conduct to the Assistant-Surgeons; the present senior Naval Lord, Sir Richard Dundas, is a man of high honour, and of inflexible integrity and justice, and he cannot be insensible to the claims of his illustrious grandfather, to the everlasting gratitude of the Naval Medical officers, and to the hereditary reputation which he has thereby to sustain. Sir John Liddell, as you are well aware, has ever, whether at Malta, at Haslar, at Greenwich, and as Director-General, been the warm friend of the Medical officer. From such men we may reasonably expect, that all anomalies and defects in the department will speedily be remedied. I must now conclude. To all who have contributed to this magnificent gift (destined I trust never to leave those of my family who may follow me) I would desire to offer my hearty and sincere thanks. To the Committee, and especially to the Secretaries, my profound gratitude is also due. You, Sir John, as the organ of the Committee, in the address with which you have honoured me, have been pleased to represent my career and merits in the Service in too exalted colours. You have applied language to me flattering and complimentary, far beyond my deserts, but nevertheless I cannot help being gratified by what you have said. I feel that your whole course of life is against the supposition that you could utter that which you did not really believe, and I rejoice to be thought well of by you. I repudiate all insensibility to the gratification of being told that I have in any measure deserved well of my fellows, and I feel assured you will acquit me of affectation when I add—

"*Lectus sum laudari a viro laudato.*"

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Jan. 28:—

BACON, GEORGE MACKENZIE, Lewes, Sussex.

CHEVES, ALEXANDER BRUCE, Aberdeen.

DUCHESNE, ROBERT, London.

GRAY, EDWARD BENJAMIN, Oxford.

LAWRENCE, ARTHUR GARNONS, Carmarthen, S.W.

WALKER, HENRY, Lynn, Norfolk.

As an Assistant—

MILSON, RICHARD HENRY, St. Mary's Hospital.

## DEATHS.

ALDERSON.—Jan. 28, at Wakefield, John Septimus Alderson, Medical Superintendent of the West Riding Asylum, (York). M.R.C.S. and L.S.A., 1839.

BROWN.—Jan. 11, at Constantinople, George Barron Brown, M.D., of Bolon, Anatolia, Asia Minor.

CAMPBELL.—On the 19th January, William Wilson Campbell, M.D., J.P., at his residence, the Castle, Portstewart, after a short illness.

CAMPBELL.—Jan. 28, Donald Campbell, Hon. E. I. Company's Service.

ELLIS.—Jan. 28, at Colston-parade, Bristol, Robert Ellis, L.R.C.S., Edin. 1831. Aged 50.

MOORE.—On the 30th November last, murdered within twenty miles of Jubbulpore Station, Presidency of Bengal, Dr. Thomas Moore, late 63rd N.I., aged 37 years, fifth son of the late George Moore, Esq. of Dublin.

RAWES.—Mr. R. L. Rawes, Secretary of the Royal College of Physicians, died on the 1st inst. Though not a Physician, Mr. Rawes has been for so many years so intimately associated with Physicians, and has been so much liked and so highly esteemed by them, that his loss is sincerely regretted by a very large body of the Profession.

UNIVERSITY OF OXFORD.—The form of statute uniting the Aldrichian Professorship of Medicine with the Regius Professorship has been read and promulgated.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL.—Only one death occurred here last year among 250 patients.

DR. LIVINGSTONE.—The Queen has been graciously pleased to appoint David Livingstone, Esq., the celebrated African traveller, to be her Majesty's Consul in the district of Quillimane, Senna, and Tite, on the eastern coast of Africa.

THE RELIEVED FROM LUCKNOW.—The following names appear in the list of arrivals from Lucknow to the Fort of Allahabad, Dec. 11th.—Mrs. Bartram, widow of Dr. Bartram, Bengal Army, and 1 child. Mrs. Brydon, surgeon, B. A., and 2 children. Mrs. Wells, wife of Assistant-Surgeon, B. A., with 1 child. Mr. and Mrs. Kindall, Assistant-Surgeon, B. A. Mrs. Pitt, Assistant-Surgeon, B. A., with 1 child. Assistant-Surgeon, T. Carey, H. N., 64th regiment, wounded between 29th Nov. and 2nd Dec.

INCREASE OF POPULATION.—According to the last quarterly report of the Registrar-General, "as the births amounted to 160,975, and the deaths to 110,697, the natural increase of the population in the last three months of 1857, was 50,278 in 92 days, or 546 daily in England and Wales. The natural increase in the United Kingdom was probably about 800 daily. The excess of births over deaths, and therefore the natural increase of the population of England and Wales, was 242,866 in the year 1857, or about 666 daily. In the United Kingdom the natural increase probably did not exceed 1000 daily."

MEDICINE AT CAWNPORE.—A correspondent says, "To notice the devotion and exemplary conduct of our medical staff would exceed my abilities. To them I trust the official report will do ample justice, for they have laboured unceasingly in their trying vocation, and unceasingly devoted themselves to their painful duties. I have heard grey-haired campaigners frequently remark that no annals of any military operations will rival those of our late siege in the frightful character of wounds, and the unusual number of cases requiring immediate amputation; and if it be borne in mind that the high-tiled roof of our General Hospital was the only mark open to the enemy, by reason of which all their guns and mortars were directed to it, it will be evident that our medical officers had to discharge their duties under circumstances of difficulty and danger. If we had a Brigade-Major or a Quartermaster-General to ~~the establishment~~ the state of affairs and confusion ruling from first to last, the utter absence of every necessary arrangement for the order and well-being of all within, and for the cleanliness of our garrison, would argue those officials to have been simply myths. That sickness has not broken out among and decimated us is attributable to a merciful Providence and the season of the year."

MARRIAGES OF CONSANGUINITY.—The Committee of the American Medical Association on Influence of Marriages of Consanguinity upon Offspring solicits the aid of the Medical Profession throughout the Union in collecting facts upon this interesting subject. The points of information more particularly desired are, 1st. The degree of consanguinity of the parties, and whether by the father's or mother's side (as first, second, third, or fourth cousins, or more rarely, uncle and niece or brother and sister). 2nd. The approximate date of marriage (this is only requisite to show whether the fruitful period is passed, and the case complete in its results.) 3rd. The constitutional diathesis and temperament of each parent, their occupation, and such habits or circumstance as are, in the opinion of the observer, calculated to influence the normal development of offspring. (Where the parties are personally known to the contributor, the Committee requests that the colour of the hair, eyes, and complexion may be noted.) 4th. The number, sex, and condition of the children produced by each marriage. 5th. The number and sex of the children who have died young, their ages at death, and causes when known. The Committee desires to accumulate a mass of statistical truths, whose aggregate will determine beyond question whether marriages of consanguinity are in the main prejudicial to the offspring; and it begs the contributors to report the instances of such marriages within their various circles of observation, without selection, whether followed by well-developed or imperfect issue; or by sterility. Any of our readers interested in the matter may communicate with the Reporter, Dr. Beemiss, Louisville, Kentucky, until the 1st of April next.

**FORMULE FOR SESQUICHLORIDE OF IRON.**—Dr. Vicente recommends as a local hæmostatic, aq. dest. 100, sesqu. ferri 3 to 5 parts. As an internal hæmostatic: sesquich. ferri 1, aq. dest. 500 parts. A spoonful of this is to be taken every hour, or oftener, according to the case. The same formula is usefully employed as an injection in uterine hæmorrhage, and as an enema in chronic or choleric diarrhœa. The following hæmostatic and resolvent ointment has been employed by the author in old lardaceous ulcers, white swelling, chronic and acute rheumatism, chronic ulceration of the scalp, and poly-pous, warty, or condylomatous excrescences of the anus, etc.: Axung. 30, sesquich. ferri 4 to 15 parts.—*Revue Méd.* Dec. p. 764.

**COLD WATER IN DYSENTERY.**—Dr. Hiard states, that for several years, during which he has pursued the following treatment, he has hardly ever met with a fatal termination in even very bad cases of dysentery, the patient being usually completely restored within two or three days, and sometimes sooner. On the first visit he is directed to drink glass after glass of cold water until three or four quarts have been taken. The pain soon ceases, and the stools become rare. Next day, the water is continued, and as a precaution against reaction venesection is performed, the dysentery usually ceasing. To encourage a slight transpiration the cold water is replaced by tepid rice water, sharpened with vinegar. In some rare cases the disease resists till the sixth or seventh day, and then on the eighth a blister is applied to the leg, and sometimes another bleeding is employed. Enemata and opiates are both forbidden.—*Revue Méd.* December, p. 753.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, January 30, 1858.

### BIRTHS.

Births of Boys, 880; Girls, 870; Total, 1750.  
Average of 10 corresponding weeks, 1848-57, 1611.

### DEATHS.

	Males.	Females.	Total.
Deaths during the week ... ..	653	710	1363
Average of the ten years 1847-56 ... ..	..	..	1171
Average corrected to increased population ... ..	..	..	..
Corrected average for corresponding week in ten years 1847-56 ... ..	571.7	599.7	1171.4
Deaths of people above 90 ... ..	..	2	2
Deaths in 13 General Hospitals ... ..	83	26	59

## DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Whooping-Cough.	Dysentery.	Typhus.
West ....	376,427	..	9	8	4	1	5
North ....	490,896	1	9	4	17	2	7
Central ..	893,256	1	6	6	11	..	7
East ....	486,522	..	15	9	16	2	7
South ....	161,635	..	11	15	7	..	8
Total..	2,362,236	2	50	42	54	5	34

### METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer ... ..	30.104 in.
Mean temperature ... ..	37.5
Highest point of thermometer ... ..	51.0
Lowest point of thermometer ... ..	21.4
Mean dew-point temperature ... ..	33.1
General direction of wind ... ..	Variable
Whole amount of rain in the week ... ..	0.22 in.
Amount of horizontal movement of air in the week ... ..	810 miles

## TO CORRESPONDENTS.

*Impatient.*—Mr. Huxley's lectures will not be continued.

*Mr. Sansom.*—Notices of subjects for discussion at the Societies should be sent not later than the Wednesday before publication.

*Dr. Seward.*—Dr. Jenner's lectures are always printed immediately after they are received from the lecturer.

*Mr. Musket's* case will appear before the end of the month.

*Dr. Savage's* Clinical Experience on Uterine Deviations will appear next week, with several illustrations.

*Dr. Moriarty.*—Book and subscription received.

*A Subscriber.*—The fee should be divided.

*Mr. Newman's* case shall appear.

*Philanthropos.*—There can be no doubt that confirmed drunkards might be placed under restraint for a time as lunatics, with great advantage to themselves and the community. But an Act of Parliament must be passed before it can be done.

*Mr. Jackson's* case of Laceration of the Diaphragm shall appear.

*Vigil.*—We do not wish to say anything of the individual referred to, but we may say in general terms, Avoid all advertising aurists.

*Dr. J. F. Churchill* has written to us, objecting to his name being mentioned as the proposer of a secret remedy; but there is nothing in his letter to alter the opinion we expressed in our review of his book.

**ERRATUM.**—In the 2nd paragraph of Dr. Bond's communication in our last Number, p. 126, for *Dr. Halford* read *Dr. Hamernik*.

MR. SYME AND HIS COLLEAGUES.

In a letter to us this week Dr. Renton says—  
"In presence of a member of the College Committee, the clerk told me this morning, when I called upon him, that on permission being given to withdraw the letter, he handed it over to Dr. Christison, who unconditionally received it. On being asked if it was returned with reference to retraction or correction, he answered, *Certainly not*, for he considered the letter was altogether withdrawn, and therefore no notice of it was taken in the minutes of the Committee. On inspection of the City Record, I found that it contained no reference to Dr. Christison's letter." Dr. Renton adds,—"With reference to Mr. Syme's worthless innuendo as to my 'position,' I may show up his own peculiar position in a late important surgical operation, so far as the case bears on Pathological Science and Clinical Teaching."

COMMUNICATIONS have been received from—

Dr. TODD; Mr. PAGET; Dr. CONOLLY; Dr. WILKS; Dr. RIGBY; Mr. WHITE COOPER; Dr. SAVAGE; Dr. RICHARDSON; Dr. ELLIOT, Carlisle; Dr. HALFORD; Dr. BUTLER, Burlington, New Jersey; Dr. GORDON HARE; Dr. BOND; Dr. GRIFFIN, Bristol; Mr. TERRET; Mr. REED; Mr. WIGLES-WORTH; Mr. GODFREY; Mr. NEWMAN; Mr. WHEATLEY; Mr. M'DERMOTT; PHILANTHROPOS; Mr. STOKES; Mr. VINCENT JACKSON; VIGIL; Mr. RIVERS; Dr. SEWARD; Mr. SANSON; Mr. PITTARD; Dr. GOULD; Dr. CAMPS; Mr. W. SANKEY; Mr. D. THOMSON; Mr. H. GREER; Mr. C. SPENCER; Dr. J. BRENNER; Mr. E. DAVIES; Mr. W. CAIR; Mr. N. CRIEF; Dr. DALGLISH; Mr. J. HILL; Mr. A. T. THOMSON.

## APPOINTMENTS FOR THE WEEK.

Feb. 6, Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m. Charing Cross, 1 p.m.  
ROYAL INSTITUTION, 3 p.m.: Professor Bloxam, "On the Chemistry of the Elements which circulate in Nature."  
MEDICAL SOCIETY OF LONDON, 8 p.m.: Mr. R. Dunn, "On Mental Physiology, or the Correlations of Physiology and Psychology."  
GUY'S PHYSICAL SOCIETY, 7 p.m.: Mr. Fagge, "On Pneumonia."

### 8. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopaedic Hospital, 8 p.m.

### 9. Tuesday.

Operations at Guy's, 1 p.m. Westminster, 2 p.m.  
ROYAL INSTITUTION, 3 p.m.: Professor Huxley, "On Animals and Plants considered Morphologically."  
ZOOLOGICAL SOCIETY, 9 p.m.  
ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m.: Mr. Hutchinson, "On a Case of Bronzing of the Skin." Dr. Mackenzie, "On the Action of Galvanism on the Contractile Structure of the Gravid Uterus."

### 10. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopaedic Hospital, 8 p.m.  
MICROSCOPICAL SOCIETY, 8 p.m.  
NORTH LONDON MEDICAL SOCIETY, 7 p.m.: (Annual Meeting.)

### 11. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.  
ROYAL SOCIETY, 8½ p.m.  
ROYAL INSTITUTION, 3 p.m.: Professor Tyndall, "On Heat."

### 12. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.; Great Northern, 2½ p.m.  
ROYAL INSTITUTION, 8½ p.m.: Professor Faraday, "On Static Induction."

## EXPECTED OPERATIONS.

King's College Hospital.—The following operations are expected at this Hospital to-day (Saturday), at 2 o'clock:—  
Prolapsus uteri; necrosis of femur; urinary fistula; fistula in ano; epithelial cancer from face(?).

## City of London Truss Society, 76,

QUEEN-STREET, CHEAPSIDE.—A Vacancy having occurred in the Office of Surgeon to this Institution by the lamented death of JOHN C. TAUNTON, Esq., persons desirous of offering themselves as Candidates for the Situation are requested to send in their written Testimonials, addressed to the Secretary, on or before Monday the 15th inst., at 12 o'clock at noon; after which day no applications will be received. No person shall be admitted a Candidate until written Testimonials concerning him are produced to the Committee and approved of by them. According to the Rules of the Society, "No person shall be admitted a Candidate for the Office of Surgeon who is not a Member of the Royal College of Surgeons of London, nor any person who practises Pharmacy or Midwifery, or is interested in the Sale of any Advertised Medicine; and he shall be disqualified for his Office of Surgeon to this Charity if at any time after his Election he shall engage in any of the above branches, or enter into a partnership with any person so engaged."

Further particulars may be verbally obtained of the Secretary, at the Institution, on Saturday the 6th, and Wednesday the 10th inst., between the hours of 12 and 1 o'clock at noon; also on Friday evening, the 12th inst., from 6 to 8 o'clock.

Feb. 1st, 1858.

THOS. EGLINTON, Secretary.

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The latter, including a segmental front, with seat for third person. These Carriages are constructed, by the aid of machinery, of the best material, are of excellent workmanship, and particularly adapted to the wants of medical men, either in town or country. Drawings and other particulars forwarded on application.

## ORIGINAL LECTURES.

## A COURSE OF CLINICAL LECTURES

ON

## DISEASES OF THE KIDNEY.

BY GEORGE JOHNSON, M.D. F.R.C.P.

Physician to King's College Hospital.

## LECTURE IV.

WHEN I last addressed you on the subject of renal diseases, I gave you the history of a case in which we found that the urine contained numerous small casts, entangling pus-cells (fig. 5, p. 106). Cases of this kind are by no means uncommon, and in the greater number of instances of this form of acute Bright's disease the patients recover as speedily and as completely as when the tube-casts contain only the epithelial cells, which have been thrown from the uriniferous tubes by a process of desquamation. We have lately had another of these cases in the Hospital, and I beg your attention to the main points in this patient's history, as recorded by my clinical clerk, Mr. Morris Tonge:—

Joseph K., aged 71, a messenger in Doctors' Commons, was admitted into No. 4 Ward on the 5th of March, 1857. He has always lived well, and has been accustomed to drink about three pints of porter daily. Since the year 1824 he has been subject to occasional attacks of gout, which during the last few years have recurred about every six months.

Four months ago, towards the end of an attack of gout, dropsical swelling of the legs began, and has continued to the present time. During the last five weeks he has been troubled with cough and shortness of breath.

On his admission, March 5th, the feet, ankles, and legs, were very oedematous, but there was no dropsy of the face. His breath was short, and he had a cough, but he expected little. Large crepitation was heard over the lower part of the lungs behind. The sounds of the heart were normal; his tongue was slightly coated, but he had a good appetite, was not thirsty, and made no complaint of pain.

The urine was pale, acid, its specific gravity 1015, and it contained about one-fourth its bulk of albumen. With regard to the microscopic characters of the urine, I may mention that I saw this patient about a month before his admission into the Hospital, and I found that his urine then deposited a copious cloudy sediment, which was chiefly composed of the small pus-containing casts before mentioned, with numerous scattered pus-cells. When he came into the Hospital we found that the casts had the same character, but with this additional feature, that some of them contained oil-globules.

Looking at the history of this case, we concluded that there was kidney-disease of four months' duration. Then, considering the advanced age of the patient, the extent of dropsy, and the amount of albumen in the urine, our prognosis was very unfavourable; and when, after he had been a short time in the Hospital, we found that while in other respects the urine had not improved, the quantity of oil in the tube-casts had much increased, I told you, as many of you will probably remember, that the kidney appeared to be passing into a state of incurable fatty degeneration, and I thought it very unlikely that the patient would recover. The further progress of the case has shown us that our prognosis was wrong. We took too gloomy a view of the disease, or we under-estimated the natural vigour of this old man's constitution.

We thought it not expedient to reduce his strength by any active measures of depletion, and the following was the plan which we pursued. He was directed to remain in bed, to be dry-cupped on the loins every other night, to take an occasional aperient dose of the common white mixture of the Hospital pharmacopœia, and the following—*R. Tinct. ferri sesquich. ℥x. aquæ ʒjss. ter die.* I find no note of the diet prescribed, but he would probably have at first milk-diet, with beef-tea, and afterwards when the tongue cleaned and the appetite improved, a moderate allowance of meat without beer.

The first indication of improvement was an increased secretion of urine, and a subsidence of the dropsy. During the month of March the average quantity of urine in the 24 hours was about 90 oz., the range being from 48 oz. to 120 oz. The sp. gr. was usually 1010; the albumen meanwhile continued abundant. It was not until the middle of April that the albumen began to diminish, and from this time it steadily decreased until at the date of his discharge from the Hospital on the 20th May, it was present only in "very small quantity."

One circumstance which occurred during the progress of this case is worthy of note. On the 30th March, the urine suddenly fell from 89 ounces in the 24 hours to 48 ounces, and at the same time the patient complained of severe headache, and a feeling of sinking; there was also confusion of thought and some delirium. He had not left his bed, nor had there been any alteration of diet or medicine which would explain this sudden change for the worse in his symptoms. A blister was now applied to the nape of the neck, and he was ordered to take a draught containing ammonia, tincture of henbane and camphor mixture. In the course of a few hours gout made its appearance in the left knee, the urine again became copious, the headache and the delirium then quickly ceased, and we got the explanation of the unpleasant symptoms which for two days had caused us some anxiety.

You will not unfrequently find that in subjects of confirmed gouty habit very alarming symptoms, referable to the head or the chest, will speedily subside simultaneously with an attack of gout in a joint. For instance, I have seen a man suffering with urgent dyspnoea apparently from acute bronchitis; then a mustard poultice on the knee has successfully invited gout to that joint, and after 48 hours a slight cough has been the only vestige of the chest symptoms.

Returning now to our patient; I have before told you that when he left the Hospital on the 20th of May the urine still contained "a very small quantity of albumen." Since his discharge he has, at our request, attended from time to time as an out-patient, and we find that his general health continues good. He has had no return of dropsy, but he suffers occasionally from shortness of breath and cough, for which he takes the *pil. ipecac. c. scillâ*, in ten-grain doses. In the month of June he had a sharp attack of gout, during which the amount of albumen in the urine increased considerably, but again diminished when the gout passed off. The urine, when last examined (January, 1858), was found to contain as much albumen as when coagulated by heat, and nitric acid occupied less than one-twentieth of the liquid. We cannot, therefore, consider that all trace of renal disease has in this case been removed, but the old man has, contrary to our expectation, been so far restored to health, that for months past he has been able to continue his occupation as messenger, and he declares that, with the exception of a slight cough and shortness of breath, when he has been exposed to cold, his health is now as good as it has been for years past.

I purpose now to give you a remarkable illustration of the influence exerted by an impediment to the circulation through the heart and lungs, in the production of congestion of the kidney and albuminous urine. The case occurred some time since, when Dr. Whitford, our present House-Physician, was my clinical clerk, and the account which I am about to give you is an abridgement of his very full and complete history of the case.

Christiana S., aged 52, admitted into No. 7 Ward, on the 14th May, 1856, a native of Devon, but resident in London during the last thirty years; married, and the mother of fourteen children, two of which were born at one time. She has had good health until about a year ago, when she caught cold, and had what she calls bronchitis. Soon after this her legs began to swell; but she continued her work until the beginning of the present year, when she went into St. George's Hospital, and remained there fourteen weeks. When she entered that Hospital she had much dropsical swelling of the face and legs. During her stay there this nearly passed away; but it again increased after her discharge, and she then sought admission here.

There was now (May 15) much oedema of the face and legs; she had shortness of breath and cough, with a scanty viscid expectoration. Large crepitation was heard over both lungs. There was extended dullness on percussion over the heart, and a soft systolic bellows sound was heard near the

lower end of the sternum; the heart's impulse was very feeble, the jugular veins were much distended; the pulse was 90, feeble, and somewhat irregular, but not intermitting. The urine was scanty, sp. gr. 1035, turbid with urates, and contained a large quantity of albumen. The tongue was clean, the appetite bad; weakness was much complained of; she was very drowsy, but sleep was disturbed by dreams. To take ether. chloric.  $\mathfrak{m}\mathfrak{x}\mathfrak{v}$ . mist. acaciæ  $\mathfrak{z}\mathfrak{j}$ . 4tis horis., and pulv. jalapæ c.  $\mathfrak{g}\mathfrak{j}$ . om. m.

Two days afterwards, on the 17th, finding that the bowels had not been freely open, that the urine was extremely scanty, and that she was complaining of headache and increasing drowsiness, I determined to give her elaterium as a hydragogue, and I prescribed a dose of half a grain in a pill with confection of roses. Let me warn you, however, that this is a larger dose than I usually give of this medicine, which, if pure and genuine, is sufficiently active in doses of one-fourth or even one-sixth of a grain.

On the 20th the report is, "She was much purged by the elaterium, and to-day she feels very much better. She has no headache, nor is she drowsy. She has passed a much larger quantity of urine, and it contains much less albumen. There is very little dyspnoea."

She continued to improve in every respect for several days. On the 24th the urine had ceased to be albuminous, and the dropsy was fast disappearing. On the 27th the dropsy was nearly gone; not a trace of albumen remained in the urine; dyspnoea, cough, and morbid lung-sounds had ceased; and the bellows sound before mentioned was no longer audible. Certainly surprising results from a single dose of elaterium—the removal of an extensive dropsical effusion, the freeing of the urine from albumen, and the arrest of an abnormal sound over the heart! Yet all this was undoubtedly effected by the dose in question; and I will presently give you what seems to be the true explanation of the phenomena.

At this stage of her history the patient was so much better that she was up and dressed during great part of the day, and we began to hope that we had effected a complete and permanent cure. This hope, however, was destined to be of but short duration. We endeavoured to support her strength by nourishing diet, wine, and steel, but we soon found that unfavourable symptoms were returning. On the 7th June she complained of a feeling of tightness in the abdomen. On the 10th she had pain in the loins, the urine had become scanty, and was again albuminous, and dropsy was re-appearing in the legs. We now again had recourse to elaterium in the dose of one-third of a grain; it purged her freely, but gave comparatively little relief.

On the 12th June it was thought that the bellows sound had returned, but this was doubtful; on the 24th, however, it was distinctly heard in the same situation as before, near the bottom of the sternum, and the cardiac dullness on percussion was found to extend beneath the lower part of the sternum, and somewhat beyond the right edge of that bone. Meanwhile the urine had become as scanty and albuminous as at the first, the lungs had again become gorged, and the general dropsy had increased. We now in our despair gave a variety of diuretics; but they did no good, and from this time the history is one of a continued passage towards an inevitably fatal result. Without troubling you with unnecessary details, I must remind you of one or two main facts which we observed during the further progress of this very interesting case. The systolic bellows sound was henceforth almost, but not quite constantly, audible in the situation before mentioned. On one occasion, July 19th, it ceased for a time after free purging by a dose of elaterium. The heart's action continued very feeble and rapid, the pulse being usually 120; the jugulars were always distended, and sometimes they visibly pulsed. The urine was always scanty, and highly albuminous, and when examined with the microscope was found to contain the small wax-like fibrinous casts.

She died worn out by dyspnoea and want of sleep on the 28th July.

Many of you will remember that while this patient was living, I repeatedly expressed to you my opinion that we should find dilatation of the right cavities of the heart, and consequent insufficiency of the tricuspid valve; the signs of that condition being dullness on percussion extending to the right edge of the sternum, a bellows sound audible over the lower part of that bone, and lastly distension and occasional pulsation of the jugulars.

On examination after death we found the heart much enlarged, and lying transversely across the chest. The walls of the right auricle were thin, its cavity greatly dilated, and the auriculo-ventricular opening was sufficiently enlarged to allow of four fingers being passed through it as far as half their length. The tricuspid valve was healthy, but obviously insufficient to close the dilated orifice. It was apparent that this portion of the heart exactly corresponded with the point where the bellows sound had been heard during life. The mitral and aortic valves were healthy, with the exception of a trifling atheromatous opacity at the base of the latter. The left ventricle was large, and its walls somewhat thickened. The muscular structure of the heart presented no signs of degeneration discoverable by microscopic examination. The lungs were much gorged, and attached to the walls of the chest by old adhesions.

The kidneys were of natural size, had a smooth, congested, mottled surface, and one contained a very small cyst. In other respects they were healthy.

Now, in conclusion, a few words on the pathology of this case. When the patient first came under our observation I inferred from her own account of her illness that the kidney had been the primary seat of disease, and that the bronchitis which had commenced a year before had been a secondary result of the renal disease. As soon, however, as I found that the effect of the purging by elaterium had been not only to carry off the dropsy, but also to free the urine from albumen, I felt sure that the renal congestion and albuminuria had resulted from some impediment to the flow of blood through the heart and lungs, and I was confirmed in this opinion by observing the symptoms before mentioned, which distinctly pointed to dilatation of the right cavities of the heart, and insufficiency of the tricuspid valve.

It is a question which does not admit of a decisive or satisfactory answer, whether the bronchitis which was the first symptom of illness had, by impeding the pulmonary circulation, induced the dilatation of the right auricle. It scarcely seems probable that such would be the effect upon the walls of an auricle not previously in a state of atrophy and degeneration.

As to the mode in which, upon two occasions, elaterium purged away the bellows sound, the most reasonable suggestion seems to be, that the removal of a large quantity of liquid from all parts of the body so far diminished the engorgement and œdema of the lungs, and thus lessened the strain and pressure upon the right cavities of the heart as to allow of the auriculo-ventricular orifice being nearly, if not entirely closed, and the regurgitant current lessened or quite prevented. Those of you who had not the opportunity of closely observing this case may perhaps be ready to suggest that the bellows sound ceased for a time, because the heart's action had been enfeebled by the operation of the strong purgative; as we sometimes find that an abnormal murmur which is distinctly heard when the heart is beating forcibly under the influence of exercise, becomes quite inaudible when the patient has been for a short time in the sitting or recumbent posture. This explanation, however, is not applicable to our case; for, during the time that the murmur was inaudible after the first dose of elaterium, the patient's general strength, and the power of the heart in particular, were considerably greater than they had been before, or than they were at a later period when the bellows sound was again heard.

The copious secretion of urine which followed the free action of the first dose of elaterium was probably not the result of a direct diuretic influence of this drug upon the kidney, but it was simply due to the fact that the large drain of water from the blood through the mucous membrane of the intestines, relieved the distension of the whole vascular system, and so restored the freedom of the circulation through the kidney as through the other abdominal viscera. You scarcely need to be reminded that the amount of urine secreted will be, *ceteris paribus*, in proportion, not to the quantity of blood which the vessels of the kidney contain, but to the volume of blood which passes through the gland in a given time. We often find that in cases of great dropsical accumulation the operation of paracentesis, or acupuncture or incision of the legs, is followed by a very copious secretion of urine. The explanation of this you will infer from what I have just now said of the hydragogue action of elaterium.



## ORIGINAL COMMUNICATIONS.

CLINICAL EXPERIENCE ON THE NATURE AND TREATMENT OF  
UTERINE DEVIATIONS, MORE ESPECIALLY OF PROLAPSUS.

By HENRY SAVAGE, M.D. Lond.

Senior Physician to the Samaritan Hospital.

My object is to state as briefly as possible the result of some years' personal experience of one of the many severe and refractory disorders peculiar to women;—one forcing itself perhaps more than any other on the attention of the practitioner from the pitiable, repulsive, and wretched state of the unhappy subject of it.

From the time of Hippocrates to within the last thirty years, prolapsus uteri derived no help from surgery, except in the shape of an appliance strictly mechanical, called a pessary, which exists in numberless curious varieties, as it were to show not only the frequency and obstinacy of the affection, but the surprising duration for so many years of its earlier history of the one restrictive idea as to its treatment.

Pessaries, even when they were the only resources for prolapsus uteri, had but an uncomfortable reputation, because, as a rule, they failed when used indiscriminately; but in the right sort of cases, as a rule, they appear to me to succeed, and this, too, in the very cases where the knife has been found to fail, and *vice versa*.

The surgical treatment of prolapsus uteri originated with Dr. Marshall Hall, and Dr. Fricke of Hamburg. The principles of one or both have ever

FIG. 1.

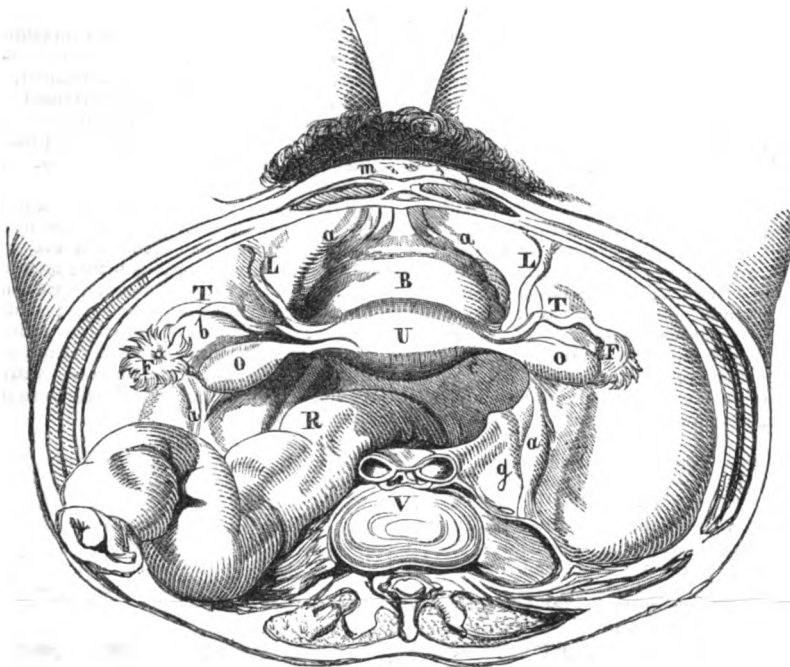
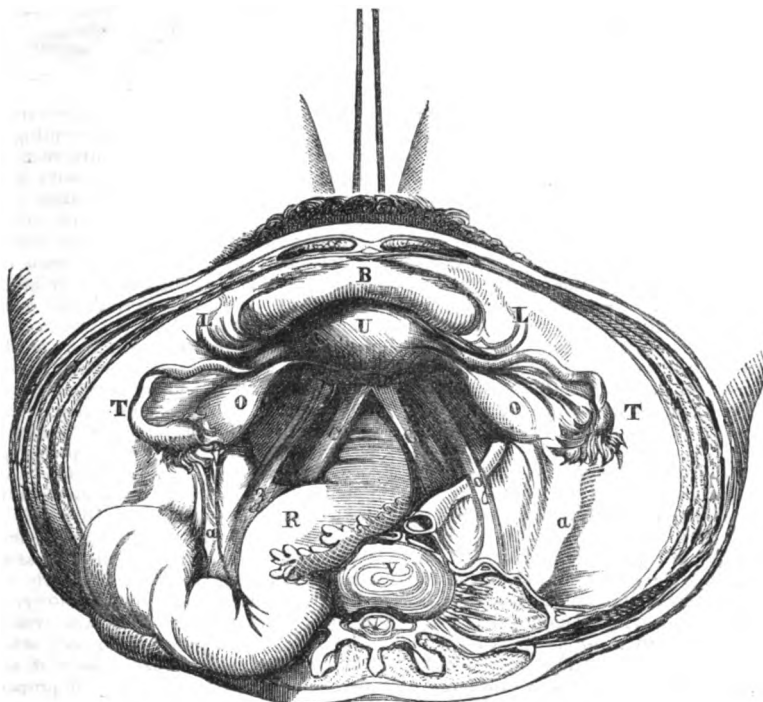


FIG. 2.



since formed the basis of everything done by way of operation.

It is stated in the *Rep. d'Acad. R. de Méd.*, Aug. 11, 1835, that a M. Girardin, as early as 1822, proposed the excision of a part of the vagina as a remedy for prolapsus uteri. Whether so or not, the first suggestion of the kind ever carried out was that recommended by Dr. M. Hall, in 1831, and carried into effect by Dr. Hemming under his superintendence (*L. Med. Gaz.* Nov. 1831).

Dieffenbach (*Medicinisches Zeitung*, 1836) says, in allusion to some cases of prolapsus uteri with mortification of the vagina getting well on the healing of the latter, that he had had frequent opportunities of imitating this natural curative process by removing slips of mucous membrane from the vagina. Velpeau mentions that in 1831 many young French Surgeons, then in Germany, addressed letters to the *Gazette Médicale*, describing an operation performed by Dieffenbach for prolapsus uteri in all respects like Dupuytren's for prolapsus recti. This, if correct, still leaves Marshall Hall's the first recorded case. It will presently be seen that all operations tending to narrow the vaginal canal were in reality varieties of his operation.

All operations tending to close the

vaginal orifice so as merely to prevent the uterus from falling out of the vagina, are modifications of Fricke's method. Dr. Fricke's first operation was performed by himself on the 3rd March, 1832.

The choice of means (Pessary, Hall's, or Fricke's method), and the chances of success in any particular case must obviously turn entirely upon these two questions. What are the natural conditions tending to keep the uterus in its normal situation? And, What is the character of the agency to be counteracted—that by which it is so frequently forced out of place?

The woodcuts on the previous page are reduced from two of a collection of drawings taken at the dissecting-table last spring at Clamart, from an unlimited supply of fresh subjects carefully selected for this and other investigations of the same kind. The broad ligaments are seen as lateral extensions of the fold of peritonæum containing the uterus and appendages. Where its posterior layer is reflected from the cervix and upper part of vagina on each side of the recto-vaginal pouch to line the back part of the pelvis, it is particularly strong, and here, with a trifling traction on the cervix uteri per vaginam, it is thrown into resisting ligamentous folds—cervical ligaments—as is seen in the second cut.

The pelvis having been exposed to view as in the above woodcuts, and its contents not otherwise disturbed, traction was made on the os uteri by means of forceps introduced by the vagina, so as to make the uterus take the ordinary course of a prolapsus. A descent of an inch and a half rendered the cervical ligaments very tense, another half-inch and they began to yield. They were now cut through, and the uterus descended at once another inch. The strain was now found to be sustained by the pelvic peritoneal lining, which yielded slowly onwards towards the broad ligaments, which lastly was only put on the stretch when the uterus was drawn well out of the vulva.

The fair deduction from experiments and dissections of this kind, frequently repeated with great care, appear to me to be as follows:—

1. The uterus under normal circumstances is retained at a certain elevation in the pelvis by special ligaments—cervical ligaments—these ligaments and these only tend to prevent prolapsus.

2. All other kinds of displacements are checked by the broad ligaments, which, however, at all times allow considerable motion backwards and forwards, and to some extent from side to side. As to the natural inclination of the uterus the average is in favour of the direction shown in cut.

3. The weight to be sustained by the perinæum is the resultant of the weight of the floating viscera acted on by the tension of the abdominal muscles, and subject to frequent and variable increase by their contraction—the direction of pressure being determined by the rigid walls of the pelvis in a line crossing the vagina.

4. So long as the cervical ligaments are intact the uterus sustains no superincumbent weight, as from its pear-shape the surrounding viscera tend to press it upwards.

5. The moment the uterus sinks within the inverted vagina the two organs constitute a hollow cone, the uterus at the pendant apex with every mechanical disadvantage. The superincumbent pressure is then a match for any pessary, but that one which will completely do away with the inversion.

6. The vagina does not in the least support the uterus. When not inverted the direction of the superincumbent pressure tends to keep its sides together. In this sense only can it be said to prevent prolapsus; even so, it can have no share in doing this until the uterus has lost the support of its cervical ligaments; on the contrary, it is these ligaments which preserve the elongated position of the vagina, which would otherwise, as it does in fact in prolapsus, shorten into numerous prominent transverse folds.

7. The broad ligament with the uterus in its centre is an unstable and yielding partition, dividing the pelvis into an anterior and posterior pelvic sinus. The small intestines by descending into one or other (generally the latter) become the chief determining cause of the kind of uterine malposition, the broad ligament offering no material check except to the extreme displacement known as anteversion and retroversion.

Prolapsus of the uterus is any degree of malposition tending outwards per vaginam, all other forms are known as Displacements; and this is a distinction sufficiently simple, practical and suggestive. So long as surgical interference

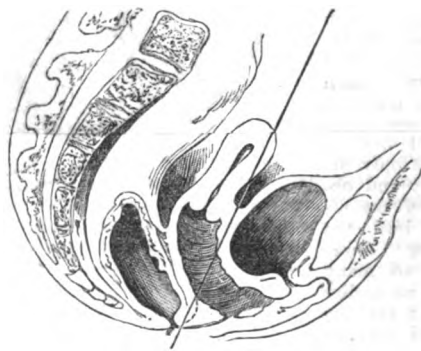
is considered applicable only to cases of complete prolapsus. Pessaries, notwithstanding their questionable reputation, must continue to claim the most serious attention of the practitioner.

But what is uterine displacement if the uterus really have no normal position, no standard locus in the pelvis? Such assertions are obviously absurd if they mean more than that the uterus is very moveable, and is often found within certain limits in various situations without inconvenience to the patient. According to Scanzoni it is disease of the womb itself, and not the displacement, which ever causes annoyance—if so it must be a sort of disease which often disappears, as I can truly say, from long personal experience, from the moment of introducing such a pessary as the patient could wear.

The choice of the pessary is everything. It is impossible to tell what they can do without having abundance of all sorts and sizes at hand to adapt at the moment, or change from day to day until the right one is ascertained; but practice now turns so much on strong prejudice and individual opinion that it is not without misgivings I submit to the Profession the following summary of my experience at the Samaritan Hospital during the last eight years.

The pessary originally was only a medicated ball—a device far too much neglected at the present day. Its use as a remedy for uterine displacement is a later idea, suggestive of the innumerable modifications before mentioned; but the only safe forms after all are the disk and ball with or without a stem. As an active supporting agent the stem must always have some external perineal contrivance, otherwise, stem or no stem, the pessary depends for its efficiency entirely on the vagina, which is an elastic tubular cone, with its apex at the perinæum, seldom found twice alike as to its size, tone, and general condition.

Fig. 3.



If the object be to replace the womb in accordance with the annexed woodcut (Cut 3) representing the normal relation of the parts, then no other contrivance will answer than that known as Simpson's. This pessary is composed of a uterine, vaginal, and pubic portion, fitting into each other at such angles that, when introduced and united, the instrument corresponds with the line of relation indicated. This beautiful contrivance answers perfectly, when the patient can bear it, which, alas, is very seldom, if ever!

The ball pessary, which should never be more than two inches in diameter, ascends when the perineal end of the vaginal cone retains its elasticity, and then it is the best of all pessaries. It removes the uterus out of the line of pressure, and exercises gentle compression upon it, which, particularly when the organ is enlarged, and even tender, is generally highly beneficial. Hollow caoutchouc, or gutta-percha pessaries, perfectly replace the hollow silver pessary, so extolled for its extreme lightness by Professor Meigs. A larger size requires a minor midwifery forceps for their removal, and moreover are not curative, but these decidedly are.

The disk and ring pessaries are intended to stick immovably when they are placed in the vagina, which they render tense, and lengthen it, relatively, to its collapsed and shortened condition, but shorten it absolutely. These pessaries are made of wood, cork, gutta-percha, watch-spring, etc.

The best stem pessary, the only active support, is readily made by fastening firmly a piece of sponge to one end of a piece of gutta-percha tubing of proper length and calibre.

The opposite end has attached to it four slips of elastic vulcanised caoutchouc, which pass up, two before and two behind, to a band round the abdomen, or to the ordinary corsets, when they can be adjusted so as to admit of perfect freedom of motion.

This latter form I have found invaluable in some cases, particularly for temporary use. It never causes annoyance. A small quantity of any injection can be thrown up through the tube to saturate the sponge previously introduced as dry as possible. It can be removed and re-introduced by the patient herself, a difficulty insurmountable in the case of the ordinary disk, which can never be allowed to remain with safety longer than twenty-four hours.

Two years ago Dr. Zwanke of Hamburg sent me a dozen of his pessaries, wherein this objection is entirely done away with.

This most ingenious modification of the disk is best understood by the cuts, (Cuts 4, 5, 6.) It consists of an elliptical disk in two halves joined by a common hinge. A piece of

FIG. 4.

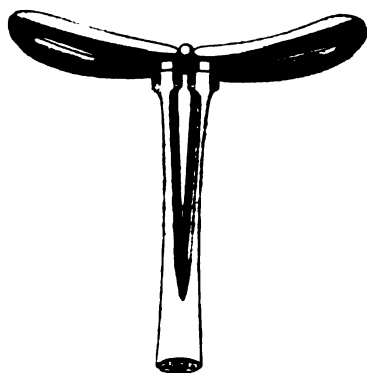


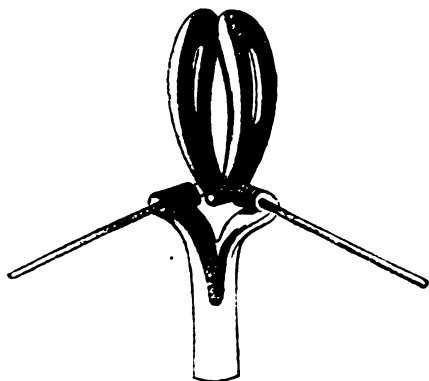
FIG. 5



Original screw.

wire is soldered to each at right angles close to the joint, forming the stem when brought together, and fastened by a simple screw. The screw was found an objection, and I am indebted to a very talented instrument-maker in the neighbourhood of the Hospital, Mr. Russell, for a substitute which renders Zwanke's pessary the most perfect yet devised. It finds its

FIG. 6.



way invariably where it is intended to go; the patient can manage it herself without difficulty. The disk can be covered with any soft material. It steadily retains its place in the vagina, and never fails to keep up the uterus effectually without pain, provided one is selected of suitable size, which is soon determined if there be a few sizes at hand to select from, a condition indispensable to a fair trial of a Zwanke. During the last eight years I have tried myself, or seen tried by others, every kind of pessary I ever heard of, and I have come to the following conclusions:—

As above observed, no pessary but one on the principle of Simpson's can replace the uterus, in the true sense of the

word. The round pessary, the disk and the stem pessary just described, will do all that such inventions are capable of, which is very considerable. An internal displacement of the uterus soon becomes tolerable by the use of a pessary preventing an aggravation of it; the organ eventually becoming a sort of fixture in its new situation, when the pessary can be discontinued. Whenever a round pessary two inches in diameter, or a disk three and a half inches in its longest diameter, is found to fail, then the case is a very proper one for either Marshall Hall's or Fricke's operation.

(To be continued.)

## DRAINAGE AND WATER SUPPLY IN CONNEXION WITH THE PUBLIC HEALTH.

By JOHN SNOW, M.D.

I was visiting a gentleman in the West of England some time ago, and he showed me the plan of the drainage of his house and garden. The drains received the proceeds from the water-closets of the house, and they were made to empty their contents into a brook, which flowed along the lower part of the grounds. I had observed that this brook turned a flour-mill in the estate, about a quarter of a mile lower down the stream, so I inquired whether the miller and his family had any other water for drinking and preparing their food besides that of the brook. The owner of the property replied that they had not. He said he had never thought of that subject, but he would try to get the miller some other water. I do not know whether or not he succeeded; and I have only alluded to the circumstance because it is an instance, on a small scale, of what is occurring nearly all over the country. In very many places the drinking water of the community is polluted by the drainage from water-closets, and the constituted authorities try, with more or less of temporary success, to procure other water.

None of the Water Companies which supply this metropolis have, for the last eighteen months, obtained any water which is polluted by the sewage of the town. Five of these Companies, however, still obtain water from the Thames, in the neighbourhood of Hampton and Thames Ditton, where the river becomes every year more impure, from the contents of the water-closets of houses and villages situated on its banks. It is probable, indeed, that from the subsidence of the water in large reservoirs, and from its filtration, it is incapable of communicating disease; but the inhabitants of London ought not to be satisfied with a probability on this point, they ought to have an absolute certainty that disease cannot be communicated by the water supplied to them. Except for the enormous quantity of water which is required to wash away the contents of water-closets, London would, no doubt, by this time have been entirely supplied with water from springs and wells at a distance, or from deep wells in the chalk formation under the metropolis.

The fact that water-closets cause the pollution of the rivers is not the greatest evil attending them, for rivers can never be entirely free from pollution; a greater evil is that they occasion the demand for such an inordinate quantity of water, that, in most cases, a supply from springs and wells cannot be obtained, and the polluted rivers have to be resorted to for the supply. Croydon and a few other towns of moderate dimensions are indeed supplied with water from deep wells, and Manchester and two or three towns in Scotland are supplied with surface water from extensive uncultivated moors; but a great number of towns are supplied with river water, which is more or less liable to pollution according to the situation at which the water is taken, and which is constantly becoming more impure, from the increasing adoption of water-closets, even in rural districts.

A great part of the water supply of most towns, and almost the entire supply of the rural districts, is derived from pump-wells, which are often very shallow, and are extremely

liable to be polluted. It is my opinion that the absence of drainage, and its defective condition, are injurious to health only by the contamination they cause to pump-wells, or other supplies of water; and that when the health of the community is improved by improved drainage, either in town or country, it is by the amendment which is effected in the drinking water of the locality. I believe also that houses situated on gravel are generally more salubrious than those situated on clay, because organic matters are usually oxidised in passing through the gravel, and converted into mineral substances, chiefly nitrates, which have not the power of communicating disease. It is only when the source of pollution is very close to the pump-well that the gravel does not oxidise the organic matter.

I consider that the ordinary opinion which attributes the illness caused by absence, or imperfection of drainage, to effluvia given off into the air, is altogether a mistake. My reasons for this view of the subject are as follow. In the first place, whenever I have been able to separate the effluvia in question from real causes of disease, I have found an absence of effect. During the cholera year 1854, for instance, the Fleet-ditch was open for a considerable distance, and was covered in during the summer of 1855. The part open in 1854, and previously, passed through portions of the sub-districts of Saffron-hill, of the north sub-district of West London, and of St. James's, Clerkenwell. Now the mortality from cholera, in the Saffron-hill sub-district, was only at the rate of five in 10,000 inhabitants. The mortality in St. James's, Clerkenwell, was only eleven in 10,000; and the mortality in the north sub-district of West London was only five in 10,000, when the deaths in St. Bartholomew's Hospital are deducted.

In 1849 a part of Bermondsey, called Jacob's Island, was surrounded and intersected by ditches as wide as an ordinary canal, and covering several acres. The ditches were usually kept full, and emptied only at intervals. The water of the Thames admitted into them received the sewage of the surrounding population, either directly, from privies which overhung the ditches, or through kennels and drains. A number of the inhabitants of Jacob's Island, and the streets immediately surrounding the ditches, had access to no other water except that of the ditches. They usually allowed it to stand awhile, for a sediment to subside, before they drank it. The Metropolitan Commissioners of Sewers caused an inquiry to be made, at the end of the epidemic of 1849, into the effect of using the water of these ditches; and Mr. John Grant, the Assistant Surveyor to the Commissioners, was kind enough to favour me with the result. In the streets inclosed by the ditches, and immediately surrounding them, there were 7,286 inhabitants. Of these there were 865 individuals having no other supply of water than the ditches, and the remaining 6,421 had the supply of the Southwark and Vauxhall Company, or were supplied by private pumps. During the first nine months of 1849, 18 deaths took place from cholera, and eight deaths from other causes, amongst the 865 persons having no water supply but that of the ditches; and 95 deaths from cholera, and 46 from other causes, amongst the 6,421 persons having another supply. The mortality from cholera was, consequently, at the rate of 208 in 10,000 amongst the persons using ditch water, and 147 in 10,000 amongst the inhabitants who had the supply of the Southwark and Vauxhall Water Company, or that of private pumps. The mortality of the population living amongst and around the ditches, but not drinking the water, was, in fact, almost exactly the same as that of the other inhabitants further removed from the ditches, whilst that of the people who were obliged to drink the water was more than one-third higher, as is shown by the following figures from the report of the Registrar-General. St. James's, Bermondsey, in which Jacob's Island is situated, suffered a mortality from cholera of 142 in 10,000; St. Mary Magdalen, Bermondsey, a mortality of 159 in 10,000, and the Leather Market sub-district of Bermondsey, a mortality of 160 in 10,000. It is proved, therefore, that the population of Jacob's Island did not suffer in their health from the effluvia of the ditches amongst which they lived.

Between the cholera of 1849 and that of 1854, the ditches about Jacob's Island were all filled up, and the late Mr. Chas. Walsh reported that the cholera on that spot was not worse in 1854 than in the surrounding district. Bermondsey suffered more from cholera in 1854 than in 1849, owing to the Thames water, with which it was supplied, having become more impure in the interval. The greatest covering in or

filling up of open sewers or ditches which had taken place anywhere in the Metropolis was in St. James's, Bermondsey; and yet the mortality from cholera in 1854 was 192 in 10,000, being higher than in any other parishes in the south districts of London, except St. Saviour's and St. Olave's, which had the same water supply, and contain also the two large Hospitals.

Mr. Glaisher, in his Report on the Meteorology of London, in relation to the cholera epidemics of 1853 and 1854, expresses his opinion that the disease was increased by the impure exhalations from the river Thames. An examination of the subject in detail does not, however, confirm this opinion. There are seven registration sub-districts situated at the river side, and extending from the sub-district of Charing Cross to that of the south-east sub-district of the City of London inclusive, and every one of these sub-districts had a mortality from cholera, in the epidemic of 1854, considerably below the average of that of the Metropolis. The gross population of these sub-districts was 86,816 in 1851, and the mortality from cholera in 1854 was 203, or 23 in 10,000; that of the entire Metropolis being 45 in 10,000. These seven sub-districts are supplied with water by the New River Company. The sub-districts situated at the river side on the south of the Thames had generally a high mortality from cholera, because they were chiefly supplied with unfiltered water by the Southwark and Vauxhall Company from the river at Battersea; but the sub-district of Lambeth Church, first part, which extends along the river side from Westminster-bridge to Vauxhall-bridge, and was chiefly supplied by the Lambeth Company with water from Thames Ditton, had a mortality from cholera of only 29 in 10,000. It should be observed, also, that districts situated at a good distance from the river had a high mortality, when they were chiefly supplied with water by the Southwark and Vauxhall Company. Thus Walworth, which is from a mile to a mile and a half from the Thames, had a mortality of 131 in 10,000; and Camberwell, more than two miles from the river, had a mortality of 136 in 10,000. Mr. Glaisher tries to explain this high mortality at a distance from the river, by supposing that the exhalations are confined by the neighbouring high grounds; but in another part of his report (p. 23), he has shown that Camberwell is beyond the influence of the Thames and the thick atmosphere of London, and that it enjoys a meteorology similar to that of the country near London. There is no situation in which the exhalations from the Thames would be more liable to be confined by the neighbouring high ground than in the valley of the Fleet river or ditch; and in 1854 this ditch was uncovered for a great distance, and was much more impure than the Thames, yet the districts in its neighbourhood suffered extremely little from cholera, as was before stated.

The fact that persons who work habitually amongst offensive animal substances do not appear to suffer in their health, confirms the view that no material injury arises from the effluvia of sewers and drains. The accompanying table, No. 1, contains the mortality in 1851 amongst persons occupied in certain offensive trades in England and Wales, from the Fourteenth Annual Report of the Registrar-General. These trades comprise the second and third sections of the twelfth class of the Registrar-General, and comprise all the persons working in grease, bones, intestines, skins, hoofs, and horns. The deaths are arranged in decennial periods; and I have taken from the census report of the same year the number of persons living in these trades—both the entire number of 20 years and upwards, and the number living at each decennial period, and have calculated the deaths per thousand for each period of life. I have also done the same for males of all occupations, so as to draw a comparison between the population occupied in offensive trades, and the entire population of grown-up males. It will be observed that in the whole population of males of 20 years and upwards, the mortality was 20 per thousand in 1851, while among persons employed in offensive trades it was only 18.3 per thousand. In other words while the entire adult male population had an average duration of life of 50 years, the average duration of life in the offensive trades was 54 years and seven months. At each decennial period under 45 the proportion of deaths is considerably less in the offensive trades than in the rest of the male population; from 45 to 55 the mortality is precisely the same in both; and at ages above 55 it is slightly higher in the offensive trades.

TABLE I.  
Mortality in Offensive Trades, and amongst Males of all Occupations in England and Wales.

	Aged 20 and upwards			20-25			25-35			35-45			45-55			55-65			65-75			75-85			85 and upwards			
	Living in 1851.	Died in 1851.	Deaths per 1000.	Living in 1851.	Died in 1851.	Deaths per 1000.	Living in 1851.	Died in 1851.	Deaths per 1000.	Living in 1851.	Died in 1851.	Deaths per 1000.	Living in 1851.	Died in 1851.	Deaths per 1000.	Living in 1851.	Died in 1851.	Deaths per 1000.	Living in 1851.	Died in 1851.	Deaths per 1000.	Living in 1851.	Died in 1851.	Deaths per 1000.	Living in 1851.	Died in 1851.	Deaths per 1000.	
Soap-boiler .....	1,055	12	11.3	148	0	0	322	1	3.1	268	2	7.9	168	1	6.0	96	45	3	66	21	2	95	3	0	0	0	0	0
Tallow-chandler .....	2,964	74	16.7	583	4	6.8	1,078	8	7.4	918	6	11.9	679	14	20.6	437	184	12	66	80	10	125	5	3	600	0	0	0
Comb-maker .....	1,458	40	27.4	205	3	14.6	363	6	16.4	418	6	11.9	247	4	16.2	135	4	28.5	14	4	285	2	2	500	0	0	0	0
Dealers in grease, bones, &c. ....	2,929	88	15.9	447	4	8.9	865	3	3.4	725	5	6.9	496	9	18.1	272	99	1	17.1	23	7	904	2	2	1,000	0	0	0
Fellmonger .....	1,004	27	16.8	225	0	0	380	1	2.6	355	8	8.4	235	2	7.0	198	120	9	75	34	5	147	7	3	428	0	0	0
Skinner .....	1,327	32	24.1	186	1	5.3	364	3	8.2	310	8	25.7	225	6	26.6	127	89	6	67	23	3	130	3	2	666	0	0	0
Turner .....	6,739	163	16.7	1,620	10	6.1	2,731	16	5.8	2,283	19	8.3	1,602	32	30.0	879	404	38	77	111	21	189	14	3	216	0	0	0
Turner working in leather .....	6,924	145	20.9	1,066	7	6.5	1,892	14	7.4	1,631	19	11.5	1,142	20	17.6	657	345	22	61	142	19	133	16	10	625	0	0	0
Others working in leather .....	1,790	28	15.6	524	1	3.0	566	5	8.8	404	6	14.8	281	3	10.6	133	62	4	66	18	4	222	2	0	0	0	0	0
Total of offensive trades .....	30,780	569	18.3	4,804	31	6.4	8,384	57	6.7	7,901	79	10.0	5,135	91	17.7	2,944	1,521	107	70	446	75	167	56	25	446	0	0	0
All occupations .....	4,717,013	94,092	20.0	795,455	7,059	8.8	1,317,234	12,631	9.5	1,006,891	12,647	12.4	738,983	13,104	17.7	148,132	326,370	17,116	64	96,706	13,612	140	13,239	3818	288	0	0	0

(To be continued.)

## THE "SPECIFIC TREATMENT" OF CONSUMPTION.

### NOTES ON THE ACTION OF CERTAIN SALTS OF PHOSPHORUS ON PHTHISIS.

By RICHARD PAYNE COTTON, M.D. F.R.C.P.

Physician to the Hospital for Consumption, &amp;c., Brompton.

In a "Memoir" lately published in Paris (a), and presented to the Imperial Academy of Medicine, Dr. J. F. Churchill has introduced to the Profession, as a "specific" remedy for phthisis, phosphorus in certain combinations. A few months previously he had proposed its employment at the Hospital for Consumption at Brompton; but having then declined to make known its composition, the offer, like many others under similar circumstances, was necessarily rejected by the Medical Board. The new remedy, however, being now no longer a secret, and its efficacy, as stated in Dr. Churchill's work, being so "immediate" and unprecedented, I have thought it a duty to give it a fair trial at the Hospital for Consumption, and to publish the results.

It may be as well to state briefly, that Dr. Churchill is of opinion that the direct cause of tuberculosis is the decrease in the system of the normal proportion of phosphorus in an oxygenizable state, and that the natural remedy should be sought in some compound of phosphorus at the lowest possible degree of oxydation. The hypophosphites appeared to him to offer the nearest approach to such a quality; and of these he selected the hypophosphites of soda and of lime, as being the most soluble and "assimilable." "They produce," he observes (p. 15), "a manifest increase of nervous power, sometimes even from the first day of their administration, together with an unusual feeling of comfort and strength. At the same time the nervous symptoms, if there have been any, disappear, as well as the functional derangement, such as weight, &c., of the intestinal mucous surface. The appetite increases, often in an extraordinary manner. The evacuations become regular, and more abundant; the perspirations, if they have existed, cease; sleep becomes calm and profound." He administered it to thirty-five consumptive patients, all of whom were either in the second or third stage of phthisis. Of these, eleven were completely cured, eleven experienced great melioration, fourteen died, and one was still under treatment.

My experience of this remedy is based upon carefully made observations upon twenty of my own in-patients at the Hospital for Consumption. Copious notes were taken by Dr. Walker and Mr. Ford, the resident clinical assistants; and are open to the inspection of those who may be desirous of obtaining more information than I am able to offer in the present communication. Dr. Churchill's rules for administering it were carefully attended to; five grains dissolved in water, with the addition of a small quantity of syrup, being given three times a-day. The cases consisted of nine males and eleven females, all of whom were adults. Three were in the first stage of consumption, five in the second, and twelve in the third. All were affected with the disease in its simple form, there being no other than the ordinary complications. The remedy was administered for a fortnight, notes being regularly taken at the expiration of this period no improvement was observable, it was discontinued; but if the patients expressed themselves relieved, other medicines were prescribed with the view of testing whether such relief was fairly attributable to "specific" agency, or to other circumstances—such as improved diet, rest, &c., which should always be taken into account in estimating the effect of medicinal agents upon Hospital patients.

Of the three patients in the first stage of the disease, two were not perceptibly influenced by the hypophosphites, but afterwards improved considerably under tonic treatment and cod-liver oil; the other considered himself much stronger, but before admission to the Hospital he had been almost starved, so that good diet, &c. may reasonably claim a fair share of the credit; and he left before other medicines could be tried.

Of the five patients in the second stage of the disease, two were not in any way influenced by the hypophosphites, but

(a) Sur la Cause immédiate, et le Traitement spécifique de la Tuberculose Paris: 1858.

subsequently expressed themselves as feeling "much better" under tonic treatment with cod-liver oil; two slightly improved, but one of these afterwards advanced at a much more rapid rate under steel and oil, and the other seemed to get on quite as well under steel and quinine; the remaining one became much worse from a gradual advance of the malady.

Of the twelve patients in the last stage of the disease, one felt herself better under the hypophosphite than under any other remedy; one improved greatly, but not more than under the subsequent use of other tonics; three improved slightly, but afterwards progressed much more rapidly under steel and cod-liver oil; two were not at all benefited, but found themselves "much better" under a change of treatment; in two cases no effect was observed, and in spite of all treatment, the disease ran on; one of the patients became worse, but subsequently gained strength under the oil and quinine; the remaining two died.

Thus, in only two instances could this remedy be said to act with any marked benefit, and in one of these its good effect was very equivocal, the patient previous to admission having been in an almost starving condition, and leaving the Hospital before the comparative trial could be made with other medicines. In all the rest it acted certainly in no way as a "specific;" in most, it seemed to be inert; and the few cases which slightly improved during its administration were evidently instances of the *post*, and not the *propter hoc*, since some advanced equally, and many of them more rapidly under the subsequent use of steel or quinine with cod-liver oil.

It is very possible that the compound of phosphorus proposed by Dr. Churchill may in some cases have a tonic and beneficial influence; but to any "specific" action upon tuberculosis it seems to have no claim.

In a foot-note to the tabular statement made by the above-named Clinical Assistants, I find the following remarks by Mr. Ford:—"As far as we can judge from these cases, it is obvious that the hypophosphites are of no therapeutic value whatever in the treatment of phthisis; indeed they seem to be simply inert, doing neither good nor harm, except indirectly in the latter sense by interfering with more positively beneficial modes of treatment." This opinion is fully endorsed by Dr. Walker.

The employment of phosphorus in the treatment of phthisis is by no means novel. For the last eight or nine years I have been in the habit of using a mixture consisting of the dilute phosphoric acid with phosphate of iron; and at my suggestion it has been inserted in our Hospital Pharmacopoeia. In many cases much good has attended, and I think I may say been produced by, its administration; but I attribute to it no *specific* action. I believe it is a simple tonic, adapted to certain depressed states of system.

Phosphorus is a well known and apparently necessary constituent of all healthy nerve structure; and in some conditions of low nervous vigour, its medicinal employment may be of very great service. We find that it enters largely into the composition of the most nutritive kinds of grain; and we may be quite sure that it is not placed there without a purpose.

If phosphorus, then, be no specific for phthisis, but a simple tonic acting usefully in certain lowered states of nervous energy, are we to seek further for specific remedies for this most intractable of all diseases? I believe the search will ever be futile. Until we know what *life* really is;—until some new aid can be brought to bear upon its demonstration;—until we find out in what consists that diminished power of vitalizing new products, as exhibited in the formation of tubercle and other imperfectly organised substances from the blood, we must be content with treating consumption, as at present, with tonics and cod-liver oil.

46, Clarges-street, Piccadilly, Feb. 1858

**EPIDEMIOLOGICAL SOCIETY.**—A deputation of the Epidemiological Society waited upon Lord Palmerston, at his residence in Piccadilly, on Wednesday, the 10th instant. The object of the deputation was to urge on the Government the importance of early legislation on the subject of Vaccination. The deputation consisted of Dr. Babington, F.R.S., President of the Society, Dr. McWilliam, F.R.S., Hon.-Secretary, Dr. Waller Lewis, Dr. Seaton, Dr. W. Camps, and Mr. Marson.

## DISSECTION OF AN EYE AFFECTED WITH ENCEPHALOID DISEASE.

By T. WHARTON JONES, F.R.S.

Professor of Ophthalmic Medicine and Surgery in University College, London; Ophthalmic Surgeon to the Hospital, etc.

I am indebted to my friend and former pupil, Mr. Charles Drysdale, for the eye of which I here record the dissection. Mr. Drysdale's friend, Dr. Richardson of Battersea, who attended the case for a few days before death, and made the post-mortem examination, states that the patient was a child two years old; and that one year since, it was seen by two ophthalmic Surgeons in London, who pronounced the disease to be incipient fungus hæmatodes, and wished to remove the eyeball.

Dr. Richardson found the eye prominent, and commencing to separate the eyelids. A bright metallic appearance was observable behind the cornea, and a substance apparently protruding through the dilated pupil. The child was occasionally delirious and convulsed: the bowels obstinately constipated.

*Section cadaveris* forty-eight hours after death.—Dura mater adherent to the calvarium;—encephaloid masses under the arachnoid at intervals; optic nerve of affected eye surrounded by encephaloid enlargement up to the commissure, but all softened and unfit for removal.

The eyeball was of natural size. The structures around it healthy. The cornea was reddish-yellow, looking from the presence, as was found on dissection, of a puro-lymph looking matter in the anterior chamber.

Having dissected away the muscles, etc., from around the eyeball, I divided and reflected the sclerotics on one side, thereby exposing the choroid.

Tracing the choroid forwards, I found it, and the ciliary body, whitish and much thickened.

The cornea, which was next cut into from the same side, and a portion of it reflected, was found transparent, but much thinned.

The anterior chamber,—diminished in its antero-posterior depth in consequence of the iris being pressed forward by the morbid formation, to be noticed below, occupying the place of the vitreous body,—contained the reddish puro-lymph matter above-mentioned. This having been removed, the anterior surface of the iris was exposed.

Through the pupil, which was somewhat dilated, the opaque crystalline projected.

The choroid being next traced backward, was found, in the region of the entrance of the optic nerve, enormously thickened, and of an appearance something like firm white medullary substance which has been hardened in alcohol. This portion of the choroid was intimately incorporated with the sclerotics externally, but internally it was smooth, free and prominent.

The whole interior of the eyeball, naturally occupied by the retina and vitreous body, was filled with a lobulated mass of encephaloid, here pinkish, there brownish or blackish in tint.

Springing from the place of entrance of the optic nerve, and lying on the inner surface of the much thickened choroid above described, there was a shreddy membranous substance with pigment cells on its surface next the choroid. This, which I considered to be a remains of the retina, was lost anteriorly in the mass of encephaloid, just mentioned as filling the whole interior of the posterior segment of the eyeball.

Under the white and thickened ciliary body, the ciliary zone was found still distinct, but also thickened and deformed.

The iris having been cut through and detached on one side, the posterior chamber was laid open and found to contain matter similar to that in the anterior chamber.

The opaque crystalline lens with its capsule preserved its natural position in respect to the thickened ciliary zone, but, as above-mentioned, was much pushed towards the cornea by the encephaloid mass behind.

Having completed the preceding examination, I made a longitudinal section of the optic nerve, running into the eyeball. From this it was seen that the sclero-meningeal sheath of the optic nerve was closely adherent by its inner surface to a morbid mass continuous with, and similar to, the thickened and degenerated choroid, with which the sclerotics, as above-



mentioned, was in a similar manner intimately incorporated. The proper fibrils of the optic nerve no longer existed, but there were the remains of their neurolemmata, tinged of a bright gamboge yellow colour.

Near its entrance into the eyeball, the optic nerve presented a small nodule on one side, but with this exception was not enlarged, though degenerated in structure as above described.

Examined under the microscope, the encephaloid mass, filling the whole interior of the posterior segment of the eyeball, and encroaching on the anterior segment, was observed to consist of colourless cells in various stages of development, some caudate, about 1-2500th of an inch in diameter, and some pigment cells very much larger, together with a granular matter. There were also traces of a fibrous stroma.

The white and thickened portions of choroid, the ciliary body, and ciliary zone were composed of similar cells, as was also the reddish purlo-lymphy looking matter in the aqueous chambers.

In conclusion, it need scarcely be remarked that the proposal to remove the eye, above referred to, was most unwarrantable.

### THE LONDON

### PRACTICE OF MEDICINE AND SURGERY.

### THE HOSPITAL FOR DISEASES OF THE SKIN.

THE compiler of the following report was for about three years a regular attendant of the practice of the Hospital for Diseases of the Skin. During that time he had the free permission of its Medical officers to take notes of any cases, and received also from them much valuable assistance in the prosecution of his inquiries. An excellent microscope, the property of the Hospital, was always on the table, and was resorted to in all cases requiring its assistance. In this way very numerous observations were made, and detailed notes of upwards of a thousand cases were taken. The main results of many of these investigations have already been recorded, either in the *Transactions of the Pathological Society of London*, or (more numerously) anonymously in the *Hospital Reports of this Journal*. It is proposed, however, in this and in several reports on special subjects which are to follow, to enter with more of detail into an examination of the disease selected. Thus taking, in the first place, the several diseases of the scalp, it is intended to bring the numerical method to bear, in the hope by its aid of finally setting at rest some of the many points in their pathology respecting which there is as yet much that is doubtful and disputed. This method has the great advantage of placing the writer and his readers on a footing much more nearly approaching one of equality than is otherwise attainable. The responsibilities of the writer are indeed greatly diminished, and his function is reduced to a considerable degree to that of merely collecting, compiling, and counting up facts. The same facts are before his reader as have been the subjects of his own investigation. Their exact number is known, and so also the degree of their detail and completeness. Any flaw in the conclusions deduced is easily exposed and corrected. That at first sight it is a tedious, lengthy, and laborious method must be admitted. It is, however, not so in reality, but tends rather, in the long run, greatly to save both time and trouble. An amount of labour, ingenuity, and valuable time has been expended in the discussion of certain Medical questions which might easily be named, and which are as yet just as doubtful as ever, which, had the numerical method been adopted, would long since have placed the truth beyond the reach of cavil. The observation of Dugald Stewart, that among the chief causes of the slow progress of human knowledge has been "A disposition to grasp at general principles, without submitting to the previous study of particular facts," will be corroborated by all inquirers, and by none more feelingly than by those who have been engaged in Medical pursuits. With this brief defence against the charge of prolixity, should any be inclined to bring it, we shall now pass to the subject in hand.

### REPORT ON THE NATURAL HISTORY, DIAGNOSIS, AND TREATMENT OF ALOPECIA CIRCUMSCRIPTA.

(Cases under the care of Mr. STARTIN and Mr. M'WHINNIE.)

DEFINITION. — Complete baldness in abruptly defined patches.

In proof of the necessity for a detailed examination as to the nature and characters of this affection, the following memorandum, made prior to commencing the inquiry, may be cited.

#### MEMORANDUM FEBRUARY 1851.

Writers on skin diseases do not appear to have sufficiently recognised the specific characters of this disease. It is the "Por-rigo decalvans" of Willan, and the "Accidental baldness" of Wilson. The latter makes no allusion to its great relative frequency in children, but seems to consider loss of hair in patches, when occurring in the latter, as usually a result of Tinea, from which Alopecia probably differs essentially in having no furfuraceous stage, in being never contagious, in occasioning no sensation of itching or tingling in the skin, and (?) in having no microscopic peculiarity (fungus in hair-root, &c.). Cazenave and Schedel thus ignore its existence as a special disease:—"Enfin l'alopecie partielle, décrite par Willan sous le nom de 'porrigo decalvans,' ne doit pas être considérée comme une affection distincte; elle est souvent le résultat des diverses espèces."

At the same date the following were marked out as the subjects to which attention was to be especially directed.

#### AGENDA.

1. To examine microscopically the hairs and hair-bulbs.
2. To ascertain whether in any cases it ever has any other stage or symptom than simple baldness. (Itching, scurfiness, vesicles, broken-up hairs, etc.)
3. To ascertain whether there is any evidence of its being a constitutional disease—especially liable to affect the delicate and puny—to follow fevers or severe illness—to be preceded by debility, emaciation, loss of appetite, or general languor—to recover and relapse coincidentally with improvement or the reverse in the general health—to be curable by remedies addressed to the general system.
4. To ascertain whether there is generally deficient vascularity or innervation in the affected portions of the scalp. This may be learned by scratching, rubbing it, etc.; also by watching the effect of blisters, and inquiring as to the degree of pain produced by them. (The idea of deficient vascularity is opposed by the circumstance that the patches are often very abruptly bounded, and that hair will grow luxuriantly on neighbouring parts.)
5. Is it ever communicable? In the cases in which it is asserted to have been communicated, in what period of its course did the transference occur, and was there reason to believe that the disease was then simple and uncomplicated?
6. How often is it associated with a general tendency to falling off of the hair of scalp, i.e. to thinning without the actual production of bald patches?

#### ABBREVIATIONS AS TO TEMPERAMENTS.

In the column in the table which relates to Temperaments abbreviations have been used. The meaning of these is explained in the following list:—

1. (Dark.) Black or dark brown hair and eyes.
  2. (Brown.) Brown (hazel) hair and brown eyes.
  3. Light brown hair and dark brown or black eyes.
  4. Brown hair and grey or blue eyes.
  5. Black hair and blue eyes.
  6. (Red.) Red hair and grey or blue or yellow eyes.
  7. (Light.) Light hair and light grey or blue eyes.
- Str. Strumous. Features tumid; large alæ nasi; snub nose; patchy colouring of cheeks; aspect heavy and dull.
- F. Str. Fair Struma. Transparent skin; features regular; eye brilliant and expressive; eyelashes long and silky; intelligent.
- P. Phlegmatic. Stout, fat, and flabby.
- C. Cachectic. Sallow earthy complexion; spare habit of body; lack-lustre eye; flabby, moist skin.
- R. Robust. Well fleshed; florid, of fixed and well-diffused colour.

No.	Name.	Age.	Temperament.	Health.	Diet.	Health at the time the disease appeared.	Date of appearance and duration.	Contagion.	Attended by scurf.	Tendency to get well, or to change its place.
1	Emma Jane Gentle.	7	7	Excellent.	Good.	Very good; a little losing flesh; appetite excellent.	Sept. 1853. 4 months.	None, although somewhat exposed.	Very little.	It has spread, but no hair has grown.
2	William Blanshard.	30	7	Fair.	Good.	Anxious; dyspeptic, but not very noticeably.	1848. 9 months this time 6 years.	None; very little exposed.	None.	It has been quite well once for several years; has returned in nearly the same parts; the hair generally is thin, and comes off plentifully.
3	Emma Ploughed.	8½	1	Good.	Poor.	Good; of poor parents and looks underfed; colour good and tongue clean; excellent spirits.	Jan. 1854. 1 month.	None, although very much exposed.	None.	None; it is spreading in all parts.
4	Sarah Bates.	20	2	Fair.	Good.	Not feeling well; head aches; no indigestion; catamenia regular; pale, but moderately stout.	May 1853. 9 months.	None, although considerably exposed.	None.	None; the patches are spreading at their margins; no hair has grown.
5	Rebecca Chipper.	6	2 R	Excellent.	Moderate.	Aged 18 months she had "water on the head," which has left a squint; she was improving in health and almost well when the disease began 3 years ago.	1851. 3 years.	None, although very much exposed.	None.	Always the same, gradually increasing in size.
6	James Reynolds.	12	2 R	Excellent.	Good.	Always had excellent health since the measles, which was at the age of 7.	1847. 5 years.	None, although considerably exposed.	None.	Always the same places, but gradually getting larger.
7	John Lever.	6	7 F St	Good.	Not good.	Appeared to have good health, but was losing flesh; appetite excellent; a delicate pale boy.	March 1853. 1 year.	Two sisters have had true ring-worm at the same time.	None.	Always the same place.
8	Elizabeth Henessy.	14	4	Fair.	Vegetable; very poor.	Dyspeptic; losing flesh; she has a furred tongue, and complains of having had flatulence and stomach ache; has been underfed; appetite good.	Dec 1853. 3 months.	None, although very much exposed.	None.	Always the same; the hair is loose all over, and thin.
9	Sarah Day.	5	7 Fl	Excellent.	Good.	A stout, florid child, well fed, and in every respect healthy.	Jan. 1853. 9 months.	None, although very much exposed.	None.	It began as a patch on the vertex, gradually spread at its borders, and in three months involved the whole scalp.
10	George Sumthwaite.	12	7	Feeble.	Poor.	Delicate at all times, but never especially ill; he looks pale and clear-skinned.	1848. 5 years.	None, although very much exposed indeed.	None.	On former occasions large patches have repeatedly been bare, and once the entire occiput; it generally falls off in Spring; it has several times been well over the whole head.
11	William Drinkwater.	11	2 Fl	Excellent.	Pretty good.	A robust and healthy boy, though not very strong; appetite good; digestion good.	Jan. 1854. 1 month.	None, although much exposed.	None.	Enlarging gradually; no change of place.
12	Robert Waite.	4½	..	Good.	..	....	Sept. 1853. 6 months.	None, though much exposed.	None.	Two patches have got nearly well.
13	George Hodgson.	14	7 D	Delicate; feeble.	Very poor.	Delicate; he is a starved-looking, ill-nourished lad; overworked.	March 1854. 1 month.	None, though very much exposed.	None.	It has not grown again, and is still falling over the whole scalp.
14	Thomas Spreadbury.	12	6 R	Good.	Very poor.	Quite good; he is liable to catch colds, but he is quite as well as usual; looks robust.	3 weeks.	None, though somewhat exposed.	None.	It has not grown again, and is generally worse; the patches are spreading.
15	Jane Raymond.	8	4 Str	Good.	Poor.	Quite good; she is, however, strumous-looking, though very hearty; moderately stout; has had scarlet fever 18 months ago, during convalescence from which the hair came off more than before.	1852. 2 years.	None, although very much exposed indeed.	None.	It has been gradually spreading; the hair has never grown again, but sometimes its fall has been arrested for a time.
16	John Dickenson.	14	4 R	Good.	Fair.	Quite good; healthy-looking, and robust. Is not subject to chilblains or cold hands.	6 months.	None, although very much exposed indeed.	None.	It has been gradually spreading; the hair has never grown again.
17	James Blows.	9	4 R	Pretty good.	Good.	Rather delicate, but looks florid and well. In winter suffers much from chilblains.	8 months, 3 years.	None, although very much exposed indeed.	None.	In 1852 he attended here, with the same disease of 3 months' duration, and was blistered; 10 weeks' treatment cured it; it has reappeared nearly on the same parts.

Attended by itching.	Position, size of the patches, etc.	Condition of the patches as to smoothness, hairiness, etc.	Microscopic Examination of Hairs.	No.
Considerable.	Vertex, occiput, and nape. Oval or round, 3-4 inches across.	Not quite smooth, but not actually scaly; a few scattered long hairs, and much down.	They all broke off abruptly; no bulbs extracted.	1
Very slight.	Vertex and sides of head; occiput. Large-sized, 4-5 inches across.	Smooth and glossy, but not thinned, nor yet quite bare of hairs.		2
Very slight.	Vertex, sides, and occiput; abrupt margins. Very large, irregular, and mapped out, involving altogether half the scalp.	Smooth and glossy, but not so polished as sometimes; a few solitary or grouped long hairs grow on them; no down.	Hairs taken from the midst of the patches; bulbs very much wasted—some of them tapered, others clubbed and black.	3
Very slight.	Front half of scalp, vertex, and occiput; margins very abrupt. The whole front of head, and many small scattered patches from a crown to a sixpence on back of head and occiput.	Smooth and glossy; quite denuded of hair; the head being shaved, it was seen, 1st, that where the hair grew the skin looked black; 2nd, it felt much thicker than over the patches; the latter were pale pink, not readily scratched.	Hairs taken from the margins of patches had much-wasted bulbs; those from the parts where the hair grew were many of them plump, but some of them wasted.	4
None.	Vertex. Irregularly oval, 4 inches by 2.	Perfectly smooth and glabrous; well defined and surrounded by thick-set hair.	Extremely wasted in the immediate border; good plump bulbs on rest of head.	5
Slight.	The entire occiput. Irregular patches; hair loose and thin in other parts.	Quite smooth. White-looking tufts, and irregular bands of thin-set but long hair, interspersed amongst the patches.	All the downy hairs of the patches had good soft plump bulbs; colourless.	6
Slight.	Scattered over vertex and occiput. There are six or seven, from a sixpence to a penny in size.	Skin thin, smooth, stretched-looking, all but bare; a few long thin hairs growing on them; no down.	The bulbs are wasted as compared with those of other parts, but not to so extreme a degree as sometimes; the spiral twist was seen in some of them.	7
None.	Vertex and occiput. 8 round patches on the vertex, and 2 on the occiput.	Quite smooth.	Those from and around the patch were very small, thin, and colourless, but their bulbs were plump; those taken from other parts of the scalp were many of them wasted to thread-like bulbs.	8
None.	The entire scalp. Eyebrows not affected.	At admission the whole head was quite smooth; now (3 months) there are a few short hairs, and a little down about it.	The down and short hairs have many of them plump bulbs.	
None.	Occiput. Small round patches, the size of half-crowns.	Smooth, but not quite destitute of hairs; much thinned.	The hairs drawn from the middle of the patches had good plump bulbs.	10
None.	Vertex and sides of scalp. The size of a half-crown on the vertex—nearly as large on each temple.	The patch on the vertex is smooth, but the skin is not so much thinned as sometimes.		11
No.	Vertex and occiput; the hair generally is thin. A half-crown; two others (smaller) are almost well.	Smooth and polished, but not quite destitute of hairs; some long ones grow over the whole patch; no down or broken hairs.	The bulbs on the patches are much less plump than on the rest of the scalp, but they are not wasted to any great degree.	12
No.	Vertex and scalp. A crown-piece, but the hair generally is very thin.	Quite smooth; the hairs in the patch pull out very easily, those in other parts adhere.	The hairs have lost colour, and are much thinned; the bulbs in comparison with shaft not so much wasted, excepting in a few; the hairs on the other parts have much attenuated bulbs.	13
No.	Vertex and side of occiput. A halfpenny and two crown-pieces.	Quite smooth; not quite destitute of hairs; the hairs look smooth, and hold tolerably.	Bulbs not for the most part in any way wasted.	14
No.	The back part of scalp. Almost the whole head.	Much of the vertex bare of hair and smooth; the whole scalp is very thin of hair, and the hairs come out with the greatest ease; many of them break abruptly off without splitting; the scalp is pale, but not very thin.	All the bulbs extremely wasted; this condition prevailed in almost all the hairs examined.	15
No.	Over the whole head in irregular patches. The hair is only remaining in small, scattered, and ragged tufts, excepting on the vertex.	Patches ill-defined, nearly smooth, not glabrous, some scattered hairs, and also some down.	Hair bulbs but very little wasted.	16
Slight.	Vertex and occiput. Quite smooth; 6 large well-defined patches, the size of crown-pieces.	Quite smooth.	Hair bulbs but little wasted.	17

No.	Name.	Age.	Temperament.	Health.	Diet.	Health at the time the disease appeared.	Date of appearance and duration.	Contagion.	Attended by scurf.	Tendency to get well, or to change its place.
18	Hannah Pearson.	5	3	Delicate.	Poor.	Has been getting thin, and is looking delicate. Is of variable temper and appetite. Generally eats well.	March 1853. 18 months.	None, although very much exposed indeed.	None.	Has continued on the same parts, steadily spreading; The hair gradually has become very thin.
19	Emma Farrell.	12	4 R	Good.	Good.	Had a little lost flesh, and had not so good an appetite as formerly, but there was nothing material amiss.	4 months.	None, but has been very little exposed.	None.	It has gradually increased in the patches where it first appeared.
20	Henry Stagg.	9	3	Good.	Good.	Has not lost flesh. Had no illness. Subject to swim-mings in the head, and occasional faintings; otherwise quite well.	1 year.	None, although much exposed.	None.	The hair has not grown where it had once come off, but the patches have not materially increased.
21	Henry Howe.	20	4 R	Good.	Good.	A red-faced, stout, robust-looking man. Generally good; had bilious fever 8 months ago, and was 3 weeks in bed very ill; 3 months after this the alopecia began; hair always loose.	5 months.	None, although much exposed.	None.	Has kept to the same patches.
22	Dorothy Quick.	10	4 C	Fair.	Very poor.	Pale and delicate; no disease or ill-health noticed at the time the hair began to fall.	3 years.	A sister who sleeps with her is said to have very [small] patches.	None.	It has changed its place often, and the hair has grown permanently on the part first affected, is worse now than ever before.
23	Elizabeth Rigby.	20	1 R	Good; stout; pale	Moderate.	Quite well; she had ring worm in infancy, and the hairs did not grow perfectly afterwards.	1848. 7 years.	None, though much exposed.	None.	It has often got nearly well and then again relapsed.
24	Joseph John Little.	12	1 R	Good; moderately florid.	Moderate.	Quite well in every respect; has a large quantity of jet black hair.	March 1855. 3 months.	None, though somewhat exposed.	None.	It has continued spreading.
25	Elizabeth Moxon.	8	1 R	Good; florid.	Very poor.	Good, excepting headache in back of head.	2 months.	None, although very much exposed.	None.	It has continued spreading.
26	John Scale.	41	4 pale	Good.	Moderate.	Good; had a three weeks' very severe headache, attended by frequent epistaxis. He was not used to epistaxis, and had hardly ever had headache before.	Sept. 1854. 5 months.	None; not much exposed.	None.	It spread in patches, the hair frequently growing again, and then again falling off.
27	James Smith.	28	2 dark	Good.	Moderate.	Was feeling quite well; small-pox 4 years ago; no dyspepsia; no headache.	May 1856.	None, though very much exposed.	None.	The patches now present are the original ones.
28	Emily Beven.	23	1	Fair.	Moderate.	Very good. States she had a bad "scald head," which got well after a short time, but the hair began to fall.	1842. 16 years.	None, though very much exposed.	None.	Does not change in place at all; the condition has been permanent for many years.
29	Edwin Coxsedg.	7	1 R	Excellent.	Poor.	Good; cause unknown.	Feb. 1852. 15 months.	None, much exposed.	None.	A patch of hair has grown on the larger one.
30	Sarah Springthorp.	10	7 R	Excellent.	..	Good.	1846. 6 years.	None, very much exposed.	None.	Almost stationary; the patch has become angular.
31	Henry J. Willis.	6	..	..	..	.. ..	..	Said to have given it to his sister.	None.	.. ..
32	Isaac Moon.	11	Str	Cachectic.	..	Delicate; a puny child.	Feb. 1851. 16 months.	None.	None.	None; in statu quo for 16 months.
33	Mary Ann Collins.	15	..	Excellent.	..	Good.	March 1851. 1 year.	None, though very much exposed.	None.	None; extending.
34	Henry Prett.	25	..	Good.	Good.	Good, excepting dyspepsia.	1845. 8 years.	None.	None.	None. After it had lasted five years, it was cured by stimulant inunction, but the hair again fell off.
35	Sarah Ann Phillips.	8	..	Excellent.	Poor.	Good.	April. 6 weeks.	None.	None.	None.
36	Jane Grossmith.	22	1	Cachectic.	..	Dyspeptic, and out of health.	..	None, though much exposed.	None.	None.
37	Eliza Dean.	23	..	Excellent.	Good.	Florid; excellent.	1849. 3 years.	None.	None.	Those originally affected are now covered with hair.
38	Amelia Spencer.	11	..	Excellent.	Good.	Excellent.	1851. 1 year.	None.	None.	None.
39	Mary Love.	19	1 Fl	Fair.	Good.	Looking very well, but states that she felt languid.	1851. 3 months.	None, though much exposed.	None.	None.
40	Eliza Shears.	16	1 Fl	Excellent.	Well fed on vegetables.	Looking very well, but thinner than before, having much headache and gastrodynia.	Oct. 1852. 1 year.	None, though much exposed.	None.	One patch has got quite well; the rest have with some variations been spreading.
41	Sarah Holloway.	21	1 Fl	Fair.	Well fed and comfortable.	Looking very well, but not considering herself so well as usual.	Dec. 1852. 10 months.	None, though much exposed.	None.	None.
42	Eliza Smith.	13	7 Fl	Excellent.	Good.	Stout, florid, and in excellent health.	Jan. 1852. 5 months.	None.	None.	None; Wilson's ointment has been tried for many weeks without advantage.

Attended by (itching.)	Position, size of the patches, etc.	Condition of the patches as to smoothness, hairiness, etc.	Microscopic Examination of Hairs.	No.
None.	Vertex and occiput. Some of them are the size of shillings; on the centre a patch as large as a palm.	Abruptly defined and bordered by stout hairs, quite smooth and glossy, but with a little down perceptible on close observation.	Hair bulbs wasted to mere threads; in other parts of the head some of the hairs have wasted bulbs.	18
None.	Vertex and occiput. One on vertex as large as the palm of a hand; three others the size of halfpennies.	Quite smooth; polished skin, thin, of pale pink colour, contrasting strongly with the black tint of the surrounding skin.	Not examined.	19
Slight.	On several distant parts of scalp. As large as half-crowns; some on the front much larger.	Quite smooth and polished, especially those on the vertex, where the scalp is much thinned.	Hair bulbs around the border of patch wasted to mere threads.	20
Slight.	Vertex, forehead, and occiput. As large as palm of hand, and as crowns.	Quite glabrous and smooth.	Not examined.	21
Slight.	Almost whole head in irregular patches.	Quite smooth, and abruptly circumscribed.	Not examined.	22
No.	The whole occiput, both sides of head, front of head, two small patches. Involving altogether more than half the scalp.	Quite smooth, hairless, downless, and very white and glossy; abruptly bounded by strong hair.	Not made.	23
Slight.	Vertex, occiput, and sides of head. Those on occiput and side size of pennies—at vertex much larger.	Quite smooth; well circumscribed, downless, but with a very few stumps.	The bulbs not very markedly wasted.	24
No.	Almost the whole head, especially in front. Very extensive.	Quite smooth; the patches circumscribed, but general thinning of hair.	The hair is growing so well that I did not examine.	25
No.	The scalp first, then whiskers and eyebrows. Entire scalp, eyebrows, eyelids, whiskers, beard, arms, etc.; not the axilla or pubes.	Quite smooth and soft; white; sensation good.	There were literally none to be got.	26
No.	Above the left ear; three on vertex. Five or six patches on different parts, round, smooth, and glabrous; largest the size of a crown piece.	Smooth and glabrous; skin thinned; hair on other parts well grown and strong.	Not made.	27
No.	Over the whole scalp. Almost the whole hair is destroyed, a few scattered patches of hair alone remaining; she wears a wig over the whole.	The patches are almost glabrous, or at best have but a little down on them.	Not made.	28
..	Vertex and occiput. 3 inches across, and size of half-a-crown; 2 patches.	A few long hairs; no down; quite smooth.	Not made.	29
..	3 large patches on crown of head, 4 inches across	Quite smooth, without either long hairs or down.	Not made.	30
..	2 large round patches, 2 inches across.	Quite smooth.	Not made.	31
..	Large patches, which at length became confluent, and almost covered the whole head.	Quite smooth, well defined, and surrounded by fringe of long hair.	Not made.	32
..	Large round patches.	Quite smooth and glossy.	Not made.	33
..	Almost the entire scalp is bald, with the exception of here and there a long hair or a small tuft.	Smooth, with here and there a long hair.	Not made.	34
..	Large patches on the back of the head.	Smooth.	Not made.	35
..	One large patch on back of head, amongst long black hair.	Smooth.	Not made.	36
..	Numerous isolated patches of large size.	Smooth and glossy.	Not made.	37
..	Large patch 6 inches across, on crown of head; smaller ones on occiput.	Smooth.	Not made.	38
..	4 large patches, 2 inches across; long black, thick-set hair in other parts.	Smooth and glossy.	Not made.	39
..	Many large irregular patches almost involving the entire posterior half of scalp. In the front is one round one (crown-piece).	Smooth and quite bare. The skin has papillæ, and is oily; readily made red by scratching.	Not made.	40
..	2; 1 on vertex, 2 inches oval, and 1 on occiput an inch across. General thinning of hair, previously luxuriant.	Smooth, and very nearly bare; papillæ with black points visible; easily reddened; blisters well.	Not made.	41
..	4 distinct very large patches.	Quite smooth.	Not made.	42

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# Medical Times & Gazette.

SATURDAY, FEBRUARY 13.

## EFFECTS OF PROSTITUTION ON THE ARMY.

In our former articles on the subject of Prostitution, we considered it only as a social and moral question. There is yet another point of view, however, in which it deserves to be examined, and particularly by Her Majesty's Government. Without any reference to their ultimate effects in the destruction of health, the diseases arising from this great social evil are causes of a large amount of inefficiency in the Army, and of consequent expense to the country. We are not aware that this has ever been fairly brought before the public, and we therefore propose, so far as the limited materials within our reach will permit, to show the great practical importance of the subject in this respect. It is, we admit, a much lower ground to take; but it may have influence with some of those—unhappily not a very small class—who endeavour to bring every question to the commercial test of £ s. d.

It appears from the Army Statistical Reports (a), that among troops serving in the United Kingdom, the admissions into Hospital from venereal diseases, including under that head not merely syphilis but gonorrhoea, and all other cases arising from impure connexion, amount to 206 in every 1000 cavalry soldiers, 250 in the Foot Guards, and 277 in every 1000 of the infantry of the line. The latter, however, being much more numerous than the others, the average proportion of admissions for the Army at home is 267 per 1000, or more than one-fourth of the whole number. The strength of the troops serving in the United Kingdom in 1848, the latest date at which we have been able to ascertain the numbers accurately (b), amounted to 62,587, including the Ordnance corps, and the number of venereal cases occurring among them must have been 16,733. We have no data to show the average period these cases remained in Hospital; but the Statistical Report already quoted, shows the average duration of each attack of sickness to be in the cavalry 15 days, in the Foot Guards 18, and in the infantry of the line 17 days. Considering that upwards of one-fourth of the cases admitted into hospital are venereal, we do not think we shall overstate their duration if we assume it to be the same as the lowest of these averages, or 15 days.

If, then, there are 16,733 cases of diseases of this class under treatment, each for fifteen days, while the men are receiving 1s. 1d. per day,—the lowest rate of pay of a private soldier (c),—the sum annually lost to the public from this cause will amount to £13,595, while the number of men constantly under treatment will be 688. In other words, Go-

vernment is deprived, by this cause alone, of the services of a number of soldiers nearly equal to the effective strength of a regiment on the home establishment, and at a cost of about £14,000. It is true that while a soldier is in Hospital 10d. a-day is stopped from his pay, to cover the Hospital charges for diet, etc.; but this is merely stating that Government does not, in addition to his pay, incur the expense of keeping him. While under treatment, he still costs the Government 1s. 1d. per diem, and for that pay he renders no service, but his duty must be done by another man, who also receives pay.

The average number constantly in Hospital of troops in the United Kingdom is between 4 and 5 per cent. of the force, and of these above one-fourth are under treatment for disease contracted by their own sensual indulgence. It is obvious, therefore, that everything which tends to diminish this must be a saving to Government, as it increases the number of effective men for duty. We have not entered upon the question of the consequences of venereal in inducing other diseases (as phthisis, for example), which increase the mortality and invaliding, and thereby augment the expense of keeping up the Army, because we are not aware of any accurate observations having been made on this important point. We entertain, however, a very strong opinion upon it, and allude to it now in the hope that some of the Army Medical officers, who have such excellent opportunities of tracing the same men through a series of years, will direct their attention to the subject, and afford to the Profession the means of settling the question, upon the incontestable evidence of accurate and ample statistical observations.

In the meantime we would call the attention of the military authorities to the importance, in a financial as well as moral point of view, of endeavouring as much as possible to restrain immorality, and thus diminish disease in the Army. We are not so utopian as to believe that it can be entirely suppressed, but much might be done by judicious measures to reduce it. Let the barrack-room—the soldier's home—be made more comfortable; let reading-rooms and coffee-rooms be provided in barracks, as well lit and as comfortably warmed as the canteen or neighbouring beer-shop; let books and means of recreation—draughts, chess, dominoes, &c. be provided, and we venture to assert that many of the men will find occupation and amusement who at present resort to the low dens of vice and debauchery to get rid of the discomfort of the barrack and the ennui of a soldier's life.

## THE WEEK.

THE Report of the Royal Commission of Inquiry into the sanitary Condition of the British Army has just appeared. The startling fact has been brought out that "if the army at home were as healthy as the population from which it is drawn, soldiers would die at one half the rate at which they die now," and that "at present the army stands almost at the head of unhealthy occupations in the united kingdom." The popular conclusion is that the Army Medical Department, and Dr. Andrew Smith as its head, are to blame; but a more unjust or erroneous conclusion could not possibly be arrived at. Dr. Smith and the officers of his department are constantly battling with the War Office in behalf of the soldier. His food, his clothing, his barrack and hospital accommodation, have been the subject of innumerable letters and remonstrances, and every improvement that has been obtained has been wrung from the authorities by sheer importunity. It is too bad to make a department responsible because it is powerless. Give us power to act, and then blame us if the result is bad. At present the Medical Department is absolutely dependent on the War Office, and the War Office will do nothing which costs money to improve the sanitary condition of the soldier.

(a) Statistical Report on the Sickness, Mortality, and Invaliding among the Troops in the United Kingdom. Presented to Parliament 1855.

(b) Parliamentary Return.

(c) The minimum pay of a private in the cavalry is 1s. 4d., in the Foot Guards 1s. 2d., and in the infantry of the line 1s. 1d. a-day, including beer-money.



until it is absolutely driven to it by the force of public opinion. All this shall be thoroughly exposed, and the true inference of the report must be established, namely, that the Medical department must be made omnipotent in everything relating to the sanitary condition of the British Army.

There is some hope that a change for the better may take place in the London dissecting-rooms. The students of some of the schools have memorialized the Examining Boards, requesting them to use their influence in procuring a more abundant supply of subjects at a cheaper rate; and Mr. Baco, the Inspector of Anatomy, has resigned. He is a gentleman very much respected and liked, but his administration of the Anatomy Act has ended in a total failure, amid just and universal dissatisfaction at the scarcity and high price of subjects. The Memorial of the Teachers of Anatomy in favour of Mr. Charles Hawkins, will be found in another column. The new Inspector will enter office at a most favourable juncture for himself, inasmuch as the dissecting-rooms can hardly be worse supplied than they are now. He must be judged by results. If next session the Schools of London are as abundantly and as cheaply supplied as those of Scotland and Ireland, he will gain great credit in a very easy manner. If anything like the present state of things continues we trust both teachers and students will join in a request to the Home Secretary, to remove an inefficient officer from an important post, and will endeavour to replace him by a better man.

We have been called upon by the *Daily News*, in a leading article, to substantiate certain statements we made as to persons who had been mutilated by the Sepoys. Our statement was, that we had been informed of these cases by Medical men. One was mentioned by Sir Charles Locock, who, on being referred to, gave as his authority a medical man at Brompton. This gentleman says the mutilated lady is a niece of one of his patients. We have applied to another gentleman, who "guaranteed" the authenticity of a second case, and have proposed that in both cases the patients should be seen by one or two gentlemen in whom the public would have full confidence. Should this be objected to by our informants it will become our duty then to adopt another course. In the mean time we may copy the following letter from the *Times*, premising that the Editor of that paper follows the rule we also invariably adopt, of never publishing an anonymous letter without receiving the real name of the writer in confidence, as a pledge of his good faith.

TO THE EDITOR OF THE TIMES.

Sir,—I believe that what Lord Shaftesbury stated at Wimbome is truth. I know two ladies and one child now in England—one lady has lost her nose and ears, the other nose, ears, and lower lip; the child is minus feet and hands. Can it be that these are the only sufferers? It must be evident to every one why the above and all others having been thus brutally used should wish to live in privacy.

London, Feb. 4.

AN EYE-WITNESS.

Death last week removed the oldest member of the Surgical Profession in Ireland—Robert Moore Peile, M.D. Mr. Peile was the last survivor of those who were admitted as surgeons on the granting, by his Majesty King George the Third, of the first charter to the College of Surgeons in 1784. At a very early period of his professional life he was appointed Surgeon to the House of Industry Hospital, with which he maintained his connexion until the year 1850, when he retired, receiving from his colleagues a well-merited address, expressive of their high appreciation of his private and professional character, and of their respect, esteem, and warm personal regard. He

also held the office of one of the Consulting Surgeons to Dr. Stevens' Hospital, a position he always regarded with pride and satisfaction. In the year 1795 he was appointed Surgeon to the Hospitals for the Forces serving in Ireland, and during the rebellion of 1798 saw active service in the field. In 1803 he was promoted to the rank of Deputy-Inspector of the Forces, an office which he continued to hold for the lengthened period of forty-four years. The first number of the "Dublin Medical and Physical Essays," published in March 1807, opens with a paper by Mr. Peile, on "An improved method of performing the operation of Lithotomy," in which he describes the instrument since known as "Peile's Lithotome and Staff." That Mr. Peile had, however, previously to the appearance of this paper, attained a high degree of celebrity for his performance of the operation in question, is evident from the following tribute, offered alike to the kindness of his disposition and to his professional ability, in the "Second Part of the Metropolis," a poem published in 1806, fifty-two years ago:

"Ingratulating manners, feeling mind,  
His hand as steady as his heart is kind;  
Through pathless darkness, dubious and untried,  
Like him, the deep-rate Gorget who can guide?  
Or steal, with delicacy's touch, away,  
The lens, whose cloud obscures the visual ray?  
Such skill, such worth our value must ensure."

Mr. Peile was a man of the most straightforward and upright character, and his conduct towards his professional brethren was ever marked by the most considerate delicacy. He long enjoyed an extensive and lucrative practice in Dublin, from which he had however retired many years before his death. He closed a long life of simple and unostentatious charity on the 4th of February, 1858, aged 93.

The following Advertisement and Circular may surely be allowed to tell their own tale. The address of Mr. James Barr is what is called a *Blue Poster*, intended apparently for the walls and doorways of the town.

"COLERAINE UNION.—The Committee of Management of the Coleraine Dispensary District will hold a meeting, on Saturday the 13th of February next, in order to appoint a competent person to fill the situation of Medical Officer to the above Dispensary, at a Salary of £90 per annum. Applications, enclosing certificates and testimonials of candidates, to be forwarded on or before Wednesday the 10th of February, and addressed to the Rev. James O'Hara, Hon. Sec., Rectory, Coleraine.

"Coleraine, January 23d, 1858."

"TO THE COMMITTEE OF MANAGEMENT OF THE COLERAINE DISPENSARY DISTRICT.

"GENTLEMEN,—Seeing an Advertisement in the *Coleraine Chronicle* from you, calling upon Candidates for the situation of Medical Officer to the above District to forward their Applications and Testimonials to you, I take leave now, after 27 years' practice in my native town, to offer myself as a Candidate; and, as economy is the order of the day, I propose to discharge efficiently all the duties of the Dispensary District for the Salary of £60 per annum.

"Let the Poor of the neighbourhood, however, distinctly understand, that if not elected,—and these elections usually depend more upon interest than merit,—I shall still continue to manifest the same kind attention to them as heretofore.

"JAMES BARR, Surgeon,

"And Licentiate of the Royal College of Physicians,  
"Edinburgh.

"Coleraine, 4th February, 1858."

Shall we ever or never learn the necessity of union and co-operation before we can expect to raise the position of the Profession?

The Weekly Return of the Board of Health appears this week in an altered form, the remonstrance against its discontinuance having been found effectual. It now appears as a weekly return on the Health and Meteorology of the Metropolis, communicated to the General Board of Health by the Metropolitan Association of Medical Officers of Health. The number just issued is No. 1, of Vol. II., but only accounts for the week ending Jan. 9. It is very desirable that it should appear on the same day, and for the same week, as the report of the Registrar-General.

Surely the most inveterate opponent of medical reform must admit the necessity of some check upon the false assumption of medical titles by ignorant pretenders to medical knowledge, when proceedings can take place at a Criminal Court to call forth such a letter as the following:—

"In the report of the proceedings at the Central Criminal Court given in *The Times* of Wednesday last, it is stated that James Cowan, an elderly man of very respectable appearance, was brought up to receive the judgment of the Court upon an indictment for misdemeanour, the offence imputed to him being that of exposing placards outside his premises containing offensive and disgusting expressions in relation to Her Majesty, the Royal Family, and other illustrious personages. The report says, 'The defendant, it appears, carries on the profession of a medical man in Westminster.' Will you permit me to state that he has no more claim to the title of medical man than to that of barrister or bishop? After having served in the Rifle Brigade, Royal Marines, and Newfoundland Veteran Companies, Cowan was discharged to pension as a private soldier. As to his very respectable appearance, I can only say that appearances are often deceitful. He has been known for many years as a nuisance to the neighbourhood in which he resides, as the police can well testify. It is but justice to the medical profession that they should not lie under the unjust imputation of having among them a member who could be guilty of the disgusting conduct for which this person has been sentenced to twelve months' imprisonment."

A Testimonial, consisting of a very handsome silver salver, was presented the other day by some of the members of the Pathological Society to Dr. Quain, on the occasion of his retirement from the office of Secretary. Dr. Quain had held that appointment, a purely honorary one, for five years, during which time he had devoted a large amount of most zealous energy and talent to the fulfilment of its duties. The high character of the volumes issued under his supervision is abundant testimony to the labour he devoted to them.

A book has just appeared, from the pen of Mr. T. D. Acland, late Fellow of All Souls College, Oxford, on the subject of the new Oxford Examinations for the title of Associate in Arts and for Certificates, proposed to be awarded during the present year. This volume, which will be read with great pleasure by all who take an interest in the spread of education, contains a very temperate and well written abstract of the chief objects contemplated in the new examination, and a refutation of the arguments of those who have placed themselves in opposition to the scheme. To us it appears that the recent step taken by the University of Oxford is worthy of all praise, and is likely to give a very powerful encouragement to the acquisition of useful knowledge throughout the country. There are abundance of good schools in England, and many hundreds of diligent and aspiring scholars, but for want of an examination-test by competent authority, superior ability is at present too often unrewarded and unappreciated, while incompetency remains undetected. The liberality of the University in the manner of carrying out its plan is also to be highly commended, for it does not restrict its honours to the alumni of any particular school, nor to the profession of any

peculiar religious denomination, but it throws open its honours to all who prove themselves worthy of receiving them. Nor are the distinctions which it proposes to confer granted only for proficiency in classics or mathematics; but general literature, science, and art, are included in the category of subjects for which titles and certificates may be bestowed. As far as our own Profession is concerned, there can be no doubt that whatever tends to improve the educational condition of the juniors who are preparing to join our ranks, must elevate eventually the intellectual condition of the whole body; and we are glad to find printed in Mr. Acland's book a memorial drawn up and signed by many members of the Medical Profession in London, to the Universities of Oxford and Cambridge, expressing the greatest satisfaction at the measures now proposed for guiding and testing the preliminary knowledge of those who may be destined for the pursuit of Medicine. We have so often advocated the necessity of an improved system of preliminary education for the youth of our Profession, that it is only necessary for us here to repeat this expression of our opinion, and to offer our warmest support to Mr. Acland's efforts and to the liberal and enlightened policy just adopted by the University of Oxford.

The *Northern Daily Express* of February 4 contains the following advertisement:—

**"PHYSICIAN'S ADVICE WITHIN REACH OF ALL.**

**D**R. PEARSE, for the last Six Years Resident Medical Officer to the Newcastle Dispensary and Fever Hospital, and Lecturer in the Newcastle-upon-Tyne College of Medicine in connexion with the University of Durham.

27, NEW BRIDGE STREET, NEWCASTLE.

FEE.—ONE TO TWO SHILLINGS, Visits and Medicine included."

Can this Dr. Pearse, by any possibility, be the Dr. Pearse described as follows in the Provincial Medical Directory:—

"PEARSE, John Samuel, Newcastle-on-Tyne. M.D. St. And. 1854; M.R.C.S. Eng. 1847; L.S.A. 1848; Lect. on Med. Jurisp. Newcastle Coll. of Med. in connexion with Univ. Durham; late Res. Med. Off. Newcastle Disp. and Fever Hosp. Author of 'Statistics of the Cholera Epidemic 1863, treated at the Newcastle Disp.; with the Chemical and Microscopical Examinations of the Secretions, and Observations on the Pathology and Treatment.'"

"Last week a lawyer was struck off the rolls for an act considered likely to lower the legal profession in public estimation. It is high time that our corporate bodies should be empowered to exercise a similar authority.

The festival of the Children's Hospital, on Wednesday, passed off most successfully, under the presidency of Mr. Charles Dickens, who made a most touching appeal in behalf of the sick children of the poor. Upwards of 23000 was added to the funds of this useful charity at the festival, including the sum of £900 from the ladies present.

Dr. Lankester, as Medical Officer of Health of St. James's has just issued a little tract of half a dozen pages, which is calculated to prove very useful; containing directions for the preservation of health, and for preventing the spread of infectious diseases. Everything which tends to impress upon the public mind the importance of cleanliness, fresh air, pure water, and wholesome food, must lead to the general good. How much disease might be prevented, for example, by the dissemination of such a statement as the following:—

"Water from pumps with surface wells should not be drunk. The following street pumps have surface wells, and

are liable to be charged with the leakage from sewers, cess-pools, and drains:—Bridle Lane, Brewer-street; Vigo-street, Regent-street; Burlington-gardens, Bond-street; Warwick-street, Regent-street; Broad-street, Golden-square; Marlborough-mews, Blenheim-street; Great Marlborough-street; Tichborne-street, Regent-street; Little James-street; Duke-street, St. James's-square; Charles-street."

We trust that other health officers will follow Dr. Lankester's example, and make known to their sanitary parishioners the causes of disease to which they may be exposed unknowingly.

## REVIEWS.

*On Sanitary Legislation and Administration in England.* An Address, portions of which were read before the Public Health Department of the National Association for the Promotion of Social Science, held at Birmingham in October, 1857. By HENRY WILDBORE RUMSEY. Pp. 77. London: 1858.

Mr. Rumsey is favourably known to the Profession and the public by his excellent "Essays on State Medicine," published in 1856; and he has done good service by bringing forward the same subject before the meeting held for the Promotion of Social Science at Birmingham last autumn. In this address he exposes, with great force, the existing defects in sanitary legislation, and recommends effective means for their removal; and it is to be hoped, that as the audience to which his remarks were addressed included some of the most enlightened social reformers of the present day, his remonstrances will not be made altogether in vain. He denounces, with great justice, the absurdity of making each parish or township the absolute judge of the necessity, or otherwise, of the introduction of sanitary measures; and he very truly observes, that those places which are most in need of reform in this particular, will be probably the most vigorously opposed to its introduction. What, he asks, would be the effect of limiting the administration of justice, the management of the poor, or the religious instruction of the people, to those places only which begged for their introduction? And he asks also, what would have been the result of limiting the Poor-law Amendment Act to the parishes which petitioned for its adoption, or of introducing the Constabulary Act only into those localities which confessed themselves so disorderly as to require the aid of its coercive enactments? And, "surely," he adds, "the application of general hygienic laws—often involving questions which have been or have to be solved only by repeated investigations of an abstruse and profoundly scientific nature—ought to be the very last duty of local administration, which a wise and strong government, acting upon the best advice, would leave to the option of any fraction of the community, on the ground of its assumed ability to judge for itself in such matters."

On the subject of the appointment of Medical Health Officers, and on the scientific acquirements necessary for the due discharge of their functions, Mr. Rumsey's observations are sound and judicious. He censures the anomaly of making these appointments only permissive in the case of provincial local Boards, while they are compulsory in the Metropolitan districts. In the latter case, too, although the appointments themselves are imperative, there are no provisions whatever for the efficiency with which their duties are to be discharged. The local Boards have absolute power to appoint and to remove; no general instructions from a scientific authority, and no medical laws are permitted to interfere with the peculiar views of any vestry or district Board. Although, too, it is admitted that many of the Medical Officers of Health are gentlemen of high scientific reputation, there is no competent authority to determine the capabilities of any candidate for the appointment, and the selection of a good officer must be merely a matter of accident. Again, as Mr. Rumsey pertinently remarks, if the Legislature has done wisely in committing the appointment of health officers to the local authorities, why has it deprived the local governments of all control over the County Court Judges? and if the medical officers must be chosen and dismissed at the option of the individuals forming our parochial vestries, why should not the American policy be adopted of leaving the executive and judicial, as well as

the legislative elements of government, to the direct popular choice?

Such are a few of the subjects discussed in Mr. Rumsey's excellent address, which is well worthy of the attention of our legislators; and we hope that when sanitary laws are under discussion in Parliament, they will resort for instruction and guidance to the perusal of its pages.

*Lectures on the Diseases of the Stomach and Indigestion.* By CATHCART LEES, M.B. T.C.D., Physician to the Meath Hospital. Pp. 237. Dublin: 1858.

Dr. Lees apologises in his Preface for the appearance in print of a course of Lectures on Diseases of the Stomach at a time like the present, when so many good works on the same subject are before the public; but, nevertheless, he thinks that they may be found well adapted for students, for whom they were originally intended. They are founded on practical experience; after having been delivered in the Meath Hospital and elsewhere, they have already appeared in the pages of a Dublin contemporary, and they are now presented in a revised and amplified form. On looking over the pages of Dr. Lees's work, we find that he has carefully studied the works of those authors who have written on the pathology and treatment of the diseases of the stomach, and, as a course of lectures to students, his treatise is worthy of great commendation. The rules of treatment are given with clearness and conciseness, and may be considered as trustworthy guides for the practitioner.

*Toothache and other Affections of the Teeth relieved by the Electric Caustery.* By THOMAS H. HARDING, Surgeon-Dentist. London: 1858.

In this pamphlet Mr. Harding strongly advocates the use of the electric caustery, which was introduced into Dental Surgery in 1844 by M. Louyet, of Brussels. The battery employed is that of Smee, consisting of six pairs of plates of zinc and platinized silver, set in action by dilute sulphuric acid. The poles are connected with platinum wires, the extremities of which are introduced into the diseased tooth-pulp, and on completing the circuit the platinum wire becomes hot, and destroys the vitality of the exposed nerve. It is said that by this process toothache is often cured, and that the diseased tooth may remain serviceable for many years.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### ON THE ARREST OF PULMONARY TUBERCULOSIS.

By Dr. FLINT.

In this paper Dr. Flint furnishes the details of 24 examples of arrest of phthisis that have occurred in his own practice, and then makes some interesting observations upon the circumstances which seem to favour such arrest. The number might have been much increased had he not excluded such cases as were too recent, or the subsequent histories of which had not been sufficiently followed up, and those in which the disease was not arrested but simply slow in its progress. The evidence of arrest was decided from the fact of well-marked symptoms progressively abating in intensity, the patient increasing in weight and strength. "Until within late years, instances of supposed recovery from phthisis were unreliable in consequence of the want of certainty in the means of determining the presence of the disease. This uncertainty has been removed by the discovery and improvement of the physical exploration of the chest. Physical signs in conjunction with symptoms render the diagnosis of pulmonary tuberculosis positive in the great majority of cases. I shall include in this collection only cases in which the diagnosis rests on the conjoined evidence of signs and symptoms. With some exceptions, the results of exploration of the chest, together with the previous history and existing condition of the patient, were noted prior to the arrest of the disease. In a few instances, however, the cases came under observation subsequently to the arrest, and the diagnosis was made retrospectively; that is, the physical signs and previous history were

deemed sufficient to render it positive that the patient had been affected with tuberculosis." In the narration of the author's cases a marked distinction is made between "arrest" and "recovery." Arrest it is obvious may take place without recovery, when the tuberculous affection ceases to be progressive, but the processes of restoration never being complete; recovery can only be said to have occurred when, in connection with restoration of the general health, the local symptoms have entirely disappeared. Of the 24 cases in 13 arrest of the diseases was followed by complete recovery, while in 11 arrest was alone demonstrated.

"In several of the cases the arrest of the disease was evidently due to an *intrinsic tendency* to that result; in other words, the disease ceased to be progressive, in consequence of its self-limitation. This is fairly to be inferred in those instances in which no appreciable external influences, in the form either of medication, diet, or regimen, were brought to bear in the course of the disease. Eight of the cases may be embraced in this category." The fact of such intrinsic tendency Dr. Flint believes is not sufficiently appreciated, having been, indeed, only of late recognised; and adds, that while it is probable that the arrest of tuberculosis, supposed to be brought about by the measures resorted to, is really in more or less of the cases actually due to the self-limitation of the disease; so it is to be supposed that this intrinsic tendency has been sometimes thwarted by injurious therapeutical or other means—especially when it was the custom to resort to the antiphlogistic course of treatment. In the cases here detailed no resort was had to antiphlogistic debilitating measures, such as depletion, mercurials, emetics, low diet, confinement, &c.: and it may be fairly asked whether an abstinence from such measures did not contribute to the favourable result.

The occurrence of hæmoptysis occurred in no less than 18 of the 24 cases. In 10 of the 18 it occurred more than once, and in some several times. The proportion exceeds that in which hæmorrhage may be expected to occur in phthisis, according to the researches of Louis (57 of 87 cases), proving that the symptom is not an unfavourable one as regards arrest; the fact according with the conclusion arrived at by Walshe, that the occurrence of hæmorrhage does not hasten the progress of the disease, but appears to produce an opposite effect. It also agrees with the inference from observations in individual cases in which hæmorrhage seems to take place in lieu of a fresh tuberculous exudation.

Comparing the 14 cases, in which measures of treatment were adopted, it is found that in nearly all a change was made in the habits of life, such change consisting in relinquishing, partially or entirely, sedentary pursuits, and giving proportionately more time to *exercise in the open air*. In 5 of the cases this change in habits constituted the sole treatment, while all the 8 patients in whom the disease was arrested without any measures of management were persons of active habits of life. We are, therefore, warranted in regarding out-door occupation as conducive to this result. "The exercise in the open air was not generally of the kind which often goes by that title, consisting in simple airings by gentle walks or drives; but it consisted in rough occupation, often involving considerable, and sometimes great exposure to vicissitudes of weather." *Change of climate* occurred only in two cases prior to evidence of arrest. "On this subject I have been led to conclusions to which others have also arrived, viz. that climate, in itself, exerts no special agency in determining an arrest, but that it may favour this result indirectly by affording better opportunity for exercise in the open air, and furnishing objects of interest to the mind which will secure that object. . . . It has seemed to me far less important to fix upon a situation supposed to be the most favourable in its climatic aspects to the tuberculous patient, than to select a residence where the inducements to active habits of exercise are greatest. To place a patient in a group of invalids, in a particular spot where he is expected to derive some specific remedial influence from the atmosphere is rarely useful. The *ennui* incident to such a position, for a man of active habits of mind and body, is intolerable, and the moral effect of his associations is injurious. Patients will do wisely in avoiding the favourite places of resort for those affected with the disease, and in choosing points where the incitements to and the resources for physical exertion abound. Generally the objects of a change of climate are better secured by frequent change of place than by remaining stationary. Travelling in foreign countries, even when, so far as the climate is concerned, the

change is for the worse rather than the better, may be in a high degree useful, because the exercise which it invites is not endured as a task, but accepted as a means of mental gratification."

With respect to *diet*, the object was not to lower the powers of the system, but on the contrary to support and develop them by nutritious food. The patients were encouraged to live generously, indulging and cultivating an appetite for any and all the varied wholesome articles of food, with a full proportion of meat. In consequence of carbonaceous alimentary principles appearing to be useful in the management of phthisis, and the alleged fact of the comparative freedom from the disease enjoyed by persons working in sugar houses, Dr. Flint advises the free use of sugar. "It is a significant fact, apparent on referring to the cases I have reported, that appetite and digestion were, in general, not greatly impaired. It accords with the views just expressed to regard an unimpaired appetite and digestion as highly favourable for an arrest of the disease. Observation undoubtedly shows us instances in which the tuberculosis is progressive notwithstanding the ingestion and apparent assimilation of nutritious food; but it probably can show few examples of arrest of the disease when, either from disinclination or injudicious management, the diet is insufficient for the full support of the body, or fails to be appropriated to that end. No part of the management of tuberculosis seems to me of greater importance than that relating to the diet; in fact, whatever efficiency belongs to active habits of exercise, it is reasonable to suppose, is in great measure exerted by means of the increased activity of the processes of assimilation thereby induced." Diffusible stimuli, as wine, beer, and spirits, entered more or less into the management of a considerable number of these cases. They were given in moderate quantities, subsidiary to alimentation, i. e. contributing to render the digestive processes more active and complete. "I have of late advised their use much more freely than formerly, and I think I cannot be mistaken in attributing to them much value. I have observed that patients affected with tuberculosis are often able to take spirits in large quantity without experiencing stimulant or intoxicating effects. The disease appears to be one of those in which these effects are with difficulty produced."

Beyond mere palliatives, little use was made of *medicinal agents* properly so called. No remedies were given with reference to their special influence on the tuberculous cachexy, unless cod-liver oil can be so regarded. Tonics were often ordered, with the intention of influencing the processes of digestion and assimilation; and in this point of view they must be regarded as important agents. Cod-liver oil does not hold a very conspicuous place in these cases. Several of them occurred before it came into vogue; and in other cases it was taken for too short a period, either from the repugnance or the disturbance of the digestive organs it gave rise to. In very few instances was it persisted in. "Had a larger number of these cases occurred within a more recent period, or were I to report the cases during the last few years in which the progress of the tuberculosis appeared to be greatly retarded, although not arrested, this remedy would be found to enter more generally and often largely into the treatment. That it is a valuable remedy I can scarcely entertain a doubt; but it is to be considered that, since it has become emphatically *the* remedy employed in this disease, improved pathological views and the lessons of experience have wrought a radical change in the management of the disease as regards other measures—a change consisting in the abandonment, to a great extent, of antiphlogistic and debilitating measures, and a recognition, more and more, of the importance of measures of an opposite character."

"A point pertaining to the *mental constitution* of persons affected with tuberculosis seems to me worthy of notice. As regards the successful management of the disease, much depends on the patient's energy and perseverance. Tuberculous patients, as is well known, usually entertain sanguine expectations of recovery; but in a large proportion of cases they expect recovery to take place without any extraordinary agency on their part to secure that result. The disease, while it engenders hopes which are so often fallacious, seems frequently to impair that determination of purpose without which the means requisite to effect an arrest will not be efficiently pursued. A passive expectancy of recovery, and a calm acquiescence in the prospect of a fatal termination, belong to the natural history of the disease. On referring to the

cases which I have reported, I find that, in general, the persons manifested greater resolution than is usually associated with the tuberculous cachexy. This was due in some instances to innate strength of character, and in other instances to the force of circumstances."

"In conclusion, the general views which, with our present knowledge, are to govern the management of pulmonary tuberculosis may be summed up in a few words. The ends to be attained are, the removal of the cachexy on which the progress of the disease depends, the consequent arrest of the disease, and the promotion of the processes of restoration. There is no special medication to be pursued for the attainment of these ends; they are to be attained by measures which, in general terms, develop and strengthen the power of the system. This mode of expression, it is true, in a scientific point of view, must be considered rather vague, but in a practical sense it has a meaning sufficiently definite. The measures are hygienic rather than medicinal; but much importance often belongs to the latter. The hygienic measures which are most important are laborious exercise in the open air conjoined with agreeable mental occupation, and as conducive thereto, frequently change of business, the selection of a more eligible climate, and travelling are desirable, if not necessary; generous diet, and in many, if not most instances, the free use of alcoholic stimulants. The medicinal remedies, in addition to those which are simply palliative, are chiefly those of the tonic class, and in this category may be included the analeptic which has of late years had so much celebrity."—*American Journal, Med. Science*, Jan., pp. 52—86.

#### TREATMENT OF EPILEPSY.

By Dr. BROWN-SEQUARD.

Dr. Brown-Séguard concludes a long series of papers upon the nature and etiology of epilepsy published in the *Boston Journal*, with the following propositions as to the treatment of the disease. 1. The first thing to be done in a case of epilepsy is to find out if its origin is peripheric. The state of all the organs must be inquired into as completely as possible. 2. If it be ascertained that epilepsy is of peripheric origin, employ proper means to separate the nervous centres from this origin, or to remove the cause of the excitation entirely. Leaving aside what relates to the viscera, the application of ligatures, as we have shown, ought to be first tried. Sometimes it happens, as in a very curious case recorded by Reclamier, that the aura will disappear from one place and reappear in another. It will be well to pursue it thither and apply ligatures in the new place. 3. If ligatures fail, this is no reason for despairing of other means having the same object. The nerve animating either the part of the skin from which originates the aura, or the muscle or muscles which are the first convulsed, must be laid bare, and sulphuric ether thrown upon it. This might perhaps be sufficient to cure the affection. If it is not the nerve must be divided. 4. The amputation of a limb for epilepsy is a barbarous act, the section of the nerves being all that is necessary. 5. Sometimes blisters, setons, caustics, etc. in the neighbourhood of a part which is the origin of an aura, may be sufficient to cure, but these means have not the same efficacy as the application of a red-hot iron. 6. The best means of treating epilepsy seems to consist in the application of a series of moxas along the spine, and particularly the nape of the neck. 7. The nutrition of the nervous centres may be modified, and epilepsy be thereby cured, principally by the medicines which act on the blood-vessels, such as strychnia, but particularly by those which determine contractions in these vessels, such as atropia, ergot of rye, etc. 8. Trepanning, in cases where a blow on the head, or some other circumstance, seems to indicate it, ought not to be resorted to until cauterization and other means of producing a modification of the conditions of the skin of the head have failed. 9. Cauterization of the mucous membrane of the larynx, which has been successful in some cases in which there was considerable laryngismus, is an excellent means, not only of diminishing or preventing the spasm of the larynx, but as a mode of producing a modification in the nutrition of the medulla oblongata. 10. As a means of treatment too much neglected, we will point out the possibility of the transformation of epilepsy into intermittent fever, which has been proved by the important facts observed by Selade, Dumas, and others. The frequent passage of an intermittent fever into epilepsy, and the facts which show that nerves of the blood-vessels are excited in the nervous centres in fever and ague (the galvanization of the cervical sympa-

thetic nerve produces the effects of this fever, viz. cold, soon followed by warmth and perspiration), show also that there are great analogies between epilepsy and ague. So it is as regards the efficacy of ligatures in both diseases. That intermittent fever is an affection of the nervous system, is proved by a curious case of fracture of the spine, in which the parts paralysed remained in their normal state, while the rest of the body exhibited the phenomena of a paroxysm of fever. (*New York Journal*, 1861, p. 199.) 11. We will merely add, that hygienic means are as important as the treatment, and that sleeplessness ought to be as much combated as the disease itself. 12. As regards the treatment of the fits, we cannot insist too much upon the prevention or diminution of asphyxia, as it seems certain that the circulation of black blood in the nervous centres prepares for the production of future fits. For this object the best means are dashing very cold water in the face, and the inhalation of chloroform.—*Boston Journal*, vol. lvii. p. 265.

#### EXCERPTA MINORA.

*Iodide of Potassium in Leucorrhœa.*—Dr. Payne recommends the iodide of potassium as an injection in leucorrhœa. It is to be used (31½ to a pint of water), 3 or 4 times daily.—*American Medical Journal*, Jan. p. 296.

*Belladonna in Orchitis.*—M. de Larue recommends the following application, which, he says, promptly relieves the pain, and leads to a cure in a mean period of 8 days. Lard, 60 parts; aqueous ext. of belladonna, 16 parts. It should be applied gently every 2 hours in considerable quantity, the parts being afterwards covered with a linen compress, which is to remain unchanged.—*Rev. Med.*, Jan. p. 61.

*Compression of the Carotids in Epilepsy.*—In the case of a young man who had suffered from more than 500 epileptic attacks within the space of 8 years, Dr. Reiner tried the effect of compressing both carotids until the complete cessation of the pulsations. This procedure, practised 22 times on the first appearance of precursory symptoms, always had the effect of reducing the paroxysm to a few almost insignificant convulsive movements. Meanwhile the patient's general condition, both bodily and mental, has greatly improved.—*Ibid.* p. 53.

*Mortality after Operations in Paris.*—Dr. Mac Pheeters, of Natchez, in a letter from Paris to Dr. Cartwright, states that in the Parisian Hospitals it is the exception rather than the rule for a patient to recover after an amputation of the leg. At first he was inclined to attribute this to the enfeebled condition of Hospital patients; but M. Nélaton, in a lecture on this subject, stated that equally fatal results occur in private practice. Nélaton accounts for this great mortality by some peculiarity in the atmosphere of Paris, which produces purulent absorption; for in the provinces similar operations are performed with much better results.—*Boston Med. Journal*, vol. lvii. p. 327.

*Confection of Cinchona as an Antiperiodic.*—Dr. Gloninger strongly recommends a confection of cinchona (made of the Calisaya bark) as a most effectual and agreeable preparation, sitting easily on the stomach and unproductive of the inconveniences which sometimes follow the use of quinine. Its tonic properties apply excellently to the convalescence from fevers. He believes that a fair trial of the confection will lead to its superseding all other anti-periodics. ℞ Cort. cinch., calis. pulv. conf. sennæ, aa ʒi.; ammon. muriat. ʒ½, syr. cort. aurant. ʒij. M.—Dose the size of a "shellbark" three times a-day.—*American Journal Med. Sci.*, Jan. p. 294.

#### FOREIGN CORRESPONDENCE.

##### FRANCE.

Paris, February 6th, 1858.

In our last letter we noticed an interesting communication of M. Briquet to the Académie de Médecine, on the nature of pain in lead colic. This able Physician has read a second paper at the same Academy on the treatment of this painful affection. He has employed galvanism, or rather electromagnetic currents (the Faradisation of Duchesne), upon 42 patients, most of whom had a simple attack, and only one-fifth had other effects of lead poisoning. Constantly (and without one single exception) the pain has disappeared com-

pletely at the cessation of the Faradisation, and it was not reproduced by pressure upon the walls of the abdomen in any direction. Twenty-four patients have had no return of the pain after the first Faradisation. Ten patients have had a return of the pain, which has disappeared definitively after the second Faradisation, made on the same day as the first, or the next day, and in one case after eight days. In seven patients the pain has definitively ceased only after the third Faradisation, and in one only after the fourth.

The effect of the Faradisation was not limited to the cessation of the pain; the various morbid disturbances constituting an attack of lead colic gradually disappeared. The appetite often returned the day after the beginning of the treatment; vomiting ordinarily did not take place but a few times only for one or two days. In a number of patients (about one-half) constipation ceased only on the fourth day. The patients had taken no purgative.

M. Briquet concludes from these facts, 1st. That it is not the retention of fecal matters which causes the pain in lead colic; 2nd. That it is not the pain in the abdominal wall which paralyzes the bowels; 3rd. That, therefore, purgatives do not cure by voiding the bowels. Besides Faradisation, he has employed either no other treatment, or only sulphurous baths, sulphuric lemonade, alum, and opium. The results have been just the same whether they took these medicines or not. When other effects of lead poisoning exist together with the symptoms of lead colic, they persist after the treatment by the Faradisation. The application of a continuous galvanic current (with Pulvermacher's chain) procured an amelioration, but no cure.

A discussion of some importance has taken place at the Société de Chirurgie, on the treatment of abscesses by congestion. The mode of treatment employed by M. Boinet and others, who consider it as having been successful in some cases, has been criticised energetically by some members of the Society. This treatment consists in injections of iodine into the cavity of the abscess after it has been emptied. M. Marjolin states that he has not had a single success, although he has tried this means in seven or eight adult patients and several children. M. Demarquay and M. Chassaignac have also failed. In some few cases, M. Larrey has succeeded in ameliorating the condition of his patients, but he attributes this good result as much to the means employed at the same time as the injections of iodine, as to them. Giralès also thinks that the success probably has been due to the coincident means of treatment as much as to the injections. However, some cases have been mentioned which seem to show that this mode of treatment may prove very valuable. M. Forget has related a case cured six years after many injections of iodine.

Professor Claude Bernard has made to the Académie des Sciences a more extensive communication than that of which we spoke in one of our last letters, on the differences of the colour of the blood coming from glands during their activity and their periods of inactivity. He has succeeded, by various means, in suppressing the urinary secretion, and found that the venous blood came black from the kidneys in such a case, while it flows out red when the urine is secreted. The same thing he finds with the sub-maxillary glands, which, when they do not secrete, have their venous blood black, while it is quite red, and even scarlet, when the gland secretes either by a reflex action, as when an acid is put on the buccal mucous membrane, or when the nerve of the gland is galvanized. At the time that the gland is active, more blood flows out of it than in the opposite condition.

*Annual Public Meeting of the Académie des Sciences of Paris.*—*Distribution of Prizes.*—The prizes to Medical men are the following:—

1st.—Prizes of Medicine and Surgery: to M. P. Broca, for his work on Aneurisms; to Messrs. Delafond and Bourguignon, for their researches on the Animals of the genus *Sarcop*; to M. Morel, for his work on the Physical and Moral Degenerescence of Idiots, etc.

2nd.—Prizes of Physiology: to M. Muller, for his discovery concerning the changes of form of the Lamprey; to M. Brown-Séquard, for his researches on the properties of Red and Black Blood.

A report made by M. Devergie, to the Académie de Médecine, in the name of a Committee, is now exciting discussion in this Academy and in the Medical press. The principal object of the report is to establish the possibility of the transmission of the *herpes tonsurans* of animals to

man. The report relates facts observed by M. Reynal, which seem to prove positively the existence of such a transmission, at least from horses and oxen to man. Before M. Reynal, several veterinary surgeons and physicians had recorded such cases, but they had not positively proved the contagiousness of the affection. In his report M. Devergie remarks that the *herpes tonsurans* of animals may generate either the same kind of herpes in man, or produce the *herpes circinnatus*. He thinks that these two varieties of herpes are due to a parasitic cryptogam, the *trichophyton*.

M. Moreau states that the *herpes circinnatus* in the human species is not contagious, and as a proof of this assertion he states that he has known husbands attacked with the disease for years, and who had not communicated it to their wives. He thinks the *herpes circinnatus* is incurable.

M. Devergie says that Bielt has ascertained that this kind of herpes is contagious. If it depends upon the presence of a cryptogam, the persons exposed to contagion, and who have resisted it, were not in favourable conditions for the development of the plant and its influence on the skin.

M. Depaul blames M. Devergie for having attributed the merit of the discovery that the *herpes tonsurans* and *circinnatus* are caused by the *trichophyton*, to Baerensprung, who published his views only in 1855, while M. Bazin, of Paris, had already proposed the same opinion in 1854.

M. Devergie shows that M. Bazin cannot be considered as the discoverer, because he thought that the existence of the *trichophyton* was not a constant one.

## GENERAL CORRESPONDENCE.

### THE ANATOMY ACT.

[To the Editor of the Medical Times and Gazette.]

SIR,—As you did me the honour to insert my former letter on the Anatomy Act, I am emboldened to make a few further suggestions on the same subject.

Mr. Bacot, the late Inspector, has resigned before the termination of the session, thereby necessitating the appointment of another Inspector without any opportunity being given for the fair discussion of the question in all its bearings, or any alteration in the Anatomy Act. However, we are only too glad to get quit of him, and must look for better things from his successor.

The Anatomical "Lecturers" have, I believe, agreed to recommend Mr. Charles Hawkins for the post, but whether he will prove the right man in the right place is, I think, doubtful. If Mr. Charles Hawkins really wishes to work his office effectually, he must not only devote his own energies to the work, in no inconsiderable degree, but must have subordinates who thoroughly understand their part also. What is wanted is a "Purveyor," a man of respectability, but not of too high position, who is thoroughly up to all the "dodges" of the undertakers, and who could constantly be going about, looking them up, and procuring as many bodies as possible. The Inspector of Anatomy cannot do this himself; he may influence Boards of Guardians and other great people, but he cannot get at the inferior workhouse officials, with whom it greatly rests whether a body be "unclaimed" or no. It is astonishing what an effect a shilling or two, judiciously laid out, will do in this way, and the Purveyor could manage it all with the greatest facility. It will cost something, no doubt, but upon a proper representation to the Home Secretary additional funds would surely be allowed for the purpose. I presume that the new Inspector will exercise some control over the undertakers' charges, and not leave us entirely at their mercy as at present, for if so, we may expect in a few months that the price of subjects will be raised again, perhaps doubled, without our having any redress.

I am, &c.

DEMONSTRATOR.

### ARTIFICIAL RESPIRATION.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have no wish to enter into any controversy in your valuable paper on the Asphyxia question, but cannot refrain from making a few remarks on Dr. Silvester's letter in your last number.



In that letter Dr. S. describes *three* experiments which "were performed with the view of elucidating the subject of artificial respiration," in connexion with the method he has proposed and contrasted with the Marshall Hall method, over which he believes his own has numerous advantages.

I have, on a former occasion, (a) shown the physiological inferiority of Dr. Silvester's method compared with that of Marshall Hall; I showed how, theoretically, the method was not so good, because the prone position was not adopted, and I have since witnessed experiments on the dead body confirmatory of what I then said.

My present object is to show how unlikely the three experiments, made by Dr. Silvester, are to establish his method as one more serviceable to the asphyxiated than that of Marshall Hall.

"The following," says Dr. S., "was the mode of using the apparatus. The glass tube was passed *through an aperture made in the trachea*, and firmly secured in its place by a ligature, etc."

Surely this is not the way to prove which mode of restoring an asphyxiated person is best. The very point in question, the great object of the inquiry, is entirely overlooked by Dr. S. in his way of performing the experiments. The chief difficulty to overcome in cases of asphyxia (apnoea), is to get air the best way possible into the trachea through the semi-lifeless relaxed tissues at the back of the tongue, the chink of the glottis, the mucus and liquids collected about these parts, etc. These overcome, the task is comparatively easy. Marshall Hall tackled these difficulties, and overcame them; he adopted the prone position (for expiration) to open the glottis, to let the tongue fall forwards, to remove liquids, etc. from the mouth, nose, pharynx, etc. and semi-rotation for inspiration and inflation of the chest, which inflation of the chest is sufficient, and more than sufficient, for natural respiration, as shown by a second coadjutor (b). But in the subject of "deep practical interest," Dr. Silvester quite overlooks this the most essential point, and performs his experiments on the lungs having got rid of the grand difficulty one meets with in the asphyxiated by passing the glass tube (as shown in his plate) into an opening in the trachea.

I am, etc. A COADJUTOR IN THE DISCOVERER'S  
St. George's Hospital. EXPERIMENTS.

#### CASES OF FOREIGN BODIES IN THE EXTERNAL EAR.

[To the Editor of the Medical Times and Gazette.]

SIR,—I beg to send you the following particulars of two cases, one of which has excited public notice.

*Case 1.*—*Pea in the external meatus.*—*Attempted removal with tweezers and forceps, followed by inflammation and suppuration.*—*Acute pneumonia.*—*Death.*—Robert Sinclair, aged 8 years, an only child, son of a lighterman, residing at 46, Commercial-road, Rotherhithe, tall, fair, and of strumous constitution, was taken to my surgery on the 2nd of last December, by his mother, who informed me that while playing with peas the preceding day he placed one in his ear, and could not get it out. His schoolmaster, on finding what had occurred, told him to hurry home, as he would not live many minutes. She accordingly took him at once to some friends, who poked the ear with tweezers, etc. in order to extract the pea; but failing to do so, he was taken to my house, and in my absence he was attended to by my assistant, who syringed the ear well, though ineffectually. On the 2nd, when he was first seen by me, I repeated the syringing; but as the poor little fellow was so dreadfully alarmed, I could not do it efficiently, and being aware of the previous ill-advised attempts with instruments, I recommended his removal to St. Thomas's Hospital. On the 3rd the mother called, and stated that she took him to St. Thomas's, where he was held down on a table by five or six persons; that efforts were made to extract the pea, and that it was taken out in pieces. I desired her to keep him very quiet; to give him a dose of castor-oil, and to let me know on the occurrence of unfavourable symptoms.

On the 7th he complained of severe pain in the ear and all over the temporal bone. The meatus was tumefied, and there was a slight purulent discharge. The pea appeared to me to

be still discernible at the bottom of the ear, and on applying the breast-bag over the ear, the suction moved it a little. Ordered poppy fomentation, linseed meal poultices, and anodyne at bed-time.

8th. Had a better night, but still great pain, and more inflammation and discharge. To have leeches to back of ear, and saline effervescing draughts; feet in warm water and mustard at bed time.

14th. I was informed that the pea, swollen as large as a cherry, had come away this morning. I did not see it, as unfortunately it was thrown into the fire. To have a blister behind the ear, and cold applications to the head, as the mischief is increasing fast.

16th. Seen for the first time at his own home. Delirious at times; sick, and no action of bowels. Continue the effervescing draughts, and to have 2 grains of chloride of mercury every 3 hours.

17th. Great fever—quick pulse; rigors followed by heat, perspiration, and then cold again. No action of bowels. To have an enema, more leeches to the temples, and cold applications to head, and hair removed.

20th. Head symptoms still continue increasing in spite of blisters to the back of neck, cold applications, mercurials, etc., and the discharge from the ear (sometimes tinged with blood) continuing to increase to several spoonfuls daily. The powers of life now began to flag, and stimuli were resorted to.

On the 21st, very acute pneumonia set in, somewhat relieving the cerebral symptoms, and he died (of apnoea) on the 24th.

*Case 2.*—*A large cherry-stone in the external meatus of a boy 6 months, without any inconvenience; its removal without difficulty, by means of syringing.*—This boy, James Rutherford, aged five years, was taken to me by his father, who became alarmed on seeing the foregoing fatal case reported in the newspapers. He stated that his little son had frequently told him during the past half-year that he had put a cherry-stone in his ear, and that he had pain there, and upon examining the ear the preceding day he saw it distinctly. I syringed the ear well, and directed almond oil to be dropped into the ear daily for a week, when I repeated the syringing. The oil was continued another week, the breast-bag applied, and the syringing repeated a third time, when the cherry-stone, a very large one, came away, and with it all symptoms of deafness and pain disappeared.

Comment on the foregoing cases is unnecessary, I believe that had the first case not been meddled with, though the pea would have been still in the ear, the boy would have survived. The acute pneumonic symptoms appeared to be secondary, and entirely dependent on the inflammation of the internal ear. And in the last case did not the boy escape by the father not believing his son's story, and no one attempting to hook it out by means of instruments?

J. J. CREBORN, M.D.

Rotherhithe.

#### LIGATURE OF THE CAROTID.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the number of your Journal, Jan. 23, there is an account of the particulars of a case of fungus hematodes involving the right half of the face, where I tied the common carotid artery, in St. Bartholomew Hospital, to arrest the hæmorrhage which was almost daily taking place.

I do not wish to enter into the question as to whether or no the operation was justifiable. Whatever may be the opinion of others, I acted upon my own responsibility, but with the concurrence of some of the most experienced of my colleagues, and after giving the case my anxious consideration. There is an important fact, however, which I would wish to see corrected. Upon examination after death there was found *no softening of the brain*. In one part the capillary blood-vessels seemed a little fuller than natural, but the cerebral substance was firm and healthy. Paralysis must have ensued from disturbance of circulation, but there was no change which could have rendered recovery impossible.

In another case of similar character, I should be disposed to perform the operation at an earlier period, before the patient had sunk into almost a state of collapse, for the tying the artery is a speedy and not very painful performance; and inasmuch as it offers the patient a chance of prolongation

(a) Medical Times and Gazette, Nov. 14, p. 513, 1857.

(b) Medical Times and Gazette, Dec. 5, 1857, p. 588.

of life, if successful; on the other hand, it arrests hæmorrhage even if the fatal issue of the case be more speedy.

I know of no condition more pitiable than that of a man, the subject of an incurable disease, slowly bleeding to death; nor any position more distressing than that of a Surgeon who should be forced to stand by and witness the lingering death of his patient by such a process.

I am, etc.

HOLMES COOTF.

26, New Bridge-street, Feb. 10.

## MEMORIAL OF THE SCHOOLS OF ANATOMY.

[To the Editor of the Medical Times and Gazette.]

SIR—I enclose for publication in your Journal a copy of a Memorial which was signed by delegates from *all* the Schools of Anatomy in London, at a meeting held on the 3rd inst., and was transmitted on the following day to Sir George Grey, with a request that he would give it his favourable consideration.

I am, etc.

RICHARD PARTRIDGE,  
Chairman of the Meeting.

17, New-street, Spring-gardens.

"The Teachers of Anatomy in the Medical Schools of London having heard of the resignation of Mr. Bacot, are most desirous of having the appointment of Inspector filled by a gentleman thoroughly conversant with the working of the Anatomical Department of the Hospital Schools. The Teachers think that such a person should not himself be engaged in teaching at any hospital, in order that he may be independent of all individual interests; that he should possess sufficient weight and character in the Profession to secure the co-operation of the teachers and of the parish authorities; and be of such an age as to ensure activity and energy in the discharge of his duties.

"The Teachers feel the difficulty of finding a man who combines these qualities, but they believe that Mr. Charles Hawkins possesses them in a remarkable degree, and without wishing to intrude their recommendation upon the Secretary of State, they venture to express their strong conviction that the appointment of Mr. Charles Hawkins would be a great gain to the practical study of Anatomy in this Metropolis, and that he would carefully carry out the provisions of the Anatomy Act, with a due regard to the wants of the Medical Profession, and a just consideration for the feelings of the friendless poor.

"London, Feb. 3, 1858."

## OPIUM IN UTERINE HÆMORRHAGE.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the correspondence which has appeared in the *Medical Times and Gazette* on the effects of opium in uterine hæmorrhage, it appears to have been forgotten that opium has a very different effect, according as it is given in *large* or *moderate* doses. Considering the physiological action of the drug as described in "Pereira" and other works on *Materia Medica*, it appears likely to be useful, or the contrary, in diminishing hæmorrhage according to the dose in which it is administered; a *very full dose* being likely enough to produce relaxation, whilst a moderate dose, without doubt, produces contraction of the uterus. Most of your correspondents have given cases with a view of showing the relaxing effect of opium on the uterus, when administered in *full doses*. The following case, though not one of uterine hæmorrhage, very well illustrates the stimulant action of the same medicine when given in moderate doses. Two years ago I was requested to attend Mrs. A. in her confinement with her first child, she being in the 43rd year of her age: of course I expected a tedious labour. She lived in the country, and I was obliged to remain with her forty-eight hours before the labour was completed. She had suffered much for many hours; the liquor amnii had escaped—the os uteri was not completely dilated—she had taken sufficient nourishment to prevent exhaustion from want of food, chiefly gruel and toast and tea. No progress had been made. The pains, though severe, were badly borne and inefficient, when I administered what I considered the best stimulant, viz. about 25 drops of laudanum in a little water. The effect was much better than I even expected. The pains became almost directly more

powerful and expulsive, the os uteri rapidly disappeared from the reach of the finger, and the head soon began to press upon the perineum. More than twelve hours afterwards the case was exactly in the same condition with regard to the perineum as it had been before with regard to the os uteri. The pains continued to be severe, but ceased to have any expulsive action; the pulse quickened, and other signs of exhaustion began to appear. I repeated the laudanum in the same dose as before, having the forceps in reserve, in case the opium should have no effect. In about ten minutes the stimulant effect of the medicine began to show itself, the pains soon again became powerful and expulsive, and with the aid of pressure on the fundus of the uterus with the hand during each, in about half an hour the head was born. Another pain expelled the child, another the placenta; the uterus contracted firmly, and everything went on well. Mrs. A. was up and in her sitting-room within a week,—without leave, for I thought it too soon,—but no harm followed.

I could relate other cases showing the same effect of opium, but for the present enough. I am, &c.

Bewdley, Feb. 5, 1858.

JOHN GARR.

P.S.—Of course opium will not produce uterine contraction under all circumstances. It is only in cases of deficient power from exhaustion or fatigue that it is likely to act beneficially; and I may mention that inertia of the uterus is a condition particularly requiring its administration in moderate doses; for at the same time that it produces contraction, it prevents the effects of the loss of blood. The above, though the real effect of opium in moderate doses, may appear strange at first sight. But how frequently must every practitioner have observed the suspended action of the uterus in consequence of the hasty and improper administration of brandy and other stimulants, by nurses and midwives! the effect is of every-day occurrence.

## REPORTS OF SOCIETIES.

### THE PATHOLOGICAL SOCIETY.

TUESDAY, JANUARY 19.

Dr. WATSON, President, in the chair.

(Concluded from page 103.)

MR. HUTCHINSON exhibited, on behalf of Mr. BORLASE CHILDS, a specimen of

#### ANEURISM OF THE ARCH OF THE AORTA.

The interest of the case attached chiefly to the fact that the symptoms of laryngeal obstruction produced by the aneurism had been such as to lead to the performance of tracheotomy. A man, of about 30, had for some months had difficulty in breathing, and occasional hoarseness. At length the dyspnoea became very distressing, and paroxysms would occur, in which death by suffocation seemed imminent. Immediately after one of these tracheotomies, as a precautionary measure, was performed. It gave some relief; and although the permanent difficulty in breathing remained, yet no further paroxysms occurred. He sank, and died on the second day. The autopsy showed an aneurism of the arch of the aorta of considerable size pressing upon the trachea, which it had somewhat flattened. The rings of the trachea were all but exposed by ulceration. The left recurrent laryngeal nerve had been stretched on the tumour, and hence, no doubt, the cause of the spasm of the glottis. Mr. Hutchinson adverted to a very similar case, in which, at St. Thomas's Hospital, tracheotomy was performed by Mr. Le Gros Clark some years ago, and remarked that the diagnosis in both was exceedingly obscure. The cause of the dyspnoea was twofold: 1st, the compression of the trachea; and 2nd, the irritation of the recurrent nerves. Of these, the operation was efficient in preventing the influence of the latter, but could do nothing as regards the first.

#### MR. HUTCHINSON also showed specimens from cases of EXFOLIATION OF TEETH IN HEREDITARY SYPHILIS.

These were instances of periostitis of the alveolus soon after birth, ending in the exfoliation of the crowns of the yet undeveloped teeth. In the first, the infant was a month old when

the first tooth came away, and in the second six weeks. Both were the undoubted subjects of inherited syphilis. In the first, at different times during two months, the crowns of five teeth and a considerable portion of the lower jaw exfoliated; and in the second, the crowns of four teeth. None of the teeth had fangs, and most of them were notched and irregular on their edges, being as yet imperfectly formed. Mr. Hutchinson adverted to the rarity of this occurrence in hereditary syphilis; he had himself only known of one other case, and he was not aware that it had been mentioned by any writer. It was, of course, wholly distinct from the premature loosening of teeth after having been cut, attended with exfoliation of portions of alveolus, and not very unfrequently observed in unhealthy children. As illustrating disease of yet undeveloped structures, the cases threw important light on the origin of certain conditions often observed in after life in those who in infancy had suffered from syphilis. Just as a majority of nodes get well without suppuration, so, in all probability, inflammation of the alveolus and tooth-pulps very often passes off without causing exfoliation. To such inflammation occurring during the process of dental development were no doubt due the conditions of irregularity, unequal size, serrated edge, etc., so often seen in the teeth of the subjects of inherited syphilis.

Dr. O'CONNOR inquired whether the mothers of these patients had taken mercury during pregnancy, as he was inclined to suspect that that drug had more to do with the exfoliation than syphilis.

Mr. HUTCHINSON replied, that neither of them had been subjected to any treatment whatever. A warm discussion followed, in which Dr. Brinton, Mr. Henry, Dr. Snow, and Mr. Hutchinson, took part, respecting some of the laws under which syphilis is transmissible to offspring. Dr. Brinton held that a father could not transmit the disease to his child, and that it was necessary that the mother herself should have suffered in order to contamination of her fetus; while Mr. Hutchinson contended that transmission by the father alone was not only capable of as clear proof as could be expected from the nature of the subject, but was of very frequent occurrence.

The PRESIDENT inquired whether the iodide of potassium was not preferable to mercury in the treatment of these syphilitic affections of the osseous system.

Mr. HENRY stated that he thought it was, and that he generally employed the iodide of iron.

Mr. HUTCHINSON stated that he had no reliance on any other remedy against infantile syphilis than mercury. He had often used the iodide, but never alone. Inunction with the mild mercurial ointment, as advised by Sir B. Brodie, was, he felt convinced, by far the most efficient method of treatment.

## HARVEIAN SOCIETY OF LONDON.

JAN. 21, 1858.

Dr. SIEVEKING, Vice-President, in the Chair.

### FUNCTIONAL PARALYSIS.

Dr. HANDFIELD JONES mentioned the particulars of two cases of what he would be disposed to call "functional paralysis." The first was that of a girl, aged 19, who, having been unwell for three weeks, was suddenly seized with paralysis of the extremities, loss of consciousness, etc., which only lasted, however, a short time, and from which she recovered, and was convalescent in three weeks. The second that of a boy, aged 17, affected with slight sickness, impaired memory, and inability to hold objects in the hand for any time together. In both cases tonics were successfully administered; in the first case cod-liver oil and strychnia, and in the second a preparation of iron. Dr. Jones considered that in cases of this kind the paralytic condition depended on an impaired or weakened state of the nervous centres, for which tonics were the appropriate remedies.

A paper was then read by H. C. STEWART, Esq.

### ON THE EPIDEMIC DIARRHŒA OF THE PAST SEASON (1857).

Mr. STEWART had been led to bring before the Society some remarks upon the epidemic diarrhœa of the past season, from

having observed that it presented features in many cases very different from the ordinary summer diarrhœa of this country. During the summer of 1855 bronchitis was concomitant with, or followed as a sequel on, diarrhœa, in many cases occurring in his practice; and in 1856 hydrocephalus was likewise observed to accompany or follow diarrhœa. These peculiarities determined him to keep short notes of all cases coming under his care during the past summer; and he trusted to be able to show, from the results of his observation, that the epidemic in question was characterised by the presence of an increased irritation of membranes in a disease formerly looked upon as very simple. From the 23rd of June to the 20th of October, 1857, he had treated 98 cases, classed as follows:—Simple diarrhœa, 82 cases, followed by secondary choleraic diarrhœa in 15, and by dysentery in 18 cases; the choleraic diarrhœa was followed by dysentery in 2 cases, and collapse in 1 case as tertiary diseases; choleraic diarrhœa occurred as a primary disease in 16 cases. The term "simple diarrhœa" he employed to denote those cases where the alvine discharges were liquid but fecal, vomiting and cramp being absent—in other words, painless diarrhœa; "choleraic diarrhœa," when the alvine discharges were very copious, watery, tinged with bile—also when rice-water stools, vomiting, cramps, acute pain, or spasms, more or less coldness of surface, with chilly sweats, were present; "dysentery," when the alvine discharges were watery, mixed with bile or not, and containing more or less bloody mucus, or pure blood, with tenderness over the abdomen upon pressure, and occasional acute pain, vomiting absent or not, as the case might be. Cases illustrative of the forms alluded to were mentioned; in one of the dysenteric cases, the febrile symptoms accompanying partook of the typhoid type. Mr. Stewart remarked that all these cases of dysentery followed on the simple form of diarrhœa, and not on that of the graver form of choleraic diarrhœa, for which circumstance he was not prepared to give a reason, and all of them had been neglected in the earlier stages, Medical aid not being sought until the symptoms became alarming.

*Treatment.*—The following plan of treatment was found efficacious:—In simple diarrhœa and also in choleraic diarrhœa, eliminants—as calomel, with or without opium, followed by a draught containing rhubarb and tartrate of potash; the after treatment consisting in the administration of ten grain doses of bicarbonate of potash, with carminatives every four hours. Diet—milk, farinaceous food, and cold brandy and water. Respecting the treatment of the dysenteric form, the author had been disappointed in the usual remedies for dysentery, but found the diacetate of lead in doses from one to six grains with dilute acetic acid and opium, taken every three or four hours, the most beneficial remedy. The diet consisted of milk, farinaceous food, beef-tea, and cold brandy and water.

The deaths were 4 or 4·08 per cent. Without troubling the Society with sanitary or meteorological remarks, the author wished to refer to some circumstances which he thought required particular notice.

*Influence of Sex.*—Females were more affected than males in the proportion of sixty-four of the former to thirty-four of the latter. A large proportion, 34·69 per cent. of the whole, consisted of children under five years of age (sixteen males and eighteen females).

*State of the bowels and motions previously to the attack.*—In fifty-nine cases they were confined, in twenty-nine regular, in ten relaxed. The motions were clay-coloured in ten, dark bilious in four, green in two, and not noticed in eighty-two cases. He thought much information was to be derived from observing the previous state of motions, and regretted that so little notice was taken by patients generally of them. Many of these cases might have been prevented by a little attention to these particulars. The ten cases of relaxed bowels were in infants, not cases of actual diarrhœa, but in which the motions were looser than usual.

*Hour of attack.*—Mr. Stewart had found that 88·108 per cent. of the attacks occurred between midnight and midday, and 11·026 per cent. from midday to midnight. The seizures commencing at midnight increased rapidly until 3 a.m., when they reached their culminating point, gradually declining until 9 a.m., increasing somewhat from 11 a.m. to 7 p.m., and again decreasing until midnight, the primary, secondary, and tertiary attacks maintaining the same ratio. The author considered these circumstances of great importance, and agreed with Dr. Handfield Jones in his remarks upon catarrh,—"That the nightly paroxysms were due to a lowering

of the nerve power during the night, and consequent dilatation of the arteries, the basomotor nerves partaking of the general debility; hence hyperæmia of the affected part increased, more irritation is set up, and exudation takes place." Mr. Clarke, in a communication to Dr. Graves, stated—"That the electricity of the atmosphere is at its daily minimum at 3 a.m., and that the atmospheric pressure has one of its two daily minima an hour later—4 a.m." Mr. Stewart remarked that the larger number of attacks of diarrhoea took place at 2 a.m., 3 a.m., and 4 a.m., the numbers being respectively 16, 37, and 30, while there were only 3 at 1 a.m., and 4 at 5 a.m. So that the greatest number occurred at the periods of the least amount of daily electricity and that of the greatest amount of daily atmospheric depression, as well as of that when the vital powers are lowered by the natural actions of daily labour and subsequent sleep. Staff-Surgeon E. J. Burton informed him that in India, the Crimea, Canada, and Africa he observed the majority of attacks of diarrhoea, cholera, dysentery, and fever to occur during the hour of sleep.

Mr. Stewart stated that in all his cases he found the symptoms to be aggravated from 1 a.m. to 4 a.m., and that while recovering under treatment the nightly paroxysms remained longest, but those at 3 a.m. would be the last to leave. The days would often be entirely free, but the patients were invariably worse during the night. Mr. S. next stated, that out of the 98 patients, 74 had neglected the earlier symptoms, mentioning a case of dysentery which nearly proved fatal thereby. The state of the motions when the cases were first seen were then passed under review. He found them clay-coloured in 30, dark bilious in 7, green in 10, watery mucous 23, rice-water 6, bloody in 20, pale mucous 2.

Mr. Stewart then concluded his paper by a few brief remarks upon the effects of free heat upon human life and health, reviewing the unusual degree of heat of the past summer, and its effects in producing an immense number of cases of dyspepsia, cephalalgia, and other diseases of a low nervous type, which he thought would help to elucidate its effects as a cause of the disease under consideration. His experience during a practice of twenty years was, that the primary seat of the disease is not in the liver and stomach and bowels, but in the nervous system. Heat is the exciting cause, producing debility of the nervous powers; owing to want of due nervous power, the liver and gall-bladder cease to perform their proper functions, or performed them imperfectly; hence the congested liver, clay-coloured motions, flatulence and acidity, followed by irritation of the mucous membranes, diarrhoea, and its consequences.

Dr. Randsen considered the cause of the epidemic was to be looked for in some other conditions than simply atmospheric ones, these having been always in operation, whereas the disease was one comparatively new. He had not observed the dysenteric element in the late epidemic to the extent mentioned by the author of the paper.

After some remarks by Mr. Ballard and Dr. Camps,

Dr. Headlam Greenhow stated, that dysentery had, he believed, been very extensively prevalent in many parts of the country during the last season, and from what he had himself observed, the dysentery was accompanied by ulcerative changes in the colon as in regular dysentery. He was disposed with the author of the paper to admit the influence of the extreme heat of the weather during the last summer in giving rise to the epidemic of diarrhoea.

## PARLIAMENTARY INTELLIGENCE.

### HOUSE OF LORDS, FEB. 9.

#### ARMY SANITARY COMMISSION.

LORD PANMURE laid on the table the report of the Commissioners to inquire into the Sanitary Condition of the Army. The report was most voluminous, but he could assure their lordships that it would well repay perusal. It reflected the highest possible credit on the commissioners who drew it up, and he could not forbear from expressing the sense he entertained of the services of those gentlemen, and more especially that of his right hon. friend Mr. Sidney Herbert, who presided over the commission. (Hear, hear.)

## OBITUARY.

### MR. JOHN SEPTIMUS ALDERSON.

WE regret to record the death of John Septimus Alderson, Esq., Medical Superintendent of the West York County Asylum, West Riding House of Correction. The deceased gentleman was son of the Rev. W. Alderson, late Rector of Everingham. He was a pupil of Mr. Henry Dunn, Surgeon, of Wakefield. After passing his examination as a medical practitioner, he became assistant to the late eminent Mr. William Hey, of Leeds. After the lapse of some years, he was appointed Resident Medical Officer to the York County Asylum at York, and held that appointment four years. In the year 1847, he was selected out of about forty candidates as the successor of Dr. Powell (to whose daughter he was subsequently married), in the Superintendency of the Nottinghamshire County Asylum; and from that important office he was, on the resignation of Dr. Corsellis in 1853, elected to fill the still more arduous situation of Superintendent of the West York County Asylum. "The great improvements effected during Mr. Alderson's short directorship over the Wakefield Asylum," says the *Wakefield Journal*, "bear testimony no less to his industry and zeal than to his constructive talent. The reorganisation of the airing-grounds more especially, and the reorganization of extensive portions of the interior of the edifice, with a view to the better accommodation of an ever-increasing population (apart from the acknowledged success of his general management), entitle him to the praise of having faithfully acquitted himself of duties of no ordinary complexity, delicacy, and difficulty. His manly, frank, independent bearing, a temperament in which firmness was blended with true kindness of heart, have greatly endeared his memory to a community which had the best opportunities for estimating the real worth of his unpretending character."

## MEDICAL NEWS.

UNIVERSITY OF CAMBRIDGE.—The following gentlemen have passed the examination of the Downing Professor of Physic:—

BENNINGTON, St. John's  
BROWNE, Corpus.  
CHEADLE, Caius.  
DEAN, St. John's.

DUDDING, Trinity-hall.  
GRAYSTONE, St. John's.  
HAYWARD, Corpus.  
NUNN, St. John's.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 29th ult.:—

BRADLEY, FREDERICK, Tipton, Staffordshire.  
DIXON, FREDERICK, Brighton.  
ELLIS, WILLIAM, Morley, near Leeds.  
EVANS, GEORGE HENRY, Manchester.  
MAYSMOR, HUMPHREY LEVERINGTON, London.  
MIDD, JOHN, Stockport, Cheshire.  
WILKINSON, FREDERIC EACHUS, Sydenham.  
WILLIAMS, JOHN, Pen-y-bryn, Wrexham, North Wales.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on February 4, 1882:—

BRIGHT, RICHARD STONEHEWER, Croydon.  
EVERET, WILTON, Arundel, Sussex.  
HARRIS, ABRAHAM, Gwennap, Cornwall.  
USHER, THOMAS STEVENSON, Jekley.

### DEATHS.

BROWN.—Feb. 1, at Preston, Lancashire, Robert Brown, M.R.C.S. Eng. 1821; F.R.C.S. 1852; L.S.A. 1821. Aged 58.

HALL.—Jan. 23, at Boyle, Lodge Hall, M.D. Aged 85.

NORGATE.—Feb. 8, at Hastings, B. H. Norgate, of Norwich, F.R.C.S. Eng. (Hon.) L.S.A. 1823. Aged 55.

REA.—Jan. 23, at Ryton, James Lambert Rea, of Balman Village.

## APPOINTMENTS.

DR. JOHN RYAN, has been appointed Medical Officer to the South City Dispensary, Grand Canal-street, Dublin, in the room of Dr. Head, resigned.

The Queen has been pleased to appoint ETIENNE AUGUSTE MANGER, M.D., to be Surgeon-General for the colony of British Guiana.

**MUNIFICENT BEQUEST.**—Mr. Benjamin Sutton of Leicester, who died recently, having observed that patients, on their discharge from the County Infirmary, were often reduced to circumstances of deep distress, has bequeathed a sum of about £30,000, that, in all cases where it may seem desirable, the authorities of that institution may give a sum not exceeding £5 to such patients as they shall think fit objects; the relief, in all cases, to be in money.

**ANNUAL MEETING OF THE BELFAST BRANCH OF THE MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.**—The annual meeting of the above most useful and philanthropic society was held on Monday; Dr. Patterson presided. The society is neither a benefit society nor an assurance club, but a strictly charitable institution, founded and promoted for the express purpose of assisting medical men when struggling under the pressure of sickness, or any other casualty. This, it should be known, is its primary object. But, under circumstances of urgency and distress, the society affords relief to the widow or family of a professional man, who may have been deprived of the support and affection of either a husband or parent. Having made this reference to the society's general purposes, we have only to add, in regard to the annual meeting of this local branch, that, after the transaction of some routine business, the subscribers proceeded to the election of a permanent president, Dr. Stevenson having resigned that office—one which he filled with much zeal and ability during the last ten years—when Dr. Henry Purdon was unanimously appointed his successor. Professor Gordon having likewise begged to be relieved of his office of treasurer, which was reluctantly consented to, Mr. Browne, R.N., was elected in his place, and Dr. R. Stewart was reappointed the honorary secretary.

**ILLEGITIMACY IN SCOTLAND.**—The last monthly return of the births, deaths, and marriages registered in the eight principal towns of Scotland, published by authority of the Registrar-General, contains the following statement:—"During the month of January there were registered in the eight principal towns of Scotland the births of 2684 children, of whom 1434 were males, and 1250 females. Of that number 2447 were legitimate, and 237 illegitimate. This gives the very high proportion of one illegitimate to every 13½ births; in other words, nearly 9 (8·8) per cent. of the births during the month were illegitimate. As such facts are chiefly of value when contrasted with those ascertained in other places, it may be mentioned that in London the average proportion of illegitimate births is only about 4 per cent. of the total births; in Liverpool, the proportion is about 4½ per cent.; in Birmingham, under 5 per cent.; and in Manchester, about 6 per cent.—while the proportion for all England is under 7 per cent. of the births. It may also be stated that, generally speaking, the proportion of illegitimate children is higher in country than in town districts, notwithstanding the ordinary impression regarding the greater immorality of towns. A single month's returns may, however, give a false estimate of the annual proportions, so that too much weight must not be attached to the above figures. As the Maternity Hospital in Edinburgh drafts off this class of cases from Leith, in giving the proportions for each town, Edinburgh and Leith will be considered as one town. The proportions of illegitimate births in each town will therefore stand thus:—In Paisley, 6·7 per cent. of the births were illegitimate; in Glasgow, 6·9; in Greenock, 7·3; in Edinburgh and Leith, 9·7; in Perth, 13·1; in Dundee, 13·5; and in Aberdeen, 13·7."

**GYMNASTIC PRIZES AT THE SALPÊTRIÈRE.**—An interesting ceremony took place at the Salpêtrière, consisting in the distribution of prizes to the children in the gymnasium of the hospital. Gymnastic exercises are now under the able care of M. Laïsne, carried on in that hospice, as well as at the Enfants Malades and the St. Eugénie, for the relief of diseases of the nervous system, and especially chorea. M. Blache states that of 108 cases of children so treated, the cure was obtained in 102. The children exhibited their exercises both with and

without gymnastic implements; and they all take great delight in the performance of what to most of them becomes a valuable means of treatment. Those in the establishment who have been thus cured are retained to superintend the application of the means to the recently admitted patients.

**FRENCH STATUE OF JENNER.**—The plaster model of the statue of Jenner is to be erected at Boulogne, where were inoculated the first children in France. Jenner is represented as standing upon a portion of the terrestrial globe, meditating on his discovery. At his feet the words "France and England" are inscribed. In his right hand he holds a lancet, while his left arm rests upon his works supported by an ancient broken column. In front and near the knee are drawn the serpent and the cup, while by the side of the column on which the books rest, a scroll hangs down representing a cow.

**CHEMICAL ACCIDENT.**—A rather serious accident took place recently in one of the lecture rooms in the Pesth University. A compound formed of cyanide of mercury and hydrochloric acid exploded, wounding Professor Wertheim and his assistant in the eyes. The pupils, seized with a panic, rushed to the door, and some jumped out of the window. In leaping out they broke a vessel placed beneath the window containing the hydrochloric acid, and several were injured by the fluid.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, February 6, 1858.

## BIRTHS.

Births of Boys, 910; Girls, 932; Total, 1842.  
Average of 10 corresponding weeks, 1848-57, 1598.

## DEATHS.

	Males.	Females.	Total.
Deaths during the week ... ..	646	606	1314
Average of the ten years 1848-57 ...	608·5	602·6	1211
Average corrected to increased population ...	...	...	...
Deaths of people above 20 ... ..	2	7	9
Deaths in 15 General Hospitals ... ..	42	25	67

## DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hoop- ing-Cough.	Dia- rrhoea.	Ty- phus.
West ....	376,427	..	8	5	4	1	2
North....	490,896	8	14	5	18	2	5
Central ..	393,256	..	6	8	7	..	7
East ....	485,523	..	24	5	11	1	8
South ....	616,635	..	5	8	11	4	10
Total..	2,862,296	5	57	31	51	8	32

## METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer ... ..	29·738 in.
Mean temperature ... ..	37·8
Highest point of thermometer ... ..	52·8
Lowest point of thermometer ... ..	26·3
Mean dew-point temperature ... ..	33·6
General direction of wind ... ..	S.W.
Whole amount of rain in the week ... ..	0·77 in.
Amount of horizontal movement of air in the week ...	9·35 miles

## BOOKS RECEIVED.

- Essays on the Secretary and the Excito-Secretory System of Nerves, in their Relations to Physiology and Pathology. By Henry F. Campbell, A.M. M.D. Philadelphia: 1857.  
An Introduction to Practical Chemistry, including Analysis. By J. E. Bowman, F.C.S.; Edited by C. L. Bloxham. London: 1858.  
Projectile Weapons of War and Explosive Compounds. By J. Scoffern, M.B. London: 1858.  
Aperçu Historique de l'Ophthalmie Militaire Portugaise. Par J. A. Marques. Bruxelles: 1857.  
On Cough: its Causes, Varieties, and Treatment. By Robert H. Semple, M.D. London: 1858.  
Appendix to the Lost Solar System of the Ancients. By John Wilson. London: 1858.  
Second Report of the Clinical Hospital for Diseases of Children, Manchester. By Dr. Meret and Dr. Whitehead. Manchester: 1858.

Analytical Tables. By F. W. Griffin, Ph. D. London and Bristol: 1858.  
 Ergebnisse und Studien aus der Medicinischen Klinik zur Bonn. Von Dr. Naumann. Leipzig: 1858.  
 A Dictionary of the Terms used in Medicine, etc. By R. D. Hoblyn, A.M. Eighth Edition. London: 1858.  
 Transactions of the American Medical Association. Vol. X. Philadelphia: 1857.  
 The Medical and Legal Relations of Madness; showing a Cellular Theory of Mind, and of Nerve Force. By Joshua Burgess, M.D. London: 1858.  
 On some of the more Obscure Forms of Nervous Affections: their Pathology and Treatment. By Harry W. Lobb, L.S.A. London: 1858.  
 Histoire des Bains de Dieppe. Par F. J. Feret. Dieppe: 1856.  
 Rheumatism; its Nature, Causes, and Cure. Gout; its Nature, Causes, Cure, and Prevention. By James Alexander, M.D. London: 1858.  
 On Squinting, Paralytic Affections of the Eye, and Certain Forms of Impaired Vision. By Carsten Holthouse, F.R.C.S.E. London: 1858.  
 Lectures on Diseases of the Stomach, and Indigestion. By Cathcart Lees, M.B. T.C.D. Dublin: 1857.  
 Toothache and other Affections of the Teeth relieved by the Electric Cautery. By Thomas H. Harding, Surgeon Dentist. London: 1858.

## TO CORRESPONDENTS.

### THE ARTIFICIAL MEMBRANA TYMPANI.

Dr. Sapolini of Turin has written us a letter on this subject, which concludes as follows:—

"I conclude, 1. That the vulcanised india-rubber layer of Mr. Toynbee, with silver wire, is for patients and Medical men more of use, and for its easier application, and for the sure and quick improvement in hearing. 2. With this method you avoid, when perforation is large, the disturbance so excruciating if the cotton enter in the tympanic cavity. 3. The patient has no trouble at all in inquiring the right point to place the wetted cotton as Mr. Yearsley teaches us, no trouble for the quantity of the cotton, or for the degree of moisture of the same."

### GRAHAM'S SAW, IMPROPERLY CALLED "BUTCHER'S SAW."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I think it is universally admitted that every inventor should receive the merit of his invention. I would therefore, through the agency of your well-read Journal, beg to claim for Mr. Graham the merit of being the inventor of the surgical bow-saw, with double extending screw, and blade pointed at each end, for cutting in a curvilinear as well as in a straight direction. A saw, identical in every particular, is obtaining the designation of "Butcher's saw," and by many of the Profession thought to be a recent invention of Mr. Butcher's, perhaps from that gentleman preferring the saw in the numerous cases of excision of joints which he has performed.

The grounds on which I rest my claim are these: in 1836-7, Mr. Graham, who is now practising in Northumberland, was attending the surgical class of Professor Laurie of this city, when, in operating on the subject, the utility of the bow-saw occurred to him; he then had one made to his design, and presented it to Dr. Laurie, who has made use of it, and exhibited it to his class frequently, and in whose possession I have seen it from that time to the present. This original saw I have placed alongside one which, in London and Dublin, is named "Butcher's Saw," and without any exaggeration I say that both in principle and in outline they are one.

Permit me, then, in justice to Mr. Graham, to request liberty from the Profession to christen it for all time coming "Graham's Saw."

I am, etc.

WILLIAM B. HILLIARD,

Instrument Maker to the Royal Infirmary.

65, Renfield-street, Glasgow.

J. E. will find the information he requires in Dr. Cotton's paper in a former column.

F. G.—We know of no work exactly answering the description, but "Muller's Principles of Physics and Meteorology" might supply the information wanted. The price is 18s.

Mr. Byrne.—If a Medical man is not at home when a stranger sends for him, and that stranger then goes to another Medical man, we do not see that the first has any claim to the case. The case is of course different when the sufferer is a regular patient.

### CONSULTING GUARDIANS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I am Surgeon to a Branch Workhouse four miles from the "Parent stem." Am I obliged to get permission of the Guardians to perform an operation, say for such a trivial thing as removal of any of the phalanges? I should state, I have attended this Institution about four years, and have performed numerous immediate operations, but not amputations. I am, etc. M.R.C.S.L. and L.S.A.

[We cannot answer this question without a copy of the regulations of the "Parent Stem."—ED.]

Mr. Hilliard.—We shall be happy to receive the descriptions.

Senex Cuique.—The review may not be quite "the thing," but it is hard to blame the author of a book because a favourable notice of it appears in a newspaper.

Asquith had better send his address, and his question shall be answered by a note.

M.D.—Dr. Fleetwood Churchill of Dublin, and Dr. J. F. Churchill, the writer on Phthisis and Phosphorus, are two very different men.

Dr. Salter, Dr. Concher, &c.—We do not insert notices of births or marriages in this Journal.

Erratum.—In the report last week of Mr. R. Taylor's observations at the Medico-Chirurgical Society, the expression "consolidate the globe," should have been "consolidate the growth."

### COOPER'S FEEDING-BOTTLE FOR INFANTS.

This bottle is the best we have seen. It is easily cleaned; the rapidity of the supply of milk is easily regulated, and no air is mixed with the milk. When infants are reared by hand it may be generally recommended.

Enquirer had better ask his question of the Secretaries of the Hall and College.

M.D. Hib.—We are glad to see such a sensible article on Medical Reform as that in the *Coleraine Chronicle*. When the question is taken up as a public one we may hope for success.

Dr. Bourchier.—The ergot of rye was used twenty years ago, in the treatment of consumption, by Dr. Robert Williams. Dr. Parola of Turin gives half a drachm of the powder daily for four or five days, and then intermits for forty-eight hours. The statement that he has cured 16 cases out of 31, is of course nonsense, but Dr. Williams's experiments might be repeated with advantage. The drug certainly diminishes the quantity of expectoration.

### COMMUNICATIONS have been received from—

Sir JOHN HALL; Mr. PRESBOTT HEWETT; Mr. TOYNBEE; Dr. G. JOHNSON; Dr. MERRIMAN; Mr. BRYANT; Dr. HALFORD; Dr. SAVAGE; Dr. RENTON, Edinburgh; Dr. LEARBE; Dr. COTTON; SECRETARY-GENERAL, BOARD OF HEALTH; Mr. WATTS; Mr. ELLICE; Mr. BARLOW; Mr. SAMSON; Mr. WALTERS; Mr. TURNER; Mr. HUNTER; REGISTRAR-GENERAL, EDINBURGH; Mr. SQUIRE; Mr. HUGHES; Mr. PARTRIDGE; Mr. HOLMES COOTE; Mr. GAMOCK; Mr. R. TAYLOR; Dr. MERI; Dr. WYTERKAD, Manchester; Dr. MARQUE, Brussels; Dr. H. F. CAMPBELL, Philadelphia; Dr. P. FRANK, Umhlati, Natal; Mr. JOHN WILSON; Dr. CRIBBEN; Mr. DICKSON; Dr. SAPOLINI, Turin; Mr. HILLIARD, Glasgow; Dr. BAINES; Mr. R. ALDERSON; Mr. HEATH; Mr. GIBB; Mr. RIVERS; Mr. RASS; Mr. SMITHER; Mr. MUNTZ; Dr. RYAN; Mr. SMITH, Southampton; Dr. CONCHER; Dr. CAMPS; Mr. HANBURY; Mr. WRIGHT; Mr. ARNOT; Mr. WHITTINGTON; Dr. TROLOPE; Mr. C. BARRETT; Dr. A. D. GULLAND; Dr. PAUL; Mr. J. HARDESTY; Dr. CUMING; Mr. J. DUNN; Mr. T. HUGHES; Dr. KEAVIN; Mr. POTTS.

## APPOINTMENTS FOR THE WEEK.

Feb. 13. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m. Charing Cross, 1 p.m.

MEDICAL SOCIETY, 8 p.m.

ROYAL INSTITUTION, 3 p.m.: Professor Bloxam, "On the Chemistry of the Elements which circulate in Nature."

15. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopaedic Hospital, 3 p.m.

16. Tuesday.

Operations at Guy's, 1 p.m. Westminster, 2 p.m.

PATHOLOGICAL SOCIETY, 8 p.m.

ROYAL INSTITUTION, 3 p.m.: Professor Huxley, "On Animals and Plants compared Physiologically."

17. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopaedic Hospital, 3 p.m.

18. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 1½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

ROYAL SOCIETY, 8½ p.m.

LINNEAN SOCIETY, 8 p.m.

CHEMICAL SOCIETY, 8 p.m.

GROSVENOR PLACE SCHOOL MEDICAL SOCIETY, 7½ p.m.

ROYAL INSTITUTION, 3 p.m.: Professor Tyndall, "On Heat."

MIDDLESEX HOSPITAL MEDICAL SOCIETY, 8 p.m.: Dr. Farquhar Davis,

"On the Symptoms and Treatment of Hemorrhages."

MEDICAL SOCIETY OF UNIVERSITY COLLEGE, 8 p.m.: Mr. Balmaine Squire,

"On the Physics of the Earth."

MEDICAL SOCIETY OF KING'S COLLEGE: Mr. Liddon, "On Certain Displacements of the Uterus."

19. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.; Great Northern, 2½ p.m.

ROYAL COLLEGE OF PHYSICIANS, 4 p.m.; Gulstonian Lectures—Dr. Symonds, "On Headache."

ZOOLOGICAL SOCIETY, 8 p.m. (Anniversary, 1 p.m.)

ROYAL INSTITUTION, 8½ p.m.; Mr. E. Beckett Denison, "On Some Improvements in Locks since 1851."

WESTERN MEDICAL AND SURGICAL SOCIETY, 8 p.m.: Dr. Fincham, "On Cases of Inflammatory Disease, with special reference to Treatment."

## EXPECTED OPERATIONS.

King's College Hospital.—The following operations are expected at this Hospital to-day (Saturday) at 2 o'clock:—

Removal of epulis; removal of epithelial cancer from face; removal of necrosed bone from tibia: by Mr. Ferguson.

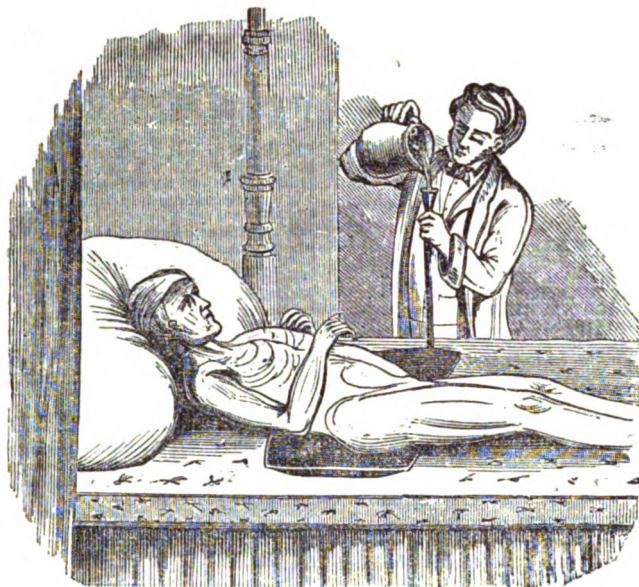
Westminster Hospital (Tuesday, 2 p.m.)—Necrosis of antrum; stricture of urethra; fatty tumour of thigh; abscess of hip-joint.



# MR. HOOPER'S IMPROVED HYDROSTATIC BEDS, OR MATTRESSES AND CUSHIONS, FOR PLACING ON AN ORDINARY BEDSTEAD.

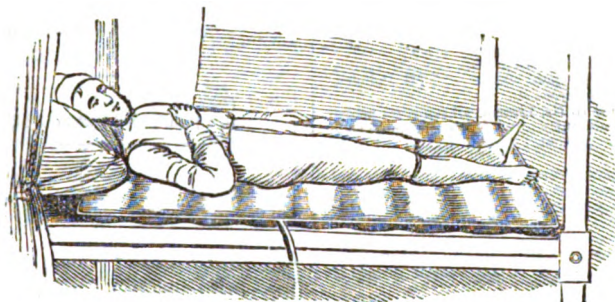
ANY TEMPERATURE MAY BE USED.

FOR  
ASTHENIC GANGRENE,  
BEDSORES,  
CANCER,  
CHOLERA,  
COLDNESS OF THE BODY,  
CONSUMPTIVE CASES,  
DISEASED JOINTS,  
FEVERS,  
DROPSY,  
FRACTURES,  
GOUT,



CUSHION FOR GENERAL PURPOSES.

ILLUSTRATED PROSPECTUSES,  
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FROM THE THREE  
PRESIDENCIES OF THE  
HON. EAST INDIA COMPANY,  
FREE BY POST.



THE FULL-LENGTH MATTRESS, OR HYDROSTATIC BED.

*The width of the Bed should be sent with the Order.*

"The comfort your Hydrostatic Beds afford can only be estimated by those that have them in use."—HENRY GILBERT, M.R.C.S., Kensington.  
"I have in several instances employed Mr. Hooper's Water Cushions and Mattresses. They have in all cases afforded great relief and comfort, and have proved much more convenient and manageable than the original Water Bed."—J. PEREIRA, M.D., Physician to the London Hospital.

GUN-SHOT WOUNDS,  
INFLAMMATION OF THE  
BOWELS,  
LASSITUDE,  
PARALYSIS,  
RHEUMATISM,  
SPASMS,  
SPINAL AFFECTIONS,  
SLOUGHING SORES,  
TYPHUS FEVER,  
ULCERATED CARTILAGES,  
AND  
ALL INVALIDS.

ORDERS BY  
TELEGRAPH, OR OTHERWISE,  
PROMPTLY ATTENDED  
TO.

**HOOPER'S WATERPROOF SHEETING** for protecting Bedding from Sloughing Sores, Incontinence of Urine, Hæmorrhage, etc.

Mr. Hooper has succeeded in manufacturing Waterproof Sheetting, at a great reduction in price, that may be washed as family linen. It is soft, odorless, and not acted on by urine, heat or cold, acids or alkalies.

**HOOPER'S URINALS**, with Valve to prevent leakage, adapted for Invalids or Railway Travellers of both sexes, for sitting, reclining, or walking; they are not affected by boiling water, and therefore may be easily kept clean.

**HOOPER'S INSPISSATED JUICE OF TARAXACUM**, prepared by dry air, can be obtained in the following forms:—

The EXTRACT: dose, a teaspoonful.

The FLUID EXTRACT: dose, a dessert-spoonful.

The LIQUOR: dose, one or two teaspoonfuls.

The LIQUOR, with CORTICAL ESSENCE OF SARSAPARILLA: dose, a dessert-spoonful.

With Brighton Seltzer Water, either of these preparations forms a pleasant draught, and with which their effects are greatly augmented.

"For emaciated constitutions, I know of no medicine equal to Hooper's Taraxacum and Sarsaparilla."—DR. JOHNSON.

For AFFECTIONS of the LIVER, KIDNEYS, JAUNDICE, INDIGESTION, CUTANEOUS AFFECTIONS, and CONSTIPATIONS, these preparations have long been prescribed by the most eminent of the Faculty with the best results. The above Extracts of Taraxacum, when mixed with water, produce a milky appearance, similar to the juice in its fresh state.

The following remarks of the Rev. A. Leapingwell show the value of Taraxacum when properly prepared:—

"So valuable a preparation as your Taraxacum can need no recommendation from me; still I feel bound to say its beneficial effects have surpassed my most sanguine expectations. My mother, who is in her 78th year, and who through the greater part of her life has been a martyr to liver complaint, appears to have had ten years added to her life by a three months' use of it. I remain yours truly, ARTHUR LEAPINGWELL, To Mr. Hooper, 7, Pall-mall East." Haydon Vicarage, Sleaford.

BRIGHTON SELTZER WATER, 4s. per doz. Other factitious Mineral Waters, at a reduction of 25 per cent.

FOR EPILEPSY.

**COTYLEDON UMBILICUS.**—The introduction of this remedial agent has proved a valuable discovery. The satisfactory accounts Mr. HOOPER has received have induced him to pay great attention to its collection and preparation. He cautions medical men against the use of worthless preparations, passed off for his, and as prepared for Mr. Salter, etc. Mr. Hooper has instructions to state, that Mr. Salter has never used any but that obtained from him. A copy of Mr. Salter's reports in the *Medical Gazette* sent free by post.

**GALUUM APARINE (HOOPER'S) FOR CUTANEOUS DISEASES, PSORIASIS, etc.**—Dr. Winn, of Finsbury-square, having published in his *Medical Gazette*, October 4th, 1851, an account of the peculiar properties of the Galium Aparine in Cutaneous Diseases, Leprosy, Psoriasis, etc., Mr. Hooper has given his attention to preparing it in various forms. Dr. Winn finds the inspissated Juice the most efficient preparation, which can be had from Mr. Hooper, or direct through the Wholesale Houses.

HOOPER, Operative Chemist, Inventor and Sole Manufacturer of Invalid Beds and Cushions, 7, Pall Mall East, and 55, Grosvenor Street, London. Laboratory, Mitcham Surrey.

**SPECIAL NOTICE.**  
To secure the advantage of this year's entry, Proposals must be lodged at the Head Office, or at any of the Society's Agencies, on or before 1st March.

**MUTUAL LIFE ASSURANCE.**  
**THE WHOLE PROFITS DIVIDED AMONGST THE ASSURED.**  
**The Scottish Equitable Life Assurance**

Society,  
Instituted 1831.  
Incorporated by special Act of Parliament.  
The Fund accumulated from the Contributions of Members exceeds ONE MILLION STERLING.  
The Annual Revenue exceeds ONE HUNDRED and SEVENTY-SIX THOUSAND POUNDS.  
The amount of existing Assurances exceeds FOUR MILLIONS AND THREE QUARTERS.  
The amount paid to the Representatives of Deceased Members is upwards of Nine Hundred Thousand Pounds, of which One Hundred and Twenty Thousand Pounds consisted of Bonus Additions.  
A Division of Profits is made every Three Years, the next Division being at 1st March, 1859.

HEAD OFFICE.  
26, St. Andrew-square, Edinburgh.  
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[ESTABLISHED 1841.]

**Medical, Invalid, and General Life**

OFFICE, 25, PAUL MALL, LONDON.  
Empowered by Special Act of Parliament.  
By the Annual Report of 1853, it appeared that the number of Policies then in force was 3434, insuring £1,337,500, and yielding an income of £55,207.

At the SIXTEENTH ANNUAL MEETING, held on 26th November, 1857, it was shown that on the 30th June last:—

The Number of Policies in force was ..	6255
The amount Insured was ..	£2,917,598 13s. 10d.
The Annual Income was ..	£125,113 3s. 8d.

Two Bonuses have been declared (in 1848 and 1853), adding nearly Two per cent. per annum on the average to sums assured, and by which a Policy of £1000 issued in 1842 on a healthy life, is now increased to £21860.

Profits divided every five years—next division in 1858.  
The Society, since its establishment, has paid claims on 776 Policies, amounting to £312,584.

Assurances are effected at home or abroad on healthy lives at as moderate rates as the most recent data will allow.

Indian Assurances at very moderate rates, and great facilities given to insurers.

Invalid lives assured on scientifically constructed tables.

Policies issued free of stamp duty, and every charge but the Premiums.

Medical men are paid a guinea for each report, and receive the same advantages as Solicitors for any business they may introduce.

Active working agents wanted for vacant places.

Prospectuses, Forms of Proposals, and every other information, may be obtained of the Secretary at the Chief Office, or on application to any of the Society's Agents in the country.

C. DOUGLAS SINGER, Secretary.



**Huxley's Half-Guinea**

**FULCRUM BELT.**—Great advantage will be found from the Diagonal Arrangement of Huxley's Fulcrum Belt, securing, in cases of Pregnancy, the chief support at the lower part of the Abdomen. It is an extremely light and elegant Article, and weighing under four ounces, is well adapted for India and warm climates. It is the only thoroughly efficacious Belt at a low price. Free by Post for 11s. 2d. To Medical Men, 9s. 2d.

Measures required—circumference at a, b, and c; depth, from a to c.

Spiral Stockings, Belts, with air-pads, for Umbilical or Inguinal Hernia and Prolapsus Uteri, 30 per cent. under the prices usually charged.

Illustrated and Priced Catalogues free by post, on application to

EDWARD HUXLEY,  
12, Old Cavendish-street (W).

**Wines from the Cape of Good Hope.—**

PORT, SHERRY, MARSALA, MADEIRA, BUCCELLAS, &c., all at 20s. per Dozen—pure and wholesome Wines, free from acidity and brandy, the produce of vineyards at the Cape of Good Hope, where the vines of Portugal and Spain are now being carefully cultivated, and have escaped the disease. Her Majesty's Government allows these Wines to be imported at half the duty, hence the low price of 20s. per dozen. Samples of any two qualities sent on receipt of twelve stamps.

The UNIVERSAL BRANDY, 15s. per Gallon, or 30s. per dozen.  
"That wine, equal to any ever produced, can be made at the Cape, all the world has acknowledged."—Times, Nov. 8th, 1856.

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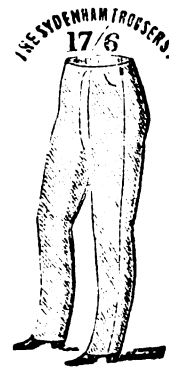
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## ORIGINAL LECTURES.

## LECTURES

ON

THE ANATOMY, INJURIES, AND DISEASES  
OF THE HEAD,

DELIVERED IN THE

*Hospital of the Royal College of Surgeons of England.*

By PRESCOTT HEWETT,

Professor of Anatomy and Surgery to the College.

## ON FRACTURES OF THE SKULL.

## LECTURE II.

DAUGHTER as are the cases of fracture which we were considering in our last lecture, still more dangerous are those cases in which the injury of the bone belongs to that variety known as the punctured fracture. Let us bear clearly in mind that in all fractures of this nature, produced by the corner of a brick, a sharp stone, a nail, the end of a poker, and, in fact, any pointed instrument, the injury of the outer part of the bone does not correspond in extent to that of the inner part; the outer plate is driven in or perforated, the inner one is cracked, and extensively splintered, the sharp splinters being more or less thrust down upon the dura-mater, which they are very apt, indeed, to wound.

Such punctured fractures, if left to themselves, almost invariably give rise to intra-cranial inflammation and suppuration. In the broader fractures with depression, we have already seen that the patient has some chance of escaping internal mischief when the fragments remain; but in the punctured fractures you will find that even this chance is very much lessened. Hence the rule, now so common among Surgeons, that the trephine is at once to be applied to punctured fractures with depression and without symptoms.

I have said that the punctured fractures, when left to themselves, almost invariably give rise, sooner or later, to intra-cranial mischief of a most serious nature. Here are two examples admirably illustrative of the alarming symptoms arising from the projecting fragments when left, and of the use of the trephine in such cases.

A boy, aged 15, was admitted into St. George's Hospital, under the care of the late Mr. Babington, in October 1842, with a small punctured wound, leading down to a fracture with depression. The injury was on the left side, a little below the lambdoid suture, and about two inches from the ear. The lad complained of intense pain in the head, and of giddiness; the skin was very hot and feverish; the pulse quick, but not sharp. This was his history:—Five days before he came to the Hospital he had been struck on the head by a stone, which another boy had thrown at him. He was but slightly stunned, but lost a good deal of blood; he then went to a chemist, who strapped the wound over. For two days he felt very well, and went about his business as usual. On the evening of the third day, however, he was attacked with great pain in the head and shiverings, and was very restless during the night. These symptoms had continued ever since, and so great was the pain in the head, that he could hardly keep it up; and when walking to the Hospital he felt very giddy. At a consultation of the Surgeons it was decided that the trephine should be at once applied. The wound was enlarged, and the crown of a trephine applied just over the fracture, which was a punctured one; the depressed portion of bone was removed; the internal table was splintered and fractured to a much greater extent than the external one; the dura-mater corresponding to the depressed bone looked as if it had been slightly wounded, but this was not satisfactorily made out. The patient was purged, and put upon low diet. By the following day all the cerebral symptoms were much relieved, and so well did this lad go on after the operation, that he never was even bled once, and required no mercury, save as a purge occasionally. In about a month the wound was nearly healed, and he left the Hospital.

The following case is, however, even more strongly marked:—

A boy (a) was admitted into University College Hospital

on the sixteenth day after having been struck on the side of the head by a large nail, projecting from a door, which had fallen on him. No symptoms of any kind had occurred until the eleventh day after the accident, when he became dull, and lost his appetite. On the sixteenth day, that of his admission into the Hospital, he had suddenly become drowsy and delirious, but still answered questions when spoken to, and complained of pain in the head. The pupils were dilated; the skin hot, and the pulse quick. On examination, a small round opening, from which some fetid pus exuded, was discovered over the right parietal eminence. Through this opening, just large enough to admit a probe, some rough bone was felt. Mr. Samuel Cooper immediately trephined the boy, removing a circle of bone, including the small opening. The inner table was splintered to some extent; the dura-mater was thickened and inflamed. After the operation, this boy recovered without a single bad symptom.

But it occasionally happens, and especially in these punctured fractures, that a fragment of bone is seen sticking into the brain; in fact, brain-substance may be seen oozing out of the small opening around the depressed piece of bone.

Such being the case, is this at once to put an end to all our operative proceedings? Are we to defer the operation for some days? Are we to leave the bone where it is?

I think not. Still bearing in mind that every case of injury of the head, of whatsoever kind, may present special features demanding a special treatment, I deem it, nevertheless, to be the duty of the Surgeon in the majority of instances to make at least an effort to get away every fragment of bone thus seen to be sticking in the brain.

Every effort of this kind should, however, be characterised by extreme caution, and the Surgeon must ever recollect that the greatest care, the greatest nicety of handling is here required of him.

We make the attempt, then, with all due care—and it may so happen that the fragment comes away easily and readily; but it may happen, as so graphically described by Colles, that “if we attempt to seize the depressed fragment, the first touch of the forceps sinks it more deeply into the brain; portions of the brain, from the softness of its texture, rise up, and conceal the bone both from our sight and from our touch;”—here, no doubt, the wisest course is to desist from all further endeavours. And far be it from me to recommend any Surgeon to undertake any of those curious and daring investigations which have been carried on, we are told, through the length and breadth of the brain, in search of some fragment or foreign body lodged within its substance.

Not being able to extract the fragment without the risk of doing great mischief, we leave it. Adhesive inflammation may take place, and harden the brain around it, so that in a few days we may perhaps be more successful; or the fragment may in the course of time either be thrown off, or else scarred over.

A girl, aged 12, was admitted into St. George's Hospital, in August 1841, under the care of Mr. Keate, with a wound on the top of the head, not larger than a quarter of an inch in length, and lying over the meeting of the coronal and sagittal sutures. A probe being introduced, passed down into some soft matter; the pulsations of the brain were evident, and soon afterwards portions of brain were protruded. There were no symptoms whatsoever. The patient answered all questions perfectly well, and stated that a piece of iron had been thrown at her, and struck her on the head. Mr. Keate at once cut down upon the part, and a portion of hair was discovered driven deep down; this was removed, and then a pointed fragment of bone came into view; it appeared loose, but could not be removed with the forceps; it was therefore left. Some inflammatory symptoms followed; the patient was then bled, and soon brought under the influence of mercury, and by the eighth day all alarming symptoms had subsided. On the fourteenth day, the House-Surgeon, Mr. Henry Lee, removed with the forceps two small pieces of bone and several hairs, which were lodged at least half an inch below the level of the skin. Save an attack of erysipelas, which came on a few days afterwards, the patient went on uninterruptedly well, and when she was discharged from the Hospital the wound was perfectly healed.

Such was the plan adopted by Mr. Keate in this case, and such, too, was the plan adopted by Sir Philip Crampton in Mr. Brougham's case. In both instances, you will observe that an attempt was at once made to get out the fragments.

(a) *Erichsen's Surgery*, p. 263.

But one of Colles's practical precepts is that, in such cases as these, all interference should be postponed for a few days, in order that the cerebral substance around the fragment may have time to become consolidated.

Now, I cannot help thinking that more mischief is likely to accrue from the bone being left, even for a few days, sticking in the brain, than from the well-directed efforts of a cautious Surgeon. The case is, indeed, one of extreme danger; if left to itself, the bone may produce irreparable mischief; in our attempt at removal we, too, may bring about that very mischief which we were so anxious to avoid. It is, in truth, a choice between two most serious evils, and every Surgeon must decide for himself, according to the circumstances of the case.

Closely allied to these punctured fractures is that form of fracture so much dwelt upon by Mr. Guthrie, where a clean cut exists in the outer parts of the bone, with a more or less extensive splintering and depression of the inner plate. Such fractures may be more common in military practice; but they, or something very like them, are not uncommonly met with in civil practice; the cause of the injury being in this case, as I have already said, slates, sharp stones, broken bottles, etc.

In these cases, having ascertained that there is a clean cut through the outer parts of the skull, our next point is to ascertain the state of the inner plate. For this purpose, Mr. Guthrie advises that "a blunt or flat-ended probe should in such cases be carefully passed into the wound, and being gently pressed against one of the cut edges of the bone, its thickness may be measured, and the presence or absence of the inner table may thus be ascertained." To this, however, the following objections are put by Mr. Benjamin Philipps.<sup>(b)</sup> "Supposing the interval between the two tables to be considerable, how is the surgeon to feel secure that it was not the normal condition in this particular case? And would he be justified in applying the trephine because he found a greater than usual space between the two tables? Besides, if even there were fracture of the inner table with depression, is it sure that the probe would detect it?"

In these objections of Mr. Philipps's there is doubtless some reason; no doubt there is at times great difficulty in exactly ascertaining the state of the inner plate of the bone—still the difficulties are not insuperable in the majority of cases. Instead of trying to measure the thickness of the bone—bearing in mind how the inner plate splinters, let us try to carry the probe sideways, as soon as we have got through the cut edges of the bone, and if we find that we can thus pass the probe first under the outer plate, and then feel the inner plate some distance deeper, we may be sure that the two plates are separated from each other, and that the inner one is broken and depressed.

Thus far we have seen that operative surgery often is of essential service in depressed fractures of the vault of the skull: but, thus far, we have been dealing only with those cases in which primary brain symptoms were either absent, or but very slightly marked. This is the bright side of the picture. Let the fracture co-exist with primary brain symptoms, and the case at once becomes a much more complicated, a much more dangerous one.

In these depressed fractures with primary brain symptoms, again must we ask ourselves this question. Being clear as to the existence of a depressed fracture, are we at once to resort to an operation in all cases accompanied by primary brain symptoms? Here, again, we find this question giving rise to the question of "wound, or no wound, leading down to the bone;" and here, again, we find the answer given to this question modifying the practice of our best masters.

1st. There is no wound leading down to the depressed bone. Then, let us carefully avoid making one, if the symptoms are such as not to call imperatively for the use of the trephine. Not being very urgent, the symptoms may perhaps be dependent upon concussion of the brain, or upon some slight pressure, either by blood or bone; and such symptoms, it is well known, may, and frequently do, pass off under the influence of judicious treatment. We may postpone the operation, and see what we can do with our other remedial measures before resorting to the trephine. But, if the symptoms are urgent, if they indicate decided pressure upon the brain, then operative interference becomes necessary: a wound must be made, the

depressed bone must be freely laid bare, and either elevated or removed. And the sooner this is done the better.

2ndly. There is a wound leading down to the depressed bone. If we think it necessary to remove the bone, where the bone alone is injured, all the greater necessity will there be for our removing the bone when cerebral symptoms exist. And, having a wound already made, we had better operate at once, even if the symptoms are slight, as they may be altogether dependent upon the depressed bone.

If the cerebral disturbance be slight, we may naturally hope that the structure of the brain itself is scarcely if at all injured, and that the operation will be successful.

A lad, 13 years old, was admitted into St. George's Hospital, under the care of Mr. Pollock, in September 1854, with a small contused wound over the right eyebrow, leading down to a fracture with marked depression. There was partial insensibility, but no stertor, and no loss of power over the limbs; he put out his tongue when ordered to do so, but would not answer any questions; was constantly rolling about the bed; occasionally noisy, and called out lustily when the wound was examined. Blood was effused in the right eyelids, as well as under the ocular conjunctiva; the eyeball was very prominent, evidently from the blood in the cellular tissue of the orbit. There were marks of dried blood both about the left nostril and in the left ear. The account given by those who brought this boy, was that he had been sent the previous evening into a field to drive in some horses, by one of which it was thought that he had been kicked on the head, as he was found some time afterwards lying on the grass insensible, and bleeding freely from the wound over the eyebrow. When Mr. Pollock saw the boy a short time after his admission, the symptoms were somewhat more marked, and it was determined, in consultation with Mr. Tatum, to operate at once. Free incisions were made in connexion with the wound, which laid bare a considerable surface of depressed bone: the fracture was a comminuted one, and the fragments tightly jammed in. A portion of sound bone was therefore removed with the trephine, and one of the fragments was easily taken away; but it was not until a part of the projecting bone had been cut off with the nippers that the lower fragment, which was driven down into the orbit, could be got at, and so firmly was this fragment found to be wedged in, that it was with great difficulty even partially raised: several smaller pieces of bone were then removed. The dura-mater which was thus exposed to the extent of about half a square inch, seemed to be uninjured; from the appearances which it presented it was, however, thought that blood had been effused under it. The operation was not followed by any immediate relief; the cerebral symptoms still continued unabated; the pulse was sharp and quick, with great heat of skin, and under these circumstances it was thought advisable to give the patient some small doses of mercury, which were, however, discontinued on the following day, as he appeared to be very much reduced. Some strong beef-tea was now ordered. For three or four days he remained much in the same state; at times very noisy and restless, but nevertheless somewhat more conscious. All medicines were carefully avoided, and he was put upon fish diet, which was increased to ordinary diet on the eighth day, as he continued gradually improving. The eyeball still remained very prominent, with a good deal of chemosis at the lower part, so much so indeed that the lid was everted. Subsequently to this nothing occurred to interrupt the boy's convalescence; the protrusion of the eyeball became less marked; the wound scarred over; and he was discharged from the Hospital, sound in mind and body, in the month of December.

In the case which I have just brought before your notice, the brain symptoms proved to be independent of the depressed bone, and they might perhaps have been relieved without an operation. But, as it sometimes happens that such symptoms are altogether dependent upon the state of the fracture in these slighter cases of cerebral disturbance, there is, I think, a clear indication for an immediate operation, whenever there is a wound. It is then the existence of a wound which in these cases leads us to operate at once, and it is in such cases that the operation will not unfrequently be attended with complete success.

But how seldom will success crown our efforts in those cases in which the cerebral symptoms are urgent, where compression of the brain is decided, and strongly marked!

True it is that operative interference is all the more

(b) *Med. Gazette*, vol. xxxiii. p. 106.



urgently called for in such cases, but equally true is it that an operation undertaken under such circumstances will seldom—very seldom—be attended with success. The records of every hospital easily explain this. There it is shown how rarely it happens that the brain symptoms in these cases are dependent upon the bone alone. And let me add that it has never yet fallen to my lot to meet with a case of cerebral disturbance of a formidable and urgent character, in which such symptoms were wholly dependent upon depressed bone. In every case which I have seen with these symptoms strongly marked, there was also some extensive extravasation of blood, or some serious lesion of the brain substance itself.

Being perfectly aware of the serious and all but fatal complications which so frequently co-exist with a depressed fracture, still it is our duty not to give up the case as hopeless. Let us not forget that there are many cases on record by which it has been clearly proved that cerebral symptoms, even of a very urgent nature, may, after all, be altogether dependent upon the depressed bone; cases in which the symptoms have persisted so long as the bone remained depressed, and been relieved only by its removal. Such a case as Cline's, for instance, in which the symptoms continued unabated for the extraordinary period of thirteen months, and were then relieved by the removal of the bone, at once disproves the opinion that it is useless to resort to an operation in cases of severe cerebral symptoms with fracture and depression. There can be no doubt that it is our duty to operate at once in such cases, notwithstanding that the chances are so much against us.

In a compound fracture with depression, the indriving of a piece of bone along the course of one of the large venous sinuses, the longitudinal or the lateral, may give rise to hæmorrhage of an alarming character. But, however alarming such bleeding may, at first sight, be, it is generally said that the danger is more apparent than real. In our different works on Surgery may be found a goodly number of cases of wounds both of the superior longitudinal sinus, and of the lateral sinuses, which did perfectly well, notwithstanding the loss of a large amount of blood. The bleeding, in such cases, however profuse, is represented as being most easily controlled; so much so, indeed, that M. Chassaignac states that he had not been able to find on record a single instance of fatal hæmorrhage from a sinus thus wounded.

Here is a case, however, in which bleeding from a wound of the left lateral sinus did lead to the death of the patient.

A man, aged 51, remarkably stout and large-framed, was admitted into St. George's Hospital, under the care of Mr. Keate, in August 1847, perfectly blanched from bleeding of so profuse a character that his waistcoat, shirt, and other clothes were completely saturated with blood. This bleeding was connected with a compound fracture of the skull, situated in the course of the left lateral sinus, and about two inches from the ear. The poor fellow had, it appeared, fallen off a scaffold, upwards of twenty feet high, and struck his head against the top of some iron railings, one of the points of which had gone through the bones. The patient was perfectly sensible, and had not been even stunned at the time of the accident. The bleeding had all but stopped when he arrived at the hospital; but it was stated by those who came with him that he could not have lost less than close upon four pints of blood. The fracture itself proved to be a comminuted one, with several loose splinters; one fragment was bent outwards so as to be standing up above the level of the surrounding bone, in which position it was fixed by the fracture being only partial on one of its sides; no fragment could be detected driven down towards the brain, the pulsations of which could be distinctly felt at the bottom of the wound. Mr. Keate thought it advisable to postpone interfering with the fragments. Suppuration of a foul character soon set in; the wound put on an unhealthy, sloughing appearance, and, on the eighth day after the accident, hæmorrhage of a venous character suddenly made its appearance; it was easily stopped, but it recurred slightly on the following day and then ceased. During the whole of this time there were no cerebral symptoms of any kind. Generous diet was ordered as the patient was low, and the wound very foul and sloughy. He appeared to be going on perfectly well, and was daily gaining strength, when bleeding again made its appearance on the eighteenth day after the accident, and from this day it kept constantly recurring, at times stopping, and then coming on again, notwithstanding the numerous and various

means which were used to check it. And thus matters went on for some fortnight, when the patient sank, exhausted from the constant draining of blood, having lived nearly five weeks after the accident. This preparation (c), belonging to the museum of St. George's Hospital, shows the perforation at the back part of the skull communicating directly with the left lateral sinus. The sinus itself presented no traces of inflammation, and it contained a small coagulum only. The brain was blanched, and so too was every part of the body.

In the case which I have just mentioned, it is right to notice that, after the first violent bleeding, no hæmorrhage took place until the wound had put on an unhealthy aspect. The recurrence of the bleeding was due to the sloughing of the wound; no attempts at repair were made either by the surrounding parts, or by the walls of the sinus, the hole in which remained perfectly patent, and gaping; the sinus itself did not become blocked up by fibrinous deposits; the blood circulating through this channel found therefore a ready means of escape—in fact, the man died of repeated attacks of secondary hæmorrhage.

It is curious to notice how lightly injuries of these large venous sinuses are spoken of by many Surgeons of great repute. Indeed so lightly was an opening into these sinuses thought of in former days that Pott did not hesitate, in a case where the superior longitudinal sinus had been laid bare, to open it with a lancet, in order to relieve more immediately the vessels of the brain—dealing, in fact, with this sinus, as he would have done with a common vein, thinking only of the possible difficulty of stopping the flow of blood, and little dreaming of any ulterior mischief which might arise from his proceedings.

And how seldom, in fact, do we find any allusion made, even in our most recent authors on injuries of the head, to the mischievous consequences which may arise from a diseased action being set up in these sinuses, either from an injury implicating the sinus itself, or from an injury done to the bones in the immediate neighbourhood of the sinus. Recent investigations prove, however, that, under such circumstances, fibrinous deposits and suppuration, with all its secondary consequences, may take place within these sinuses.

In examining the body of a patient of Mr. Cæsar Hawkins', in March, 1852, I found the channel of the left lateral sinus completely blocked up, from its mastoid portion down to the jugular vein, by a very firm coagulum of a rusty brown colour, and adherent throughout to the inner coat of the sinus. This fibrinous deposit, evidently of several days' standing, was connected with a slight fissure implicating a part of the bone in which the sinus is lodged, but no trace of actual injury could be detected in the coats of the sinus itself. The fracture had been caused by the patient falling with the back of his head against a stone pavement. Symptoms of diffuse inflammation of the membranes soon made their appearance, and he died eight days after the accident. But, had this patient lived longer, suppuration within this sinus would, in all probability, have ensued.

A man, aged 37, was admitted, drunk, into St. George's Hospital, under the care of Mr. Cæsar Hawkins, in July 1835, with a small scalp wound, exposing the bone above and a little behind the left ear. The injury had been caused by a fall against the edge of a stone step, during a scuffle in which he was engaged with one of his companions; and it appeared that whilst still on the ground he had had an attack of an epileptic character. With the exception of some slight giddiness, for a day or two, everything went on very well: the wound was healing, and he was made an out-patient after some eight or ten days. But he was re-admitted into the Hospital about three weeks afterwards, with great pain in the head, and a good deal of discharge, of a puriform character, from the meatus, accompanied by fever and a low pulse. The pain in the head had come on shortly after he left the Hospital, and the discharge had made its appearance suddenly on the day previous to his re-admission, as if "something had burst inside his head." The wound was not quite healed, and the bone was still exposed. Two days afterwards, he had some distinct rigors, accompanied by great restlessness, and an increased discharge from the ear. Then came other rigors, with typhoid symptoms and profuse perspirations. These symptoms continued, with slight intermissions, for some days; but there was no paralysis, neither was there any affection of the mind; still it was thought advisable to apply a

trepine over the exposed bone. No matter was found between the bone and the dura-mater, the surface of which looked quite healthy, and the inner surface of the bone was still living and healthy. No relief was afforded by the operation, and the patient died three days afterwards. A lineary fracture was traced across the temporal bone, to the junction with the sphenoid. The dura-mater (d), where exposed by the trephine, was quite healthy, but, within a quarter of an inch of the opening, both surfaces of the tentorium were covered with lymph and pus, which appeared to have commenced in the lateral sinus. The sinus was blocked up with coagulum, and lymph and pus; but two small openings existed on its outer surface, and one on its inner surface, just below the tentorium. From the latter pus escaped, so as to cover the cerebellum to a small extent, its further passage being bounded by lymph. The external openings, towards the bone, were also surrounded by lymph; but the matter from the sinus appeared to have escaped through the linear fracture into the tympanum, as well as into the external meatus, giving rise to the discharge from the ear noticed during life.

(To be continued.)

## ORIGINAL COMMUNICATIONS.

### CLINICAL EXPERIENCE ON THE NATURE AND TREATMENT OF UTERINE DEVIATIONS,

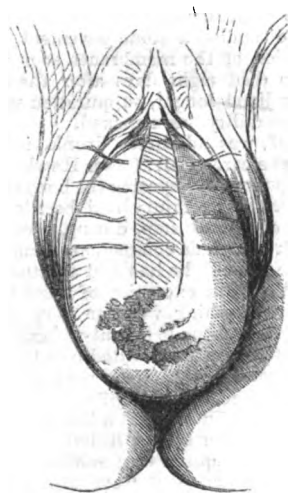
MORE ESPECIALLY OF PROLAPSUS.

By HENRY SAVAGE, M.D. Lond.  
Senior Physician to the Samaritan Hospital.

(Continued from page 161.)

*Marshall Hall's Operation, fig. 7.*—This operation succeeds by keeping the uterus from entering the vagina, which it seeks to do by narrowing its calibre and restoring its tone and elasticity. But it must, at the same time, do away with the mechanical disadvantages above referred to, by bringing the line of pressure across the vagina instead of in a line with it, or it must inevitably fail.

FIG. 7.



A strip of vaginal mucous membrane, an inch and a half wide, and running its entire length, is removed from the front of the prolapsus. The long wound is brought together laterally by interrupted suture and the prolapsus reduced.

Diefenbach removed a portion of mucous membrane the size and shape of half an egg from both sides of the prolapsus,

(d) Catalogue of Mr. Hawkins' Museum, I. a 17.

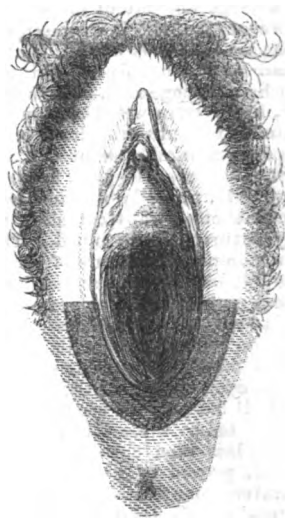
and having applied the sutures, and replaced the tumour, in some cases he also drew down, by *Museux's* forceps, another fold which he removed with scissors. This wound he left without sutures.

Ireland, Velpeau, Berard, and Bellini adopted a modification of Hall's plan. The plans of Dr. Every Kennedy (Letter to Sir B. Brodie, *Lancet*, 1839) with the actual cautery—of Mr. B. Phillips (*London Med. Gazette*, 1839) with fuming nitric acid—that of Degrange, with *serres fins*, &c., are the same in principle.

In a case admitted into the Samaritan Hospital two years ago, where the prolapsus was chiefly of the bladder, I removed from the most prominent part of the tumour a piece of mucous membrane, the size of the bowl of a large table-spoon. The denuded surface bled rather freely, and two small vessels had to be secured. The wound was brought together laterally by interrupted suture, and the tumour reduced. She was kept in bed not quite three weeks, and allowed to leave the Hospital shortly afterwards, wearing a small Zwanke. She was watched for some months as an out-patient, and I have lately ascertained that she laid aside the pessary upwards of six months ago, and has had no return of the disease since the operation.

I now come to Fricke's operation, which relieves solely by preventing the escape of the uterus out of the vulva. This operation, even when modified, as described below, in my opinion, is desirable only in those cases which have proved rebellious to a fair trial of the methods above described, where also the perinæum is deficient, or has lost its resistance by long-continued distension. Every day's experience shows the error of the assertion that a weak or deficient perinæum must necessarily sooner or later entail prolapsus of the uterus; although it is quite certain that the moderate contraction of the lower end of the vagina and the restoration of the vaginal perineal angle by means of a plastic operation are essential to the success of every procedure on Fricke's principle.

FIG. 8.



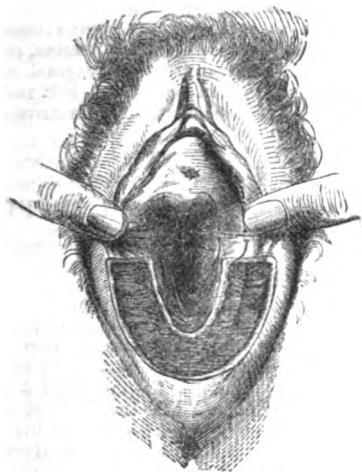
*Fricke's method (8).*—The operator transfixes the labium with a sharp pointed bistoury, so as to remove a slip about the width of the finger, commencing about two fingers' breadth from the upper commissure, and joining a similar slip from the opposite labium, at an angle about a finger's breadth behind the fourchette. Bleeding vessels are secured by torsion, the exposed surfaces placed face to face, and secured by ten or twelve points of ordinary interrupted suture (*Annalen der Chirurgischen des Allgemein Krankenhaus in Hamburg*, 1833). Sponge was introduced into the vagina before bringing the wound together, to prevent the prolapsus interfering with the adhesive process. Fricke is said to have cured three out of four; and I notice that Professor Fergusson, of King's College, has reverted to this, after having operated in another way to be presently mentioned; nevertheless I feel convinced Fricke's plan must fail in the long run. A perinæum thus



formed has no vaginal angle, and can never long stand the abdominal strain, propagated as before stated under every mechanical aggravation through the uterus lying in the inverted hollow vaginal cone.

The same objection appears to have struck Professor Geddings, of the Medical College of South Carolina, whose interesting monograph has furnished much of the foregoing historical detail.

FIG. 9.

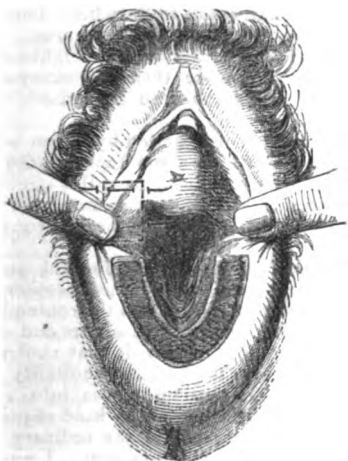


**Geddings' Method.**—Having marked off on the labia, by a sweep with a sharp scalpel carried from one side to the other behind the commissure, a slip the size of that in Fricke's operation, he proceeds to remove it by dissection, continuing so as to remove also a slip of mucous membrane from the vagina of a corresponding horse-shoe shape, and similar in this respect to the slip recently described by Mr. Brown as the peculiarity of his operations. Geddings says, "I have never found it necessary to use more than five interrupted sutures. I also use the quills. (Fricke's sutures remained for ten or twelve days.) I never leave either quills or sutures after the tenth day, and I use no sponge."

His first case was in July, 1839. His monograph containing his remaining cases, which appeared in 1840, anticipates, in respect to the operation, sutures, subsequent treatment, &c., everything of importance, which has been done since. All his cases completely succeeded.

Mr. Brown's first case was in 1853.

FIG. 10.

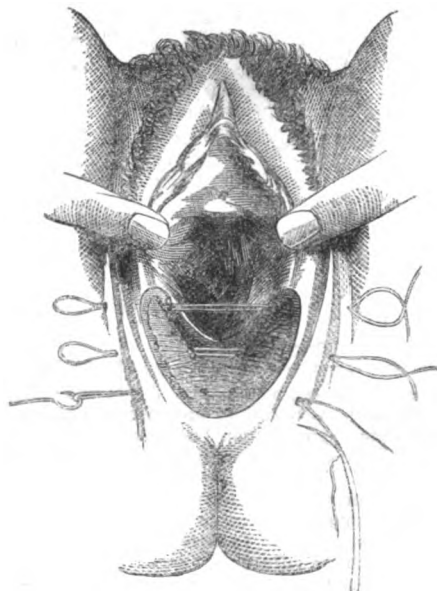


He removes a horse-shoe slip of mucous membrane, but no part of the labium. The sutures and subsequent treatment exactly resemble the same as described in 1839 by Geddings. Mr. Brown thinks the removal also of a square piece of

mucous membrane, as indicated in the cut, affords additional security when the bladder is much prolapsed.

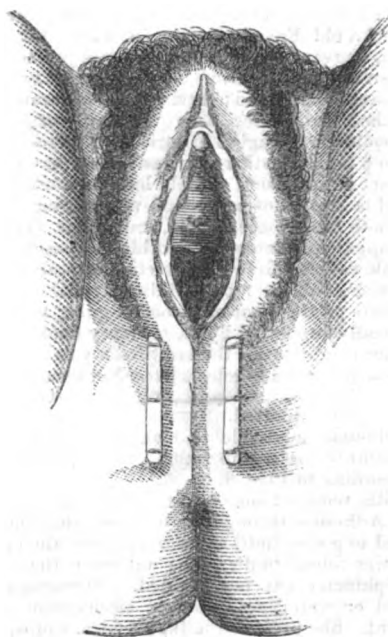
Fricke's operation I never adopted. I have operated in twenty-one cases, exclusive of the case above. After trying both Geddings's and Brown's plan, which I thought were not without objection, I came to a modification of my own.

FIG. 11.



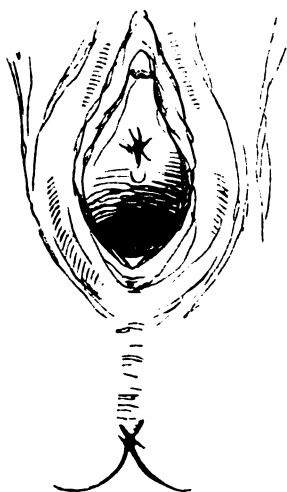
I mark off on the vulva and vagina all the redundant skin, and as much of the latter as will promise most subsequent contraction, and then dissect, so as to remove all the skin so circumscribed, and with it the entire thickness of the vagina, using quills, interrupted sutures, exactly as in Geddings's cases. The result has always been an efficiently firm perineum, a good vaginal perineal angle, and enough subsequent vaginal contraction, without excessive diminution of the vaginal aperture.

FIG. 12.



Perineum immediately after operation.

FIG. 13.



Perinæum after recovery—uterus just apparent behind the aperture.

A glance at a foregoing cut (fig. 3), of the section of the pelvis, made with every care to ensure correctness, will show what is meant by vaginal angle. The following selection of cases will prove it to be one of the chief preventatives to the return of the prolapsus. Two of these cases (the only unsuccessful ones) illustrate in a very striking manner that when the uterus succeeds in turning the corner so as to bear entirely upon the vaginal aperture, it is sure to bore its way out, and the operation is altogether a failure.

The true perinæum can be felt as a firm, resisting, slightly elastic ring, the *vaginal ring*, where the vagina terminates at its opening in the perineal fasciæ, it is at once felt by the finger, where these unite at a horizontal line leading from one tuber ischii to the other. The Peroneo vaginal angle of the vagina is where the tegumentary perinæum begins. *The object of the operator is to prevent the new perinæum from having to sustain all the pressure.*

The following have been selected from my twenty-two cases, and details given with a view of illustrating what such an amount of experience may be worth, in deciding upon the value of a method which has of late been so generally and unequivocally recommended in one quarter, and as decidedly discountenanced, if not condemned, in another equally respectable.

*Case 1.*—An old Frenchwoman, 75, widow the last twenty years; thin, haggard, feeble. A very large prolapsus pendent nearly a foot out of the vulva. Womb large, excoriated, here and there deeply ulcerated; cervix large, indurated; os large, open, cracked into three deep fissures, turgid, injected; mucous membrane of vagina in coriaceous flakes; vagina distended into a tough, leathery, inelastic bag, having by nearly twenty years of distension entirely lost its contractile power. No signs of laceration of perinæum, vaginal ring scarcely perceptible. Both labiæ loose, flaccid, redundant. The prolapsus contained apparently intestines and bladder besides the uterus. Curved male catheter followed direction of prolapsus. On the whole nothing could be more strikingly pitiable and helpless than the state of this poor old woman, going about with her "chute" badly supported by an ordinary napkin. Said this had been her condition for the last fifteen years, in spite of the various means adopted to relieve her. Not clearly apparent by her account that the prolapsus ever had been properly reduced. She was admitted.

It was thought advisable to look after her general health for a fortnight before the operation. The operation was performed according to Plan 9.

The quills removed on the fifth day, the sutures on the seventh. Adhesion throughout by first intention. She was not allowed to get up until three weeks after the operation.

Opium was found to disagree; not more than two grains given. Sphincter ani not divided. Dressing-pledgets of water, cold or warm, according to circumstances. Careful nourishment. She preferred milk, beef-tea, soups, etc. Wine and stimulants, except very sparingly, and not every day, found to disagree. Scrupulous care taken to syringe out vagina, and keep the parts clean.

Condition at the end of six weeks, when allowed to leave her bed:—No prolapsus visible; uterus hardly within reach of the finger, but a knuckle of vagina down to within half an inch of vaginal aperture. Adhesion perfect throughout. Patient much stronger, and infinitely more comfortable than before the operation.

A week after getting about, the knuckle of vagina slightly protruded. She thought she was "mal coussue." I did not consider it advisable to adopt her repeated suggestion to have the vaginal aperture entirely closed.

Six months afterwards I had an opportunity of examining this case. The vagina had not in the least recovered its tone. The finger as soon as it entered the vagina came in contact with the uterus, and numerous folds of vagina, one of which projected about half an inch from the vaginal orifice. The new perinæum was firm and sound. A belt and under pad easily retained the insignificant vaginal protrusion when reduced.

To be continued.)

## DRAINAGE AND WATER SUPPLY IN CONNEXION WITH THE PUBLIC HEALTH.

By JOHN SNOW, M.D.

(Concluded from page 163)

THE material among the emanations from drains and sewers which is supposed by many persons to be most active in promoting zymotic disease is sulphuretted hydrogen gas; but it must be acknowledged that the chemist never catches any disease from this gas, when liberated in his laboratory; and that invalids drink a solution of it at Harrowgate and other places, without acquiring any tendency to zymotic disease, although the gas is undoubtedly absorbed into the blood. An instance occurred lately of this gas being set free on a very large scale, without its doing any injury to health. It is as follows:—

"At a certain point in Westerdale Head (North Riding) the process of jet-mining has been carried on for some time past, and a few weeks since it was observed that the heaps of shale excavated or turned over by the miners were giving out much smoke, and the smoke was accompanied by a noisome smell or stench. This smell, which is that of the sulphuretted hydrogen gas liberated from the decomposing alum shale, has been perceived at points not less than seven or eight miles, or even more, from the point of its origin; and every room in houses three or four miles distant is most offensively penetrated by it at all times of the day and night. The burning heap is of large dimensions; many thousands of tons of the displaced shale lie in heaps more or less continuous. . . . It had been surmised that a mischievous effect on the health of the neighbourhood would be produced; but so far beyond the nauseous, suffocating fumes, which annoy everybody for miles in the direction of the wind from the burning heap, no harm seems to have been done; and it may be hoped, therefore, that none will now arise. Even among the inhabitants of the houses in the neighbourhood of the place no worse consequence than the annoyance from the almost intolerable stench has so far arisen."—*Times*, 7th January, 1856.

It is quite true that sulphuretted hydrogen will cause sudden death when breathed in a too concentrated state, but no argument ought to be adduced from this circumstance with regard to its causing illness, for carbonic acid gas will also cause sudden death, although it is a normal constituent of the atmosphere.

I have in former papers, in this Journal and elsewhere, been able to point out the very close connection which exists between the mortality of cholera and the contamination of the drinking water, by the contents of sewers and cesspools. It has very frequently been observed, that cholera was most fatal in situations where the ordinary mortality was highest; and, taking both these circumstances into consideration, there was reason to presume that the kind of pollution of the water mentioned above increased the ordinary mortality, at times when the cholera was not present. I am now able to show, from a set of statistics compiled and calculated from the Quarterly Reports of the Registrar-General, that this is the case. That part of this metropolis which is situated in the county of Surrey is supplied with water by two companies

—the Lambeth Company, and the Southwark and Vauxhall Company. No other company supplies any portion of the metropolitan part of Surrey, except a very small portion of Rotherhithe, which is supplied by the Kent Waterworks Company.

The estimated population supplied by the Lambeth Company in 1854 was 166,906, and that supplied by the Southwark and Vauxhall Company 268,171. These numbers leave about 65,000 persons who were probably supplied by pump-wells, and lived chiefly in the more suburban districts, as Clapham, Wandsworth, Camberwell, and Norwood. The Lambeth Water Company, which supplied about one-third of the population of the metropolitan part of Surrey, obtained their water from the Thames in London, near the Hungerford Suspension Bridge, until January, 1852, when they moved their water-works to Thames Ditton, beyond the influence of the sewers of London. The Southwark and Vauxhall Company, which supplied more than half the population of that part of London which is situated in the county of Surrey, continued to obtain water from the Thames, between Vauxhall and Battersea, until July 22, 1855, when they obtained their supply from near the village of Hampton. I have shown, in the Table No. 2, the mortality in that portion of London which is in the county of Surrey, in every quarter of each year, commencing with 1850, and extending to June 1853, shortly after which period the cholera made its appearance. I have omitted the latter part of 1853 and the year 1854 from the table, as the cholera was present, and the mortality from this disease in this part of London has already undergone a very extensive and minute inquiry, extending to particular cases. Moreover, I do not wish on this occasion to inquire into the effect of water-supply on cholera, so much as on other diseases. The statement of the mortality in the table is, therefore, resumed at the beginning of 1855, and continued till the end of 1857. Throughout the table the mortality of the remainder of the metropolis during each year, and each quarter of a year, is shown side by side with that part of it which is situated in the county of Surrey.

TABLE II.—Mortality of the Metropolitan part of Surrey compared with that of the rest of the Metropolis.  
METROPOLITAN PART OF SURREY—Population in 1851, 482,436.

	Deaths.	Deaths per 1000 of Population of 1857.
Quarter ending March 1850 ... ..	2,854	5.9
Quarter ending June 1850 ... ..	2,404	4.9
Quarter ending September 1850 ... ..	2,551	5.2
Quarter ending December 1850 ... ..	2,901	6.0
Year 1850	10,710	22.2
Quarter ending March 1851 ... ..	3,206	6.6
Quarter ending June 1851 ... ..	3,826	5.8
Quarter ending September 1851 ... ..	2,751	5.7
Quarter ending December 1851 ... ..	3,159	6.5
Year 1851	11,942	24.7
Quarter ending March 1852 ... ..	3,191	6.6
Quarter ending June 1852 ... ..	2,776	5.7
Quarter ending September 1852 ... ..	2,771	5.7
Quarter ending December 1852 ... ..	2,894	6.0
Year 1852	11,632	24.1
Quarter ending March 1853 ... ..	3,241	6.7
Quarter ending June 1853 ... ..	3,164	6.5
First half of year 1853	6,405	13.2
Quarter ending March 1855 ... ..	4,060	8.4
Quarter ending June 1855 ... ..	3,187	6.6
Quarter ending September 1855 ... ..	2,687	5.4
Quarter ending December 1855 ... ..	2,817	5.8
First half of year 1855	7,247	15.0
Second half of year 1855	5,454	11.3
Quarter ending March 1856 ... ..	2,788	5.7
Quarter ending June 1856 ... ..	2,762	5.7
Quarter ending September 1856 ... ..	2,977	6.1
Quarter ending December 1856 ... ..	3,076	6.3
Year 1856	11,603	24.0
Quarter ending March 1857 ... ..	3,140	6.7
Quarter ending June 1857 ... ..	2,630	5.4
Quarter ending September 1857 ... ..	2,838	5.8
Quarter ending December 1857 ... ..	3,816	6.8
Year 1857	11,924	24.7

TABLE II.—Continued.

REST OF THE METROPOLIS—Population in 1851, 1,879,801.

	Deaths.	Deaths per 1,000 of Population of 1851.
Quarter ending March 1850 ... ..	10,122	5.3
Quarter ending June 1850 ... ..	8,843	4.7
Quarter ending September 1850 ... ..	9,390	5.0
Quarter ending December 1850 ... ..	10,057	5.3
Year 1850	38,412	20.4
Quarter ending March 1851 ... ..	11,865	6.3
Quarter ending June 1851 ... ..	10,334	5.4
Quarter ending September 1851 ... ..	10,313	5.4
Quarter ending December 1851 ... ..	11,196	5.9
Year 1851	43,708	23.2
Quarter ending March 1852 ... ..	11,401	6.0
Quarter ending June 1852 ... ..	10,222	5.4
Quarter ending September 1852 ... ..	10,690	5.6
Quarter ending December 1852 ... ..	10,787	5.7
Year 1852	43,100	22.9
Quarter ending March, 1853 ... ..	12,772	6.7
Quarter ending June 1853 ... ..	11,450	6.0
First half of year 1853	24,202	12.8
Quarter ending March 1855 ... ..	15,545	8.2
Quarter ending June 1855 ... ..	11,797	6.2
Quarter ending September 1855 ... ..	10,447	5.5
Quarter ending December 1855 ... ..	11,455	6.0
First half of year 1855	27,342	14.5
Second half of year 1855	21,892	11.6
Quarter ending March 1856 ... ..	11,751	6.2
Quarter ending June 1856 ... ..	11,336	6.0
Quarter ending September 1856 ... ..	11,266	6.0
Quarter ending December 1856 ... ..	11,540	6.1
Year 1856	45,893	24.4
Quarter ending March 1857 ... ..	12,619	6.7
Quarter ending June 1857 ... ..	10,671	5.6
Quarter ending September 1857 ... ..	11,617	6.1
Quarter ending December 1857 ... ..	13,230	7.0
Year 1857	48,037	25.5

It will be observed that in the years 1850 and 1851 the mortality of the metropolitan part of Surrey was considerably above that of the rest of the metropolis, being 1.8 per 1,000 above it in 1850, and 1.5 above it in 1851. In 1852, when a part of the water-supply of that part of London had been improved, the mortality still remained greater than that of the rest of the metropolis, but to a less extent than in the two previous years, only exceeding it by 1.2 per thousand. In the first half of 1853, the mortality of the metropolitan part of Surrey exceeded that of the rest of London by only decimal 4 per 1,000, or at the rate of decimal 8 per 1,000 per annum. When the account of the mortality is resumed in 1855, after the cholera had passed away, it will be observed that the mortality of the metropolitan part of Surrey is still above that of the rest of London, in the two first quarters of the year; but on the 22nd of July, the Southwark and Vauxhall Company changed their source of supply from Battersea Fields to a point near Hampton, beyond the reach of the contents of the London sewers; then the whole of the metropolitan part of Surrey had an improved supply of water, and then, for the first time within the period of my inquiries, the mortality of this division of London falls, in that very quarter of the year, below the mortality of the remainder of the town. It remained below it in the last quarter of 1855, and also in the years 1856 and 1857, taking the mortality by the year together; and there are only two separate quarters in which the mortality of the Surrey Division of London rose a very little above that of the rest of the metropolis. I have not made any corrections for increase of population, because that of the metropolitan part of Surrey increased, from 1841 to 1851, exactly in the same ratio as that of the rest of London, and therefore the relative mortality of the respective divisions would have remained the same in the table, if the correction had been made.

The Chelsea Water Company removed their source of supply

at the end of June, 1856, from Chelsea to a point of the river beyond the influence of the tide, and the mortality of the Chelsea and Westminster districts, which are supplied exclusively by this Company, has diminished in comparison with that of the rest of London. The diminution is, however, not so great as in the districts supplied by the Southwark Water Company, for the Chelsea Company used to separate a great part of the impurity from the water by subsidence and filtration before its distribution.

I have not had an opportunity to inquire into all the diseases besides cholera, which have been diminished by the improvement of the water supply; but I find that, since the change in the source of supply of the Southwark and Vauxhall Company, there has been a marked diminution in the deaths from diarrhoea and typhus, in the districts they supply. Since the commencement of 1855 the weekly reports of the Registrar-General have contained the deaths from these two diseases in the different districts of London, and I have compiled, in table No. 3, the numbers of deaths from diarrhoea and cholera as they occurred respectively in that part of London situated in Surrey, and in the rest of London, from the beginning of 1855 to the end of 1857. It will be observed that in the two first quarters of 1855 the mortality both of diarrhoea and of typhus was higher in the metropolitan part of Surrey than in the rest of London; but that in the next quarter, that in which the supply of water was altered, the mortality of diarrhoea in this part of London fell below that of the rest of the town, and remained below it, with only two trifling exceptions to the end of 1857. The mortality of typhus in the Surrey part of London fell below that of the rest of the town, not in the quarter when the supply of water was improved, but in the following quarter, and has remained greatly below it ever since. I ought to remark, that the Registrar-General includes typhoid fever under the term of typhus.

I have in former papers adduced proofs that polluted water does not increase the prevalence of cholera by its acting in a general way, but only by conveying the special morbid poison of the disease, which must be present in the water, from a previous case or cases of the same malady. So, when polluted water increases the prevalence of other diseases, we must conclude from analogy that it acts in a similar manner, and that, when the water formerly supplied by the Southwark and Vauxhall Company increased the prevalence of diarrhoea and typhus, it acted by conveying the morbid material of these diseases from former patients.

TABLE III.

*Deaths from Diarrhoea and Typhus in the Metropolitan part of Surrey, and in the rest of the Metropolis.*

METROPOLITAN PART OF SURREY—Population in 1851 482,435.

	Deaths from Diarrhoea.		Deaths from Typhus.	
	Total Deaths.	Deaths in 10,000 living.	Total Deaths.	Deaths in 10,000 living.
Quarter ending March 1855 .. ...	99	2.05	118	2.44
Quarter ending June 1855 ... ..	82	1.69	132	2.73
First half of 1855	181	3.75	250	5.18
Quarter ending September 1855 ... ..	211	4.37	171	3.54
Quarter ending December 1855...	42	0.87	114	2.36
Second half of 1855	253	5.24	285	5.90
Quarter ending March 1856 ... ..	26	0.53	96	1.99
Quarter ending June 1856 ... ..	27	0.55	117	2.40
Quarter ending September 1856 ... ..	316	6.55	68	1.40
Quarter ending December 1856 ... ..	53	1.09	83	1.72
The year 1856	422	8.74	364	7.54
Quarter ending March 1857 ... ..	21	0.43	64	1.32
Quarter ending June 1857 ... ..	53	1.09	71	1.47
Quarter ending September 1857 ... ..	460	9.53	95	1.96
Quarter ending December 1857 ... ..	89	1.84	90	1.86
The year 1857	623	12.91	320	6.63

TABLE III.—Continued.  
REST OF THE METROPOLIS—Population in 1851, 1,879,801.

	Deaths from Diarrhoea.		Deaths from Typhus.	
	Total Deaths.	Deaths in 10,000 living.	Total Deaths.	Deaths in 10,000 living.
Quarter ending March 1855 ... ..	166	0.80	454	2.41
Quarter ending June 1855 ... ..	140	0.70	373	1.98
First half of 1855	306	1.51	827	4.39
Quarter ending September 1855 ... ..	1,047	5.56	476	2.53
Quarter ending December 1855 ... ..	274	1.45	494	2.62
Second half of 1855	1,321	7.02	970	5.16
Quarter ending March 1856 ... ..	122	0.64	623	3.33
Quarter ending June 1856 ... ..	150	0.79	625	3.32
Quarter ending September 1856 ... ..	1,294	6.88	505	2.66
Quarter ending December 1856 ... ..	263	1.40	528	2.69
The year 1856	1,829	9.72	2,881	15.13
Quarter ending March 1857 ... ..	148	0.78	425	2.26
Quarter ending June 1857 ... ..	190	1.01	373	1.98
Quarter ending September 1857 ... ..	1,883	10.01	447	2.53
Quarter ending December 1857 ... ..	801	1.60	566	3.01
The year 1857	2,522	13.41	1,841	9.79

The injury caused by impure water is by no means in proportion to the amount of impurity, but rather in proportion to the number of persons who respectively contribute to, and partake of that impurity. Thus a pump-well supplying a single family may be grossly polluted for years, without causing or communicating any illness, and if it do so at last, the illness may not spread beyond the family. Or a pump may supply a large population, but if polluted only by the cesspool of a single house, may be a long time before it does any harm; like the pump-well in Broad-street, Golden-square, which caused no mischief during three epidemics of cholera, but caused a great mortality in 1854. It is when a river receives the excretions of a town and at the same time supplies the population with water that the mortality is greatest, as shown in Hull during the cholera of 1849; at Newcastle and Gateshead during the cholera of 1853, and in certain extensive districts of London in every epidemic. And that increase of mortality which is so striking in time of cholera, goes on to a less extent at other times.

It follows from what I have said above that I should recommend the discontinuance of water-closets, or at least their diminution, instead of the continued increase of their numbers. A complete and well-regulated water-closet is so great a convenience that one cannot expect it to be discontinued in the better class of houses; but the so-called water-closet used by the working classes, who form the great bulk of the population, is according to the experience I have had, a worse nuisance than an open privy over a cesspool; as the recent excrement sticks about the pan and pipe, and is constantly disturbed by the water. In recommending the diminution of the number of water-closets, I of course do not suggest a return to the use of common cesspools; but some kind of moveable tank might be contrived, which should be charged with peat, or charcoal, or sawdust, or some other substance which would have the effect both of deodorizing the excrement, and bringing it into a state of disintegration, in which it could be more easily applied as manure. The tanks should be of a uniform size, so that a full one could be replaced by an empty one. It would be in new houses, and new neighbourhoods, that a plan of this kind could be best introduced. Dr. Hawkesley has contrived a plan for deodorizing the contents of water-closets, but he retains the use of the water.

As I have said above, the greatest evil of water-closets is the inordinate demand for water they occasion, and thus prevent most large towns being supplied otherwise than from the polluted rivers. If the general use of water-closets is to continue, and to increase, it will be desirable to have two supplies of water in large towns, one for the water-closets, and another, of soft, spring, or well water from a distance, to be used by meter, like the gas. Another evil of the general

adoption of water-closets is the waste of manure. The sewage becomes diluted with such an enormous quantity of water that it is doubtful whether it can ever be profitably applied to agriculture. The quantity of the sewage is so great that it could not be detained in reservoirs, and it could not be constantly applied, as the ground is often oversaturated with rain; whereas, if the solid excrement were conveyed away in carts, by some plan similar to the one I have mentioned, the house drainage, which would contain a good deal of the urine of the community, together with solution of soap and other fertilizing materials, would be so moderate in amount that it might probably be applied as liquid manure. It would most likely be five times more fertilizing than the present sewage. By the present plan, the proper contents of the house drains are vastly diluted with water, whilst the solid excrement chiefly lodges in the sewers, and has to be carted away from time to time, or is washed into the rivers by a heavy rain.

As regards water supply, it is desirable that all the shallow pump-wells, situated in towns and among houses, should be closed from domestic use, as they are extremely liable to be polluted, and that, as rivers can never be entirely free from pollution, the supply of towns should be from springs or wells at a distance.

In detached houses in the country, where well-water must be used, the wells should not be sunk close to the house, but at a distance; and the water should be conveyed to a cistern in the house by pumping it through a pipe, or in some other suitable manner.

As regards the great question of the purification of the Thames, I believe the part of the river which most concerns the public health is that in the neighbourhood of Thames Ditton and Hampton. I consider that the river in London was never in a better state, regarding it in a sanitary point of view. Not a single water company now obtains a supply from it, hardly any of the inhabitants on the banks dip a pail into it, and I believe the water is much less used among the sailors and others on board ship than formerly. I look on the question of diverting the sewage of London from the Thames rather as a question of taste than a sanitary question; and I shall not attempt to decide whether the improvement in the appearance of the river would be worth the cost. I only hope that, if the measure is carried out, the pump-wells along the course of the operations will be closed, to prevent such a prevalence of epidemic disease as occurred at Croydon; and that if the river is made to look comparatively clean the population will not again resort to drinking the water. If the sewage of London can be conveyed all, or part of, the way to the sea without polluting the river, it is evident that the sewage of Oxford, Windsor, Reading, and other inland towns, cannot be dealt with in a similar manner. The great sewage difficulty arose out of the almost general adoption of water-closets, and I believe it will continue until they are very much diminished in number.

18, Sackville-street.

#### EXPERIMENTS AND OBSERVATIONS ON THE ACTION AND SOUNDS OF THE HEART.

By GEORGE B. HALFORD, M.D.

Lecturer on Anatomy, Grosvenor-place School of Medicine, &c.

(Continued from p. 111.)

SINCE writing the former part of this essay, my attention has been kindly directed by Dr. Francis T. Bond, of Queen's College, Birmingham, to a paper in "The Monthly Retrospect of Medical Science," (Jan. 1849,) by Dr. Hamernik, recapitulating at some length the opinions of Dr. Baumgarten, "On the Mechanism by which the Valves of the Heart are closed, and by which the Sounds of the Heart are produced."

As my endeavour is, if possible, to unravel the intricacies of this subject, and to lay it bare before the Profession, I gladly transfer to these pages Dr. Hamernik's own words. He says, "The auriculo-ventricular valves are closed by the counter-pressure of the ventricular blood, suddenly developed by the contraction of the auricles; that the cavities of the auricles and ventricles during the heart's diastole are dis-

tended by the continuous current from the veins; while at this period the valves are to be found floating in the blood in the form of a funnel: that the object of the auricular systole is to induce such an amount of tension in the contents of the ventricles, and of course in the blood surrounding the funnel-shaped arrangement of the valves, as to cause their rapid closure; and in this way only can regurgitation be prevented."

Now, I grant that Dr. Hamernik is perfectly correct when he states that "the auriculo-ventricular valves are closed by the counter-pressure of the ventricular blood suddenly developed by the contraction of the auricles;" but he is incorrect when he says that "the cavities of the auricles and ventricles are distended during the heart's diastole;" for, as I have shown by the diagrams fig. 2 and 3, there cannot be full auricles and full ventricles at the same time within the pericardium, (*vide* also Table, showing the analysis of one complete action of the heart.) Nevertheless, the truth came out of Drs. Baumgarten and Hamernik's experiments, as witness the following remark of the editor of "The Monthly Retrospect:"—"The experiment by which it is shown that the auriculo-ventricular valve is closed before and independently of the ventricular systole is very easy of performance."

Dr. B.'s mode of demonstrating the action of these valves differs from that adopted by myself, in which, in imitation of nature, I effected their closure, and which I elsewhere explained as follows:—"The auricles contracting on the blood, the force of their contraction is transmitted by the blood in all directions, separating the flaps of the valves, distending the ventricles, and (the semilunar valves being shut down) pressing as much upwards and backwards as downwards and onwards. The force not being sufficient to raise the semilunar valves, is expended in distending the ventricles, and raising and closing the auriculo-ventricular valves."

Trusting, through the information by Dr. Bond, I have rendered proper acknowledgments to Drs. Baumgarten and Hamernik, I pass on to the consideration of the Sounds of the Heart.

The second sound of the heart is almost unanimously believed to be due to the tension of the semilunar valves of the aorta and pulmonary artery. The cause of the first sound, however, is differently stated by physiologists, inasmuch as up to the present time at least thirty explanations have been offered of its production. Need I say how detrimental to the study, and discouraging to the student of medicine have been this uncertainty and perplexity? The subject has by its occultness been peculiarly enticing to the speculative and fanciful; but it must not be left in such hands, it must be brought back and tested, both theoretically and experimentally.

Dr. Billing, in the preface to the second edition of his "First Principles of Medicine" (a work of which our Profession should feel proud), thus speaks of the sounds of the heart:—"In an essay read at the anniversary meeting of the Hunterian Society (February 9, 1832, and reported in the *Lancet* May 19, 1832), I first stated publicly that "the push or beat felt at the side is caused by the ventricular muscles, in their systole to expel the blood. The first sound is caused by the tension produced in the shutting of the auriculo-ventricular valves, and the second sound is caused by the tension produced in the shutting of the ventriculo-arterial valves," etc. etc. "This is a simple, unsophisticated explanation of the causes of the beat and sounds of the heart; and you will find that the morbid signs are all explicable as alterations of these." "Subsequently Rouanet brought forward the same explanation in his thesis, which was noticed in the *Journal Hebdomadaire* (September 1832), and copied into the *Médecino-Chirurgicale Review* (April 1833), as well as an extract from my essay; in which I had advanced, as I thought, sufficient to enable any practised physiologist to confirm my positions by the suggestions of his own mind. Finding, however, from some observations, that this did not appear to be the case, I published the following additional remarks in the *Lancet* (November 30, 1833):—"The succession of phenomena of the heart's action is as follows:—First, the auricle contracts, then the ventricle; by the action of which latter the auriculo-ventricular valves are shut by the pressure of the blood against them. Upon the relaxation of the ventricle, the semilunar valves are shut by the backward pressure of the blood in the artery. The first sound takes place exactly synchronous with the impulsion and action of the ventricle; hence it might be supposed that the action of

the muscle (as averred by some) produces the first sound. But the second sound takes place at a time when there is no action of the heart going forward; and this is peculiarly evident when there is an intermitting pulse, as there is then a marked pause after the second sound; so that, in fact, there is nothing but the semilunar valves in operation to produce sound at the instant." "I have thus proved that the second sound can be produced by nothing but the valves; and I have therefore shown the tension of the valves to be a sufficient cause for the first sound; and as *nil frustra natura facit*, according to the laws of reasoning in physics, more causes than are true or sufficient are not to be assigned (Newt. Princip. lib. iii. reg. phil. 1), so I discard muscular action as the cause of the first sound."

Speaking of the conclusions arrived at by the Committee of the British Association, appointed to inquire into the cause of the first sound, he further says:—"Now, as to their experimentum crucis (to show that muscle produced the first sound), of putting the finger into the heart after the valves were destroyed, and their hearing a sound proceeding from the contraction of the heart, with air, carnae columnae, and bloody moisture in it, without the fingers; doubtless there was a sound produced independent of the valves, but not the sound of the heart. I say my proof is legitimate—their assertion a sophism of *non causa pro causa*. It is the tympanic sound of the membranous valves which, with the time of the beats, produces the rhythm; and we judge of the existence of certain states of disease by the degree and manner in which they are out of tune. Looking at the subject physiologically and pathologically, valvular sound is the one we have to depend upon; for granting, for argument's sake even, that any other exists as a normal accompaniment, it has no more to do with the sound, than the drone of a bagpipe has to do with the tune."

Ignorant of Dr. Billing's priority, Mr. Bryan thus wrote, (*Lancet*, January 1833):—"I shall content myself with offering an explanation of the first sound, founded on a simple law of physics, examples of which are so frequently before us as to have rendered it familiar to every one."

"Any flexible solid, suddenly brought from a state of relaxation to a state of tension, vibrates, and its vibrations are sonorous or not, *i.e.* audible or not, according to its physical structure."

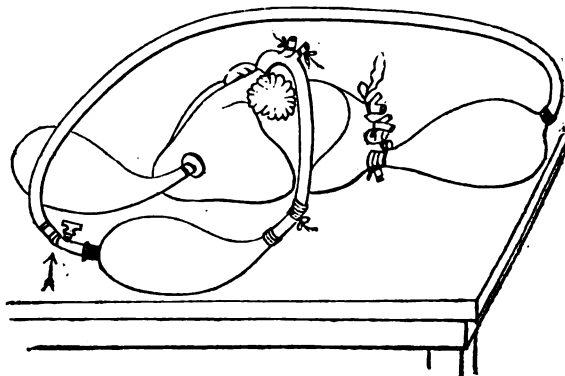
"At the commencement of the systole of the ventricles, their auricular valves are flapped into play, and at the instant of their closure, the whole substance of the ventricles and the valves are suddenly brought to a state of tension, and then consequently vibrate. I leave it to the reader to determine according to the laws of physics whether the vibrations of the valve, floating freely in fluid, or the muscular substance of the ventricles, trammelled by the contact of surrounding solids, would most contribute to the formation of the first sound."

Notwithstanding the above ably written theories, the valvular origin of the first sound had very few supporters. We now come to the experimental part of the inquiry.

In order to prove that *tension* of the auriculo-ventricular valves is sufficient to produce the first sound of the heart, Mr. Brakyn of Dublin devised an ingenious experiment, the details of which I extract from the *Lancet*, November 24, 1849:—

"The apparatus used consists of an ox's heart carefully dissected from the animal, so as to avoid injury to any of the appendages. To this I attached an apparatus consisting of a flanged tube, attached to the middle of the left ventricle, and piercing its wall, introduced through the auriculo-ventricular opening, to which was screwed externally another tube, with a flange also, so as to grasp the wall of the ventricle all round the tube, and render the junction air-tight; to the outer tube a bladder is tied. A free communication is thus established between the bladder externally and the cavity of the ventricle within. To the left auricle, a similar apparatus, but without flanges, was then attached by one trunk of the pulmonary veins, the rest being tied. Then having tied all the offsets of the aorta, I tied a tube and bladder to its abdominal extremity; to the distal end of this a small stopcock was then tied, into which a brass pipe, fastened to the end of an india-rubber one, can be wedged; the other extremity of the caoutchouc pipe is finally attached to the distal extremity of the auricular bladder. There is thus completed an apparatus, permitting a mimic circulation through the left heart, (it being sufficient

for illustration,) which may be conducted with perfect ease in the following mode:—



"Let the system be inflated with air through the orifice of the elastic tube next the stop-cock (marked by an arrow in the diagram); when, having wedged back the stop-cock into the pipe and opened the cock, a rhythmical circulation may be carried on by alternating manual pressure applied to each of the three bladders in succession (without removing any of the three hands applied), thus representing the successive contractions of auricle, ventricle, and aorta, with the natural attempts at regurgitation, which close both sets of valves in succession. Hereby a complete imitation of the normal sounds may be produced on either a very magnified or diminished scale, according to the force used in propelling the air."

"These sounds, being produced without any muscular contraction, or rush of blood, &c., must evidently be valvular, which can be further demonstrated by removing part of the apparatus (the auricular) so as to show the mitral valves in action synchronously with the first sound; or by introducing a wire cage, prevent them closing on regurgitation, when no sound follows; above all, the first sound is as perfect as the second, the valvular origin of which is, I believe, undisputed. In fine, the illustration, though conducted with air, ought to be conclusive, inasmuch as a suddenly strained membrane, which gives a tympanic sound in air, will do the same in water also, as I have tried, but not so loudly."

I had the good fortune to witness and assist at this experiment, when a pupil of the Grosvenor-place School of Medicine. Mr. Brakyn, going abroad, left the apparatus with two of the pupils, Messrs. Waters and Lercombe, who, with myself, frequently repeated the experiment, which was quite conclusive as to the valvular origin of both sounds. There being still an objection in the minds of some to this experiment, and an almost total neglect of Billing's original theory, I determined, in 1851, to see what would be the effect of fluids upon the valves; whether the tension produced by their resistance to compressed fluid would produce sound—such sounds resembling the two sounds of the heart.

It is evident that, to determine so delicate a point as the cause of the first sound of the heart, there must not be (as in the experiments of Hope, Williams, and the Committee of the British Association) any rude interference with the mechanism of the heart's action; its cavities must remain untouched; there must be no thrusting fingers into auricle or ventricle (as in theirs); no hooking back of valves (as in theirs); in fact, not one source of sound substituted for another, nor two or more brought together to discover one. My proceedings were as follow.

Large dogs were obtained, and, as in my preceding experiments, the heart was exposed, and the circulation kept up with artificial respiration. A stethoscope being applied to the organ, the sounds were distinctly heard. The superior and inferior venae cavae were now compressed with bull-dog forceps, and the pulmonary veins by the finger and thumb; the heart continuing its action, a stethoscope was again applied, and neither first nor second sound was heard. After a short space of time the veins were allowed to pour their contents into both sides of the heart, and both sounds were instantly reproduced. The veins being again compressed, all sound was extinguished, notwithstanding that the heart



contracted vigorously. Blood was again let in, and both sounds were restored.

I have thus frequently interrogated the same heart for upwards of an hour, and always with the like result.

This experiment (which was, at the time of my first performing it, in 1851, carefully examined, and verified by the late Dr. Marshall Hall and Messrs. Lane and Blenkins; more recently, and during the quiet of the night, by Messrs. Bickersteth, Waters, Fletcher, Grimsdale, M'Cheene, and Webster, of Liverpool; and lastly, for his own especial conviction, by Dr. Quain, of the Brompton Hospital) reduces the origin of the sounds either to the vibrations of the valves or to the rush of blood into and from the heart's cavities. That they need not be referable to the blood (that is, not generated in the fluid) is rendered certain by Brakyn's experiment, in which there was nothing but the *tension of the valves* to produce sound; and I will not admit that the flow of blood either into or out of the heart (in health) can produce sound; for if such were the fact, sound should be developed during the filling of the auricles, and subsequent injection and distension of the ventricles, that is, during the whole pause, which is not the case. (a) But ascribing, as I do, with Billing, Rouanet, Bryan, Valentin, Baumgarten, and others, the sounds to valvular tension alone, it becomes easily explicable why the first sound should be more prolonged than the second; for although the tension of the auriculo-ventricular valves is instantaneous, the vibrations of their flaps and of the chordæ tendinæ, by reason of their unequal sizes and attachments, are continuous; whereas, from the similarity of size and attachment of the semilunar valves, the sound resulting from their tension is limited.

That the blood closes both sets of valves is beyond dispute; that the force of the ventricular contraction is imparted to the blood, and by it transmitted in all directions must also be admitted. The valves between the auricles and ventricles being, as we have before seen, already in position, their resistance to the ventricular contraction must necessarily be accompanied by extreme tension and vibration of their flaps and tendons, (*first sound*.) At the same time the semilunar valves give way, and the arterial trunks become greatly distended. Then, the ventricular systole ceasing, this distension of the vessels is overcome by the elasticity of their coats, which second power reacting upon the blood, again impels it, its backward progress, however, being effectually impeded by the semilunar valves, (*second sound*.) Whereas no sound is heard, when, as in the last experiment, the blood is prevented entering the heart; inasmuch as the valves cannot be acted upon, the flaps of the auriculo-ventricular valves lying side by side, and the semilunar being immovably closed by the pressure of the blood upon their upper surfaces.

I contend, therefore, that the fact of both sounds being destroyed and reproduced by the same means is the greatest proof, and the first that has ever been given, that they depend upon the same cause, which is simply the vibrations of the valves produced by the backward pressure of the blood, first against the auriculo-ventricular (*first sound*), and secondly against the ventriculo-arterial valves (*second sound*).

The numbering of the Illustrations at p. 110 should be corrected; that on the right hand being Fig. 2, the other Fig. 3.

To be continued.)

**NORTH LONDON MEDICAL SOCIETY.**—The Annual Meeting of this Society took place on Wednesday evening, Feb. 10, when the oration was delivered by Dr. J. Russell Reynolds. The following officers for the ensuing year were then elected. *President*.—John Erichsen, Esq.; *Vice-Presidents*.—Dr. Jenner, Dr. Hare, Dr. Hillier, John Hainworth, Esq.; *Treasurer*.—Wm. Adams, Esq.; *Hon. Secretary*.—Robert Charles Croft, Esq.; *Councillors*.—Dr. J. R. Reynolds; Wm. Catlin, Esq.; Dr. Greenhalgh; C. J. F. Lord, Esq.; P. Mageniss, Esq.; Ed. Cousins, Esq.; Dr. M. Davis; Carr Jackson, Esq.; R. S. Myers, Esq.; Robert Burford, Esq.

(a) That the blood conducts sound, witness the heart's sounds heard on the pillow by night, when the circulation is excited, and the sounds sharper. How well, again, they are heard from the tiny fetal valves through both blood and liquor amnii!

## CASE OF

## EXTRACTION OF A FRAGMENT OF GUTTA-PERCHA BOUGIE

OF FULL SIZE, AND  $4\frac{1}{2}$  INCHES IN LENGTH, FROM THE URINARY BLADDER, BY MEANS OF THE LITHOTRITE.

By HOLMES COOTE, F.R.C.S.

Assistant-Surgeon to St. Bartholomew's Hospital, and to the Royal Orthopaedic Hospital; late Surgeon to the British Hospitals at Smyrna and Benkioi, etc. etc.

THE following case appears to me to present some points worthy of attention:—

Mr. P., about thirty years of age, was passing for himself a full-sized gutta-percha bougie, October 9, 1857, when the instrument broke between four and five inches from the distal extremity, and he found, upon withdrawal, that a fragment of that length was left in the urethra. He immediately called in a Surgeon, who endeavoured, by cutting into the urethra from the perineum, to seize the bougie, but while operating he perceived, and the patient himself felt a sort of spasmodic action of the urethra, and the whole fragment was drawn into the bladder. The patient came to town a fortnight after the accident, and called on me in good health, but in considerable agitation and distress. He said that hitherto he had experienced but little inconvenience, although there was an uneasy and sometimes painful sensation after the evacuation of the bladder, and occasionally a painful feeling referred to the glans penis. The urine was clear, and he could retain it the usual time. I sounded this gentleman, and immediately felt the piece of bougie, which appeared to lie transversely across the neck of the bladder. A blow with the steel sound communicated a dull sensation to the hand, from which I inferred that there was no considerable calculous deposit. The patient's urethra was very capacious, and he had never suffered from stricture.

It was obvious that the fragment of bougie must be removed, as its presence in the bladder would inevitably lead to results so well known that it is unnecessary for me to enter upon them here. The question in my mind was, what kind of operation was most likely to afford relief without endangering life. He himself, having read some medical works since his accident, suggested an opening by an incision along the median line of the perineum into the prostate gland and neck of the bladder, commencing behind the scrotum (a proceeding sometimes called Allerton's operation). Some of my colleagues thought that the lateral operation would be the readiest and the surest method. But, bearing in mind the numerous accidents and the high rate of mortality attendant upon the usual operation for extraction of the stone (lithotomy), I determined to act upon the piece of bougie with the lithotrite. The plan which I proposed and followed out was as follows:—

1. To introduce the lithotrite and seize the fragment very gently.
2. By a sliding movement to try to reach one of the ends; and by a turn of the screw to grasp it firmly, and pull the piece lengthwise through the urethra.
3. Failing in this attempt, to cut the bougie into fragments, and to trust to the efforts of the bladder for their expulsion.

My only fear (and that an unnecessary one) was that the blades of the lithotrite might become clogged with the gummy substance, and cease to move freely. But I was prepared, in the event of any accident which might prevent my withdrawing the lithotrite, to cut immediately into the bladder in the usual way.

October 26.—The bladder having been injected with about a pint and a-half of warm water, I introduced the lithotrite and seized the bougie. The instrument was made to slide along towards one extremity, when the blades were fixed, and the first attempt to withdraw the bougie lengthwise was commenced. Twice the bougie slipped from the blades of the lithotrite, and upon the third occasion blood began to flow in small quantity from the urethra. I felt that much damage might be done to the mucous membrane of the urethra by the forcible withdrawal of the bougie, bent and ragged, even were such an event feasible; and, inasmuch as I failed, I resolved upon crushing the bougie at once into smaller pieces. Accordingly the lithotrite divided it twice, and brought away some small bits of gutta-percha impacted in the blades.

No unpleasant symptoms having ensued, I repeated the operation on the Thursday following, four days afterwards. The bougie was not so easily felt, but it was again seized, and divided twice; larger fragments were withdrawn between the blades of the instrument, which were not tightly closed. But the bulk of the foreign body remained in the bladder.

About five hours afterwards I was sent for, the patient having experienced great irritation about the neck of the bladder. It was clear that a bit of bougie had entered the vesical orifice of the urethra. There was spasm, desire to make water, and to empty the rectum. An enema, containing 40 minims of laudanum, was immediately given, with orders to have it repeated, if necessary. During the course of the night severer symptoms came on, the patient walked restlessly about the room, and about three in the morning expelled, with a violent rush of urine in two acts, rapidly succeeding one another, the whole piece of bougie, about half with each of the expulsive efforts.

No symptom has since occurred, and the patient has returned to the country in good health.

I doubt not there are many Surgeons who have met with somewhat similar cases; but I have been induced to record the particulars of the present one, in consequence of the great diversity of opinion expressed by those among my friends with whom I spoke or sought advice. A very general feeling prevailed that lithotomy was the proper measure; and even up to the last the issue of the case, as treated by the lithotrite, was considered doubtful. I have not met with any instance in which a similar account of so large an instrument has been removed in the way here mentioned; although there are cases scattered through the public journals, in which pieces of smaller bougies have been successfully extracted. In the *Medical Times and Gazette*, Sept. 13, 1856, we see related the particulars of a case from St. Mary's Hospital, under the care of Mr. Lane, wherein a piece of gutta-percha bougie of small size broke off in the urethra of a patient suffering from stricture, and passed into the bladder. The ordinary assistance to be obtained from instruments such as a grooved sound was not possible; consequently, Mr. Lane proceeded to cut into the neck of the bladder in the mesial line, and extracted the fragment by a small pair of lithotomy forceps. The whole length amounted to about five inches.

Mr. Cock performed the lateral operation of lithotomy with success on a patient in whose bladder a piece of gutta-percha bougie, of the diameter of No. 4, and about five inches in length, had passed, in consequence of its breaking in the urethra. Here, too, there was a stricture rendering highly improbable any expulsion of the fragments by the natural passage.

A case, in some respects resembling that now before the Society, is related in the same journal by Mr. Hutchinson, of the Metropolitan Free Hospital. A piece of gutta-percha bougie, of the diameter No. 7, and about three inches in length, broke off in the urethra of a patient in whom no disease of the urinary organs existed, and passed into the bladder, as in the preceding cases.

No. 8 catheter was introduced without trouble, showing that the patient had a capacious urethra; and acting upon this fact Mr. Hutchinson made several, though ineffectual, attempts at extraction through this passage by forceps. He then distended the bladder with warm water, of which some was shortly afterwards voided. Six hours afterwards a strong desire to micturate came on, when the broken bougie was driven with force into the urethra, and was expelled without further difficulty.

I will not advert to the reprehensible practice of patients passing bougies for themselves, on account of some real or supposed disease of the urethra or bladder, further than by remarking, that in many of these cases the mind of the patient is in a morbid condition of anxiety or excitement. The first point to which I would draw attention is, that when the point of the instrument is fairly in the bladder, there being no stricture to interrupt its progress, its usual seat of fracture is about five inches from the extremity or tip, and that it corresponds to the part of the urethra anterior to the bulb, where the suspensory ligament binds the organ to the pubes, — in short, at the junction of the moveable with the fixed part of the urethra.

The muscular coat of the urethra draws the broken piece along the passage into the vesical cavity; when fairly lodged there, it lies somewhat transversely across the neck of the

bladder, the two ends impacted in the folds of mucous membrane; and there it remains, daily receiving its coating of phosphates.

The extraction of the foreign body is a measure which must not be delayed; and I think that this case is interesting, as showing how long a piece of a full-sized bougie may be expelled, when properly divided, through the natural passages, without the performance of any operation involving the prostate or neck of the bladder, a measure never unattended by danger. The fact, too, is of value in deterring Surgeons from forcibly drawing a large piece of bougie through the urethra, even should they be so fortunate as to seize it by one end, and so command its long axis; for the male urethra bears lesion of the mucous membrane very badly, and it is hardly possible to estimate the amount of injury which would be inflicted on the various ducts, both of primary and secondary importance, engaged in the formation of the spermatic secretion, or upon the walls of the canal itself, which might be subject to the formation of a stricture.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### GUY'S HOSPITAL.

#### LIGATURE OF THE EXTERNAL ILIAC ARTERY FOR A LARGE ANEURISM, UNDER POUPART'S LIGAMENT.

(Under the care of Mr. Cock.)

A man, aged 26, a baker, in delicate health, was admitted under Mr. Cock's care, towards the end of last November. Immediately beneath Poupart's ligament, on the right side, was a freely pulsating tumour, about the diagnosis of which there could be no error. Its projecting part was about the size of the rounder end of an egg, but its concealed portion appeared to be large. The man stated that he had first noticed it only a month ago. He had suffered extreme pain in the thigh and at the knee, along the course of the anterior crural nerve, which appeared to be pressed upon. He was very irritable and nervous. There was considerable deformity of the spine, and from a liability to attacks of sharp pain in the chest, with stethoscopic bruit over the heart, an aneurism of the aorta was suspected. It was evident that nothing could be done by the employment of pressure, and Mr. Cock accordingly decided without delay to put a ligature on the external iliac. This was done, without any unusual difficulty, on November 23, the part selected being about an inch and a half above Poupart's ligament. Pulsation ceased afterwards, and the pain complained of in the knee did not again recur. All went on as well as could be wished for some weeks. The ligature fell on December 8 (16th day), and at that time the wound was healed, excepting in the track of the thread, and the man's health had much improved. A minute fistula remained, but the man was so well that he was allowed to be up and about the ward until January 8. On January 8, a month after the ligature had come away, an attack of secondary hæmorrhage took place, and about a pint of arterial blood was judged to have been lost. The bleeding ceased spontaneously, and did not again recur. The man was afterwards, of course, kept quiet in the recumbent posture, but no local measures were called for. The sinus remained open, and continued to discharge a minute quantity of pus. During the night of January 24 sudden death, as if from cardiac syncope, took place. No return of bleeding preceded death, nor were there any circumstances other than the state of the thoracic organs to explain its occurrence. The aneurism had somewhat diminished in size during the time that had elapsed since the ligature, but its contents had not solidified.

The autopsy was conducted by Mr. Bryant, and the parts concerned in the disease and operation were carefully dissected. The aneurism was found to be not of the femoral

itself, but of the trunk of the profunda immediately after its being given off. The sac was large, and projected backwards under the muscles, until it reached the bone; the surface of the latter had been roughened by its pressure. But little of coagulum was found in its interior, its contents being chiefly grumous blood. The ends of the iliac artery, where it had been cut through by the ligature, were still unsealed, and a probe passed readily up and down its interior. Between the ends and enveloping them was a small mass of soft coagulum of dark colour, with the surface of which the still open sinus communicated. The artery above the site of ligature contained coagula, below it was quite empty. There was very little evidence of reparative action, and the wonder was that repeated and profuse hæmorrhages had not taken place. On examining the heart its aortic semilunar valves were found almost wholly destroyed by past ulceration. The other organs of the body, excepting that they were pale and in some instances fatty, did not present any special disease.

The early age at which the disease occurred, the coincident affection of the heart, and the fact that the artery involved was one which very rarely suffers, all combined in this case to point to a severe lesion of constitutional power. That such was really the fact the progress after the operation abundantly confirms. The man evidently possessed very little indeed of the *vis medicatrix* necessary for the reparation of injuries. His blood did not coagulate, nor was plastic material effused in sufficient quantity or of suitable kind to glue up the ends of the divided vessel. In what the systemic debility which caused the want of success consisted it is impossible to say. Its cause may have been some latent syphilitic or scorbutic taint in the blood, but these are mere guesses. The case is just one of those in which, as we remarked a few weeks ago in commenting on a similar one, the treatment by pressure, had it been feasible, would have resulted in disappointment. As to the immediate cause of the fistulous track remaining open, there could be little doubt but that the coagulum around the end of the vessel had prevented healing at the bottom. This coagulum had probably been effused early in the case. Apart from these considerations the case is of great interest as an example of idiopathic aneurism of the profunda, a vessel so affected with most extreme rarity. (a)

## ST. THOMAS'S HOSPITAL.

### ALBUMINURIA—LATENT PLEURISY—SUPERVEN- TION OF PHTHISIS.

(Case under the care of Dr. PEACOCK.)

A girl is now under Dr. Peacock's care in St. Thomas's Hospital, whose illness has furnished the opportunity for instructive observation as to the dependence of other organic affections upon disease of the kidneys. Her case exemplifies, 1st, the existence of albuminuria, without any tendency to anasarca, or other symptoms likely to attract attention to the kidneys; 2nd, the occurrence, in connexion no doubt with that disease, of extensive pleural effusion; and 3rd, the rapid supervention of tuberculous deposit in the compressed lung.

Abigail J., aged 18, was admitted in the last week of January. She is a very pale-complexioned girl, the clear watery brightness of her eye at once exciting suspicion as to the kidneys. Dr. Peacock has diagnosed tubercular softening of the left apex, and also the existence of a small quantity of fluid in the lowest part of the pleural sac. These conditions are chiefly of interest in connexion with the history of the early part of her illness, and this, as furnished by the Medical man who attended her, is as follows:—About two months ago, when living as housemaid in a very comfortable situation, she first sought Medical advice, on account of a very copious eruption of erythema papulatum on both legs; at the same time she complained much of feeling feeble, and unable to go about. Some of the spots were not unlike purpura; and on inquiry it was found that for a week or two past her gums had been liable to bleed when touched. She had disliked potatoes, and stated that she often passed a week without eating fresh vegetables, living on bread and meat. A mixture

containing chlorate of potash was ordered, and she was directed to eat vegetables and fruit freely. In ten days the eruption had disappeared, and she was as well as usual. About a week later, however, the Surgeon was again called in, and found her confined to bed with what she termed "a bad cold." She made no complaint of pain in either side, but stated that there had been a good deal in her back. She had no cough, nor any shortness of breath. An examination of the chest having, however, been made, the Surgeon was not a little surprised to find that the left pleura was filled with fluid to the very apex, and the heart displaced to the right side. On being closely questioned, she now recollected that four days before she had felt some pricking pains in that side, but they had not been at all severe. And now came the question of treatment. A condition closely allied to scurvy having been present only a fortnight before, the exhibition of mercurials was not to be thought of. It was determined to treat the case by diuretics and counter-irritants only, and accordingly a mixture, containing the acetate, nitrate, and bitartrate of potash was prescribed, and the chest was freely painted with a strong solution of iodine. Purgatives and blisters were subsequently used. It being found impossible to excite diuresis, and the condition of the chest remaining as before, an examination of the urine was made a fortnight later. This led to the discovery of albuminuria as a new complication to the case. The urine was scanty, of smoky tint, and, on boiling, deposited albumen most copiously. Diuretics as well as mercurials were now contra-indicated. Diaphoretics, vapour baths, and purgatives were during the next month sedulously employed, and with some advantage. On several occasions the secretion of urine was wholly suppressed for 48 hours at a time, and the condition of prostration was such, that speedy death was expected. At length, however, she recovered sufficiently to allow of removal to the Hospital, her friends being very anxious to have her placed under Dr. Peacock's care.

It would thus appear that the absorption of the pleural effusion has been slowly progressive during six weeks, and is at length nearly complete. Simultaneously, however, with its removal, the deposit of tubercle in the upper part of the compressed lung has taken place. It seems likely that albuminuria and consequent retention of urinary constituents in the blood have been the starting point in the rôle of morbid phenomena. Although the girl has never at any time had œdema of the extremities, yet her friends state that her complexion has for a year past been of the pasty pallor which it now exhibits. The influence of albuminuria in predisposing to serous inflammations and to extravasations of blood is well known. Respecting the connexion of diseased kidneys with the deposit of tubercle, opinions are much less unanimous. Dr. Peacock has indeed himself contributed the best collection of facts towards its determination.

Dr. Peacock, in the paper (a) to which we have made reference, supports the opinion (in opposition to that of Dr. Bright, and in conformity with that of Dr. Christison), that the tubercular diathesis powerfully predisposes to granular disease of the kidney. Of 117 cases of diseased kidneys, in which the lungs were examined, he states that in 36 or 30·7 per cent. they were found affected with tubercle. Respecting the priority of the two, he adds that "there seems every reason to believe that tuberculous affections of the lungs are very rarely secondary to the granular disorganisation of the kidney." Dr. Christison has stated that he has never met with a single instance in which the phthisis appeared to be secondary. This it must be observed is undoubtedly its position in the case given above, since in the beginning of her illness the girl had not the slightest cough, or other indication of pulmonary mischief. With regard to the prognosis of cases thus complicated, Dr. Peacock writes:—"We see, therefore, that the supervention of the renal disease during the progress of pulmonary consumption, both by the great liability which it induces to inflammation of the parenchymatous viscera and serous sacs, and also by the direct effects of the elements of retained renal secretion, tends very materially to add to the severity, and hasten the progress of the pulmonary disease." If this be true of the cases in which the renal disease is the later one, it must, *a fortiori*, be true of those in which phthisis commences after the albuminuria has long existed, and the spasmia attending it has become fully developed.

(a) In the Monthly Journal of Medical Sciences, August 1846.

(a) Mr. Bryant exhibited the preparation from this at the meeting of the Pathological Society on Tuesday evening, and stated that he had made a careful search in authorities, and had been unable to find another instance of aneurism of the profunda. He therefore deemed the case unique.

## THE ROYAL INFIRMARY FOR CHILDREN.

## LARGE UMBILICAL FISTULA COMMUNICATING WITH THE COLON.—OPERATION AND PARTIAL CLOSURE.

(Under the care of Dr. WILLSHIRE and Mr. COOPER FORSTER.)

THE subject of the following case was a little boy aged 5. The fistula, which was situate at the umbilicus, and was large enough to admit two fingers, had existed three weeks, and was believed to have been caused by a tubercular (?) abscess connecting the colon and abdominal wall, and finally ulcerating externally. The child was in a miserable plight, the fæces escaping to the amount of several ounces daily, and very small quantities indeed passing by the anus. His health was very bad. The fæces had an offensive odour, and were of such character that but little doubt was felt as to the bowel involved being the transverse colon. A probe was readily admitted in one direction, but encountered an obstruction when attempted to be passed in the other. The track of communication was very short, and direct. It was determined to attempt closure of the opening by a plastic operation, and its edges having accordingly been pared and dissected up, Mr. Forster united them across by the quill suture. Three sutures were put in, and the parts were retained by them in very excellent apposition. On the second day after the operation a good motion passed per anus, and until the removal of the sutures no fæces whatever had escaped by the wound. It was then thought that union of the whole length had taken place, but subsequently this proved not to be so. At present there is a small fistula about admitting a probe, through which daily a very small escape of fluid takes place. With the exception of the few drops which thus flow away, all the fæces now pass their natural outlet. No symptoms of peritonitis, nor indeed any undue disturbance, resulted from the operation, and the child is now in greatly improved health.

## HOSPITAL NOTES.

## DIVISION OF THE TEAR PUNCTUM AND ITS CANAL.

FOR the performance of this little operation Mr. Solomon has laid aside the knife and director, and substituted a pair of Mannoir's scissors, that have narrow blades and sharp points. The advantages of this change are,—he finds great facility and rapidity of execution, a matter of moment in nervous patients; the slit is always perpendicular; it never re-unites, and the sides of the canal remain well everted. The greatest width of the blades of the scissors he makes use of, is one-sixth of an inch, their length from rivet to point half an inch. Having first explored the canal with a probe to ascertain if it is stricture, and what its direction may be relatively to the margin of the lid and the caruncle, the operator, bearing in mind the anatomical arrangement of the parts, enters the punctum, while the lid is on the stretch, with the point of the lower blade of the scissors, and then slightly depressing the handle, slides the blade along the canal as far as the caruncle, where he pushes the point through the conjunctiva, and cuts out. If the punctum is constricted a common pin is used as a dilator before the introduction of the scissors. In the preceding description the lower canal is supposed to be the one selected for the treatment, though this method is also applicable to the upper.

## EXCISION OF THE HEAD OF THE FEMUR.

Mr. Coote has at present under his care in St. Bartholomew's a case which promises to do very well after the resection of the head of the femur. The patient is a lad, aged 16, in poor health. The disease was of two years' duration, and the head of the bone was dislocated on to the edge of the great sacro-ischiatic notch. The distortion was great, and there was much suppuration from the open sinuses. The resection was performed in the usual manner, the bone being cut through just below the base of the great trochanter. The lad's health has since much improved, and the wound is already almost healed.

## EXCISION OF THE ELBOW-JOINT IN A CHILD.

A case under care in Guy's Hospital, in which Mr. Cooper Forster performed excision of the elbow-joint in July last, has afforded a good example of the value of that operation. There were those who at the time expressed a strong opinion that amputation ought to have been preferred. The patient was a little boy, of ten years old, very delicate and strumous. The disease was of four years' duration, and the whole elbow was greatly swollen, there being many large sinuses and much ulceration. His health was rapidly failing, and amputation would have been quite justifiable. The excision was a complete one; the H incision was adopted, and the extremities of the three bones freely sawn away. The bones were found carious, and wholly denuded of cartilage. The case did uninterruptedly well afterwards, the parts healed soundly, the lad regained his health, and enjoys good motion in the false joint which has resulted.

## SPONTANEOUS ABSORPTION OF CONGENITAL DOUBLE CATARACT.

A case of congenital double cataract is now in attendance at the Birmingham Eye Infirmary, wherein vision has been restored in both eyes by the rapid absorption of the lenses, without the agency of an operation, or the occurrence of any accident that could rupture the capsules. The patient, an infant at the breast, when placed under the care of Mr. Solomon a month ago (January 9) was quite blind. The only treatment employed since its birth has been atropine drops to the eyes, and the administration once every day of a powder composed as follows:— $\beta$  Hyd. c. cretâ, pulv. Doveri, sacchari albi, aa. gr. j; ft. pulvis. On some future occasion full details of this interesting case will be published. The present very brief notice of it is now inserted in the hope that any one who has met with a parallel instance may be induced to communicate it to the Profession.

## CASES OF DIVERGENT STRABISMUS.

Several cases of divergent strabismus have recently been operated on at Moorfields. They are of interest on account both of their great comparative rarity and of the usually unsatisfactory result obtained. Mr. Critchett and Mr. Bowman, as our readers may be aware, are accustomed to insist most strongly on the vast superiority of subconjunctival myotomy over all other methods of operating for the convergent form. Mr. Bowman adopted it also the other day in two cases of external squint, but remarked at the same time that he did not deem the avoiding to cut the conjunctiva of such great importance in these as in the more common class of cases. There was no fear of the resulting depression in the outer side of the globe, which so frequently follows the old and clumsy procedure on the inner side, nor was there much fear of inversion. In one of the cases, however, a very slight inversion existed for the first week or two after the operation, and the non-division of the restraining mucous membrane was therefore a matter for congratulation. Mr. Bowman stated that he did not recollect to have ever observed a permanent convergent squint result from an operation for an external one; and Mr. Critchett added that his experience was similar. It must always be borne in mind in doing the subconjunctival division of the external rectus, that its tendon is inserted nearly a quarter of an inch further back than that of the inner muscle.

## THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

## THE YORK COUNTY HOSPITAL.

## ENCHONDROMA OF THE TESTICLE—EXCISION.

(Under the care of Mr. RICHARD HEY.)

ENCHONDROMOUS growths are among the forms of tumour to which the testis is most rarely liable. Their hardness and crispness on section led the older observers to mistake them for true scirrhus, and several specimens existed in our different museums so labelled until very lately. Into this mistake Sir Astley Cooper fell in respect to the specimen illustrated by Plate x. Fig. 2. The microscope affords an easy means of diagnosis, though, indeed, there ought never to

be much need for it in this instance. True scirrhus of the testis has, we believe, never as yet been observed. Of the enchondromatous disease a very well-marked example is recorded by Mr. Jabez Hogg, in vol. iv. of the *Pathological Society's Transactions*, page 181, and the description is illustrated by a good drawing from the microscope. The disease is usually associated with the development of cysts. It is often of rather rapid growth, but very rarely, indeed, manifests any of the characters of malignancy.

William Smith, aged 55, was admitted about three weeks ago, under the care of Mr. Hey, on account of great enlargement of the right testicle. According to his account, three years ago the gland had wasted to the size of a hazel-nut. It remained very small for about a year, and then began to enlarge. It had been throughout the seat of slight darting pain. Its enlargement was rather rapid, and in the course of two years it had equalled the size of two fists. It was very heavy and solid feeling, being also slightly nodular in parts. The cord was not thickened. Mr. Hey removed it in the usual manner, and the man is now nearly well.

The organ removed was a most excellent specimen of enchondromatous and cystic disease. Its section displayed numerous detached and nodular masses of white, glistening cartilage, from the size of a pin's head to that of half a walnut. In none had ossification commenced; indeed, that they yet retained the structure of foetal cartilage, and were of recent growth, was proved by the circumstance that, on maceration, the nodules became of a carmine tint, as does the cartilage of foetal bones and of exostoses in young people. The cysts were numerous, but none of them very large. The connecting tissue was a firm fibrous stroma, in most parts of a pinkish colour. Nothing that could be clearly recognised as gland-structure was seen, and it was impossible to state in what particular part the morbid changes had commenced.

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## Medical Times & Gazette.

SATURDAY, FEBRUARY 20.

### THE MEDICAL DEPARTMENT AND THE SANITARY CONDITION OF THE ARMY.

THE articles which have appeared in the daily papers upon the sanitary condition of the army, as exposed in the recent report of the Royal Commissioners, show beyond all dispute the truth of the conclusion at which the Commissioners have arrived, that a large proportion of the mortality among British soldiers arises from causes which should not have been allowed to continue in operation,—in other words, that there is much unnecessary and preventable sickness and mortality in the army. It will be seen, by a reference to our Parliamentary Intelligence of the week, that the accuracy of the report as to the mortality of the Guards has been called in question. But on this point Mr. Sidney Herbert well observed:—

"Now, one thing is clear with regard to statistics—if you take single years or single periods, you are almost certain to be misled, because those years or periods may be exceptional; and therefore the only way to arrive at accurate results is to extend your examination over lengthened periods. The Commissioners took fifteen years, and the reason we stopped at 1853 was, that the war with Russia then broke out; and to argue about the mortality of our troops at home during the time they were engaged in operations in the Crimea, which

were most destructive to human life, would have been manifestly absurd. I believe the gallant officer opposite founded his belief that the Guards can now show better rates of mortality than those mentioned in our Report, upon the fact that during the last twenty months there has been a great decrease in the number of deaths. I am not surprised at that. The old brigade was almost destroyed in the Crimea; a new brigade has taken its place; that brigade is composed of young men, and a young life is better than an old one. Moreover, when the Guards came home they underwent a considerable reduction, and the men who were discharged were the weak and sickly; that left the brigade as young, as healthy, and as strong as it is possible to conceive an equal number of men to be; and no wonder, in these circumstances, that the rates of mortality show a decrease. But I contend that it would be wrong to place the mortality of the last twenty months before the public, and say, 'The Guards are in such a healthy condition, that there is no need for improving their barracks, or carrying out any of the recommendations of the Commissioners.'"

There is internal evidence in the Report itself of such extreme care in the statistical calculations, that we feel bound to assume their correctness, and admit the great unnecessary mortality in the army. But articles in the papers, and popular opinion, which is in a great measure founded on them, go further and lead very naturally to the conclusion that some one must be to blame. So far we are disposed most fully to agree with our political contemporaries and with the popular voice. But the reasoning is carried a step further. It is said, "The Medical Department of the Army is entrusted with the health and life of the soldier. His life is lost, his health is undermined, by influences which might be removed or prevented. The medical officer knows this, therefore he is to blame; the army surgeons are inefficient, the department has broken down, Dr. Andrew Smith is incorrigible. Down with the Doctors!" This really is, in a few words, the sort of reasoning into which the British public is falling. It becomes necessary, therefore, for us, as guardians of professional honour, to show that such reasoning is most unjust, and that it most certainly is not countenanced by the report of the Royal Commissioners.

Throughout the very able report of the Commissioners the feeling is apparent that it is their duty rather to point out evils and to suggest remedies than to expose defaulters. But they have taken especial care to show that the Medical officers are not the culpable parties—that the blame of unhealthy encampments, bad barracks, monotonous food, unsuitable clothing, and other causes injuriously affecting the health of the troops, should not be laid on the Medical Department.

With regard to the selection of encampments the Commissioners show that there is "no standing order or regulation making it imperative on the commanding officer in the field to consult the Medical officer;" that the commanding officer very likely "does not ask for the opinion of the Medical officer, and considers it intrusive if offered." Many instances may be found in the evidence in which Medical officers have been snubbed for making suggestions. In Sir John Hall's evidence it appears that some of the encampments in Bulgaria were selected not only without consulting him, but in absolute disregard to his written remonstrance.

Then as to the ventilation and cleanliness of barracks and quarters, the Commissioners tell us that the Medical officer has no power "to carry into operation any of the measures he may deem necessary, nor is there any regulation authorising him to press upon his commanding officer the adoption, or even the consideration, of his suggestions." The evidence affords abundant proof of this statement, and shows that the Medical officers are not consulted as to either the sites or plans of barracks, that suggestions for improvements are not attended to, and we might add, from our own knowledge of what has lately taken place at Melbourne, that both barracks

and hospitals are erected not only without the knowledge, but in direct opposition to the advice of the principal Medical officers of the station.

As to the sanitary condition of Military Hospitals, it is shown that the Medical officers have not usually been consulted as to the *sites* or *construction*—that the space and ventilation is generally inadequate—that the number of patients for an Hospital is decided by the barrack department, not by the Medical officers—that engineer officers refuse to make alterations or repairs suggested by Medical officers—and that recommendations of Medical officers on sanitary points of Hospital regulation are frequently disregarded. To take one glaring instance:—The great deficiencies in the Chatham Hospitals, the chief Hospitals of the British Army, which have been recently commented on, were pointed out by Dr. Andrew Smith so long ago as 1843, yet the Commissioners add that “the worst and most dangerous nuisances then complained of have not been removed to this day.” On this point Dr. Smith’s memorandum and papers submitted to Lord Panmure, which will be found in the Appendix, are worth perusal. Well may the Commissioners add:—“It is but just to the Medical officers to state that the evils complained of in the particular Hospitals we have described have been the subject of *constant though fruitless representations* on their part.”

The same old story might be gone through as to rations and clothing—the Medical officers are not consulted, and if they interfere their representations are disregarded.

It is very clear, then, that the Commissioners must not be represented as blaming the Medical department for the unnecessary mortality in the British army. The feeling they show throughout the report is quite the reverse. They appreciate very fully the difficulties under which the Medical Department labours from a total want of power, and the natural inference we have frequently insisted on before, namely—that the Medical Department must be invested with full and independent authority to carry out sanitary measures—that commanding officers should be compelled by regulation to consult the Medical officers on every sanitary question, and should be held responsible if they do not adopt the recommendations of their Medical officers on such subjects. The Royal Commission will confer immense benefit on their country should this most necessary reform be a result of their labours.

But we must not conclude without telling an unpalatable truth—the British public is to blame in this matter. It is easy to blame the Government, and we do not say they are blameless; but a system of rigid and wasteful economy is forced upon them by the public. Members are returned to Parliament pledged to retrenchment and economy, and the Army and Navy Estimates are most jealously watched by those who make political capital on a vote for the reduction of an estimate. This leads to extreme reluctance at the various departments to incur any expense not absolutely forced upon Government. Soldiers are crowded in small barracks. To give them more breathing space, larger barracks must be built at an increased expenditure for construction and repairs, and it has been the fear of this increased expense which has led Government to resist the demands of the Army Medical Department so long. We believe the report of the Commissioners will show that Government has misjudged the feelings of the people. Those who fight our battles must be well cared for at any cost, and this is pre-eminently one of those cases in which liberality is the truest economy. Let our soldiers be well housed, well clothed, well fed—give the Medical officers full power in all sanitary matters—raise their position in the army—and the next ten years will show a very different state of mortality in the service to the past.

## THE WEEK.

THE tribunal of the Seine has recently had before it an interesting case in the shape of an action brought by a nurse against the mother of an infant she had been engaged to suckle. It was proved that on her assuming this duty she was quite well, and her moral character is unsuspected. The infant, four months old, had an eruption on the face, which, however, the family doctor pronounced of an innocent nature. In about a fortnight she began to perceive an eruption about the nipples, and although the same Medical man pronounced this harmless, it continued to become aggravated, so that other practitioners pronouncing it syphilitic, she gave up the infant, which afterwards died of undoubted syphilis. The infant’s mother was a lady of good position and quite well, but the child’s father had died soon after its birth. The nurse brought the action for the damage her health had sustained, and the expense she had been put to for its reparation; and the tribunal awarded her 8000 francs damages, and all the expenses.

We have received, in a separate form, the copy of a speech delivered by Dr. James Burnes, K.H. F.R.S., at the Court of Proprietors of India Stock on the 27th ult. In this able address, the intended transfer of the power and patronage hitherto vested in the East India Company, into the hands of the dominant political party of the day is most strongly denounced. The misfortunes in India, both those which have lately occurred and those of an earlier date, are attributed by the speaker, not to the Company, but to the Government; and if the powers of the former should be abolished, it is predicted that a flood of corruption will overspread our Indian territories. The good government of India is said to depend upon the excellent local administration of its affairs; the authorities there being promoted for their good conduct and efficiency, and being untrammelled by political parties in the mother country. These arguments will no doubt have their due weight with the nation; and as far as the Medical appointments of the Company are concerned, we believe we are only expressing a very general opinion, when we allude to the present efficiency and good treatment of that part of the service, and to the anxiety evinced by the Medical staff lest a sweeping alteration should be made in the existing system.

We are very glad to find that there is a movement going on which will probably tend to alter and improve the method of conducting Medical education in England. A communication involving propositions to this effect has been made by one to the other of our great Colleges of Physicians and Surgeons. And both of them cordially agree to the principles suggested in it. The College of Surgeons has arrived at the conclusion that the direction in which it has been striving to extend, of late years, the education of the student is unfortunate; that the increased number of courses of lectures which its programme has compelled him to attend has not tended to advance him in a really useful knowledge of his Profession, but that, on the contrary, it has caused him to throw himself more than ever into the hands of the grinder. To remedy this evil the College proposes that the courses of lectures at present required from candidates by their Board shall be considerably reduced in number, so that the student may have some little time given him for digesting what he hears, and more opportunity and leisure for making himself more thoroughly acquainted with clinical surgery and practical anatomy. Every one conversant with the baneful effects of the present system of lecturing will be



delighted to hear that such a move is a-going on. How can it be expected from any living brain that it should take in anything but a mere smattering of what it hears, when its owner is forced hour after hour to be changing continually the course of his thoughts, and without a moment's interval to be rushing from one subject to another? We are also greatly pleased to find that the College considers a modification in the present prize system to be necessary, and that in all these particulars the two Colleges go cordially hand in hand. We sincerely congratulate them on this grand step forward. It is another lift of the mind out of the tangles which mediæval times have twisted around its movements.

We are happy to be able to announce that the Naval Medical Supplemental Fund is returning to a prosperous condition. The Society has been unpopular hitherto, in consequence of its unfortunate management in its earlier stages. But now that the crisis is past, it will no doubt be again sought after, and its advantages insured by its married members. A central committee and several local committees are now sitting and revising the standing regulations, as established by order in council. The Directors are now restricted to investing their capital in Government securities; and for this they only receive 3 per cent., the capital being nearly £66,000. It appears that the Directors of the Patriotic Fund are receiving 5 and 6 per cent. on their capital, on approved security. It is, therefore, proposed to ask for authority to invest to better advantage in Government or other approved securities. The receipts are now about £1980 per annum, exclusive of premiums and contributions, and if an addition of 2 per cent. to the dividends on capital could be gained the managers would soon be able to increase the widows' annuity very considerably. The widows in 1850 amounted to 225; they are now about 200; and from the advanced ages of many of them, this number must continue to diminish for some time. The managers of the fund deserve great credit for their successful exertions.

The case of the Queen v. Armstrong, just tried before Lord Campbell, is a forcible illustration of the importance of the movement recently set on foot for the establishment of Hospitals for the treatment of Dipsomania—or that desire to drink to excess which amounts to insanity. It is a matter of extreme difficulty to deal with these Dipsomaniacs—these maniacal or lunatic drunkards. It is easy to place them in a lunatic asylum; but directly the supply of stimulants is withheld, they speedily become sane; they cannot be detained longer, and as soon as they recover their liberty they return to the habits of excess which again reduce them to the insane condition. Dr. Peddie of Edinburgh has shown very forcibly the “desirableness of increased legal power to deal with drunken lunatics and maniacs,” though we do not quite agree with the plan he proposes of limiting the treatment of these cases to four asylums. The necessity, however, for some alteration in the law is clearly made out, for in this case of Mrs. Armstrong the jury were unable to agree upon a verdict, although Dr. Conolly deposed that she was “quite incapable of taking care of herself or her property.” The difficulty was, that if the passion for drink could be overcome, the evidence tended to show that the lunatic drunkard might become a sane woman. As is usual in medico-legal trials, the medical witnesses fell in for a very full share of abuse from the opposing counsel, but they can very well afford to despise attacks which would have been converted into a fulsome eulogium had the speakers been engaged on the other side.

## REVIEWS.

*On some of the more obscure Forms of Nervous Affections; their Pathology and Treatment. With an Introduction on the Physiology of Digestion and Assimilation, and the Generation and Distribution of Nerve-force, based upon original Microscopical Observations.* By HARRY WILLIAM LOBB, L.S.A. M.R.C.S.E. Pp. 312. London: 1858.

THE incongruous class of maladies known under the vague denomination of Nervous Affections has long offered insurmountable difficulties to the Medical practitioner, who has hitherto sought in vain for an explanation of their origin, and a rational set of principles for their treatment. That many of them are due to certain physical conditions of the assimilative and secretory functions, there can be little doubt; but, after eliminating all the cases which are distinctly connected with such conditions, a large number still remain, which appear to be dependent upon some molecular alterations in the nervous structures themselves, and are quite inscrutable by our ordinary methods of investigation. The researches into the pathology of the urine, by means of chemistry and the microscope, have opened a wide field of investigation, formerly very little explored, and have thrown great light upon the nature of many so-called nervous affections; while the theory of reflex action has enabled practitioners to give a rational explanation of, and in many instances to devise appropriate remedies for, a host of obscure morbid manifestations, which at no distant period were altogether inexplicable. Pathological anatomy, again, has investigated, with unwearying assiduity and some success, the morbid changes which occur in the nervous tissues themselves, and the subjective and objective symptoms to which they give rise; but truth compels us to admit that many of the derangements to which the nervous system is liable can be explained neither by the scalpel of the anatomist, the reactions of chemistry, nor the refinements of microscopical inquiry. The faculties of the human mind appear to become deficient whenever they attempt to lift the veil which conceals the mysterious nature of the union which exists between that mind itself and its corporeal habitation; nor are the mental powers much more successful when they endeavour to discover the exact agency by which nervous matter controls the physical changes which are occurring every moment in the living textures. The brain, the ganglia, and the nerves, may be likened to galvanic batteries and their conducting wires, and there is no doubt that the nervous influence and the electric fluid bear a very considerable analogy to one another; but analogy is not identity; and even admitting that electric and nervous influence may be more closely allied than they are now supposed to be, the question arises, How the battery of the nervous system is set in motion, how it is interrupted, and what are the results of its action?

Such being the difficulties (and we have mentioned only a very few of them) attendant upon investigations into the functions and the derangements of the nervous system, we cannot be surprised if Mr. Lobb has not entirely succeeded in a task which has puzzled the most distinguished physicians, physiologists, and metaphysicians of all ages. Much credit, however, is due to him for the laborious industry which he has brought to bear upon his subject, both by original observations and the perusal of the works of trustworthy authorities. His book is full of quotations from some of our best writers on Medicine and the allied sciences; and there are a number of illustrations of microscopical objects, many of which are original; although it does not strike us that these latter illustrate any points of great importance, or clear up any acknowledged obscurities.

The great defects in Mr. Lobb's work seem to be a habit of hasty generalization, and the practice of taking for granted views and opinions which are by no means established. These defects are palpable at the very outset of the book, for in the introduction, after a number of aphoristic remarks, to many of which no objections can be raised, but which are not new, comes the following passage, which we quote entire, the italics being our own:—

“The ultimate atoms of all matter are spheroids in a state of vibration. (?) To prove this, I shall take an atom of water as the example. Water is the result of the union of the two gases oxygen and hydrogen; the atom of water, therefore,

must contain two constituents in opposite stages of vibration, one more dense, the other less dense. (?) Each constituent while undergoing the expanding stage, must be negative, while the contracting, positive. (?) In relation to each other, the less dense must be negative, the more dense, positive; in relation to surrounding bodies the reverse. (?) A current must exist through the atom, passing in by the more dense, and out by the less dense. (?) So that a certain volume of oxygen gives off as much of the force while undergoing the contracting stage as double the volume of hydrogen can absorb during the expanding stage, or exactly as much as the latter has imparted to surrounding bodies during its previous contracting stage. Thus their vibratory powers must be as two to one relatively to their bulk, oxygen having double the vibratory power of hydrogen." (?) P. 6

We confess our inability to understand this passage, which is not in any way connected with anything which has preceded it; and without denying that the ultimate atoms of matter may be spheroids (which, indeed, is probably the case) we conceive that Mr. Lobb's reasoning does not by any means prove that view to be correct.

We could point out many passages in the book which show an equal amount of loose reasoning; but we refrain from any further remark, in the hope that, as Mr. Lobb's views become matured by reflection and experience, he will succeed in eliciting some important truths as the results of his undoubted care and diligence in the collection of materials for inquiry.

*Observations on the Human Crania contained in the Museum of the Army Medical Department, Fort Pitt, Chatham.* By GEORGE WILLIAMSON, M.D., Staff-Surgeon Second-class. Dublin: 1857.

THE Museum at Fort Pitt contains, among many other objects of natural history, a large collection of the skulls of human beings of all nations; and in the pamphlet before us Dr. Williamson has presented us with a *catalogue raisonné* of the crania, determining the anatomical characters exhibited by each. Besides other peculiarities distinguishing the skulls of the different members of the human race, Dr. Williamson attaches much importance to the shape of the anterior nasal aperture, the various configurations of which are supposed by him to denote in some degree the national character.

*Histoire des Bains de Dieppe; précédée d'une Esquisse de l'Histoire Générale du Bain.* Par P. J. FÉRET. Dieppe. *History of the Baths of Dieppe; preceded by a Sketch of the General History of Bathing.*

THIS book contains a history of bathing from the times of Adam and Eve to those of Louis Philippe and Louis Napoleon. It enters largely also into the history of the town of Dieppe, and of its accommodations for bathing. It is a good specimen of book-making; and, although it is of little value in a scientific point of view, it will perhaps afford amusement to persons who wish for some light reading while residing at Dieppe.

*A Compendium of Qualitative Analysis, from the Simplest to the most Complex Cases, arranged in a Series of Tables.* By F. W. GRIFFIN, Ph.D., Director of the Bristol School of Chemistry. Bristol: 1858.

THE six tables of Dr. Griffin are supplied bound in a volume, or mounted on stout boards and varnished for use in the Laboratory. After examining the tables we have formed a very favourable opinion of their accuracy and probable utility, and we find that practical chemists who have checked the numerous processes and statements set forth, thoroughly coincide in this opinion. The adoption of these tables would, we feel convinced, materially lessen the labours of both, teachers and students of practical Chemistry, and we can therefore, recommend them very warmly.

**THE ANATOMY ACT.**—The Medical Students of King's College have presented addresses to the four "Examining Boards," praying them to employ their influence to induce Government to consent to such alterations in the above Act as may insure to the London Schools a more regular, certain, and a cheaper supply of subjects, and render the repetition of such cases as that which led to the present almost complete stoppage impossible.

## GENERAL CORRESPONDENCE.

### MR. SYME'S CASE OF CANCER OF THE TONGUE.

[To the Editor of the Medical Times and Gazette.]

SIR,—There are occasions on which a man may be permitted to speak of himself without the imputation of egotism, and be exempted from the charge of presumption, in expressing through the public press those strong feelings of honest indignation, which cowardly attacks upon his character, conveyed by false and deceitful innuendos, naturally arouse. I am called upon to make this appeal in self-defence by the vulgar defamatory sneer of Mr. Syme, who, in his letter of the 26th ult., says that his "silence will not occasion any surprise to those who are acquainted with the [my] position of the author." I call upon Mr. Syme to explain the meaning of so base an insinuation. Let me tell Mr. Syme that throughout a life as long as his own, and in every relation of it—professional and public—in the latter infinitely more varied than his—that my word is respected by all who know me, and I am content, in an unambitious sphere, to have a name beyond reproach and suspicion, which I have never lowered by reducing myself to the "position" Mr. Syme has occupied since £250 damages were awarded against him by an Edinburgh Jury for a libel on his professional brother, Mr. Glover.

With regard to the intimation in my last letter, to show Mr. Syme's "position" in a late important surgical operation, I may shortly premise that the cultivation of all knowledge depends upon freedom of discussion and unrestricted communication, for truth fears nothing so much as concealment, and experience, from being the safest guide, ceases to be one, so soon as its results are ignored. In no department of human knowledge are "free-trade principles" more applicable than to pathological research. For unless the relation between morbid living action and its cause as unfolded by dissection, be accurately traced and faithfully recorded, Medicine, with its defective title to rank as a science, would be reduced to a mere chaotic collection of incoherently observations, little removed from empiricism. And in order to illustrate how much the cause of clinical teaching may be injured by the neglect of such a principle, I shall briefly submit to your readers, leaving them to form their own comments, the particulars of the case of the excised tongue, in which Mr. Syme operated, as furnished by public documents. My object will be obtained if this communication has the effect of introducing the system, which obtains in all the hospitals of London, of publishing full reports of every important post-mortem examination, etc., into practice in the Infirmary at Edinburgh.

To make the history of the case continuous from the commencement, and more intelligible, I shall prefix two of the notices which were taken of it in a daily newspaper here.

From the *Daily Scotman*, December 14, 1857:—

**"REMARKABLE OPERATION IN THE INFIRMARY.**—An operation was performed by Professor Syme, on Wednesday last, the 9th, which has occasioned great interest in the professional world and beyond it. A countryman, in the prime of life, and apparently in perfect health, came into Mr. Syme's Ward with a malignant disease of the tongue, causing constant and most severe pain, incurable by any general or local means, and certain to prove fatal. Mr. Syme explained to his students, before commencing the operation, the state of the case,—intense suffering and certain death, if left alone—relief from present pain, and a reasonable chance of ultimate recovery, if the entire organ were removed. *This, he stated, had never been done before, and he said he considered himself warranted in trying it.* The patient, a resolute man, who put his life frankly into the hands of his Surgeon, was put under chloroform; the jaw was divided, and free and safe access obtained to the seat of the tongue, which was rapidly and absolutely removed, leaving not a trace of the disease, or of the organ in which it was seated. The patient walked out of the theatre, speechless, but grateful and happy, and has continued well ever since, being fed with a tube. He can now, however, swallow, and yesterday he spoke, or rather breathed out the word, 'Milk.' He is cheerful, and gives every hope of thorough recovery. The operation was performed in the great operating theatre, before the largest number of spectators probably ever in it—Medical men of all ages, from the student

in his first year, to the grey veteran from the Peninsula or the Crimea. These 500 spectators are not likely soon to forget *that scene—as intense a bit of tragedy*, though in common life, as any old Greek would have desired, 'to purge the soul with terror and pity,' having the advantage over the classic Tragedy, that it *ended happily and for good*; and that, thanks to the blessed chloroform, its very doing was quiet and painless. A great Surgeon has many of the highest qualities of a great general, and some peculiar to himself. He has at once power and promptitude, knowledge of what is, and readiness for what may be—a combination of mental, moral, and physical virtues, as rare as they are inestimable."

From the *Daily Scotsman*, December 21, 1857:—

"**LATE OPERATION IN THE INFIRMARY.**—We understand that the patient who had his tongue removed went on very well for nearly a week, when the external wound was quite healed, and everything promised fairly for his recovery, but that he then rapidly sunk. On examination, it was found that the cause of death had no direct connexion with the operation, and was one which might have proceeded from any other source of irritation. It is proper this should be known, since the principle involved in the operation may be of consequence in the practice of surgery. It may be remarked that the patient was a man of intemperate habits and bad constitution."

From the *Times*, December 22, 1857:—

"**THE OPERATION FOR CANCER OF THE TONGUE.**

"To the Editor of the *Times*."

"SIR,—I regret that an operation which I happened to perform in the Royal Infirmary of this city has got into the newspapers; but as it has unfortunately done so, the PUBLIC should be correctly informed on the subject. Partial removal of the tongue for the remedy of cancer having been found worse than useless, it was thought that extirpation of the whole organ might afford effectual relief; upon this principle I proceeded.

"The patient suffered no bad consequences directly from the operation; but at the end of a week, when the external wound was quite healed, died suddenly from an internal disease, which might have been excited by any other irritation in a person of his constitution and habits.

"I am, Sir, &c.

JAMES SYME.

"2, Rutland-street, Edinburgh, Dec. 19."

The only other gleanings regarding the case are to be found in Mr. Syme's letter of the 9th January, 1858, published in the *Lancet*. In it he states, "Until the fifth day" (in his letter in the *Times* it was, he says, *at the end of a week*, but by that period the patient was dead, the operation, as reported in the *Scotsman*, having been performed on Wednesday the 9th December, and the man dying at one o'clock, p.m. of the succeeding Wednesday) "the patient was perfectly well, but then all at once his breathing became embarrassed, and his strength rapidly sank, so that he died in two days afterwards." Mr. Syme further states:—"On examination, every thing was found in the most satisfactory state, so far as the throat was concerned, and no appearance of disease could be discovered anywhere except in the lungs, in which the substance was thickly interspersed with incipient abscesses." In conclusion, "Mr. Syme suspects that mischief may have arisen from the well-meant, but not very judicious trials of the attendants, upon his powers of swallowing;" and makes the remarkable admission, "that the patient cannot be regarded as a favourable subject for the operation."

What says the certificate of the House-Surgeon in the Infirmary to all this?—How stands his certificate of the cause of the patient's death, with the object of Mr. Syme for publishing his letter in the *Times*, viz. "that the public should be correctly informed on the subject?"

Extract from the Register Book of Deaths, for the district of St. Giles in the City of Edinburgh:—"George Smith died in the Royal Infirmary, 1h. pm., 16th December, 1857. Cause of death, *Pyæmia*, in consequence of operation for cancer, as certified by Frederick Gourlay, M.D.

"DAVID BEATSON, Registrar."

Your readers may possibly inquire, if there was a consultation before the operation, who were present, and what was resolved on at it? what appearances the tongue presented after excision on microscopic inspection? where is the full report of the appearances found upon dissection, as drawn up by the Pathologist of the Infirmary, whose duty it is, and for which he is paid, to furnish the necessary and important document? Has information on these points been given to his Profes-

sional brethren at the last meeting of the Medico-Chirurgical Society, of which Mr. Syme is a member, or been published for the benefit of the general Profession, in either of the last two numbers for January and February of the *Edinburgh Medical Journal*, or afforded by a public lecture to the students? or is it possible that such a document should have been withheld altogether from public inspection? Were the incipient abscesses microscopically examined, and did the structure of their coats or their contents exhibit any indication of a cancerous character? Were there any suspicious morbid lesions found in the pterygoid muscle, or parts adjacent to the tongue? and was the external wound wholly, or only partially united? Mr. Syme can best answer all these interrogatories. I can only say that I have been informed that the students have been denied all access to the Pathologist's report, and I have not met a Professional acquaintance who has seen it.

I am, &c.

JOHN RENTON, M.D., etc.

5, Eastfield, Leith, Feb. 8, 1858.

## POOR-LAW MEDICAL REFORM ASSOCIATION.

[To the Editor of the *Medical Times and Gazette*.]

SIR,—The annexed letter from the Poor-law Board fully proves that there is no disposition on the part of that body to assist their Medical officers.

COPY.

"Poor-law Board, Whitehall,

"11th February, 1858.

"SIR,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 20th ultimo, respecting the amount of remuneration assigned to you as the Medical officer of the Weymouth district of the Weymouth Union.

"The Board have considered the statements which you have submitted to them on this subject, but are of opinion that there are not sufficient grounds for their interference.

"I am, Sir, your obedient Servant.

"COURTNEY, Secretary."

"To Richard Griffin, Esq., Medical officer,  
12, Royal-terrace, Weymouth."

It may have escaped your recollection that during the last two years and a half I have repeatedly complained of the inadequacy of my salary compared with the duties to be performed, and also of the unfair treatment of the Guardians, who pay me but 1s. 3½d. per case, while they give to another officer 16s. 3d. per case, the patients being respectively equidistant from our residences.

The Statistical Society of London has lately published a report on the Dispensaries and Hospitals of the Metropolis, and from this document I find the expenses of the former average 2s. 5½d. for each patient, and those of the latter 12s. 6½d.; supposing 7s. be deducted from this last sum for board, etc., for the entire number of in- and out-patients. Though applicable to the former only, it will follow that the cost of the Medical treatment alone of Hospitals and Dispensaries united is not less than 4s. 6d. per case. How then is it probable that Poor-law Medical officers can do their duty to the poor and meet the expenses of surgery, horses, carriages, servants, etc., out of salaries that average but 2s. 9½d. per case; and still less is it possible for those men who have but 3d. per case. With a full knowledge of all these facts the Poor-law Board "are of opinion that there are not sufficient grounds for their interference" with the Weymouth Guardians, though I receive but an average payment of 1s. 3½d. per case, and for this sum perform capital operations. It is therefore perfectly clear that our only chance of redress is from Parliament, and even from that quarter we cannot hope for assistance until after the Easter recess, as so many other important topics engross attention. I have in the press a pamphlet which I trust will convince the Legislature of the necessity of passing a law to improve our position; it includes the draft Act of Parliament, which has been materially amended since last seen by the Profession, and it also contains twenty-eight pages of classified extracts from the official circulars of the Poor-law Board, which will be of great value to every Union Medical officer as a source of reference on doubtful points. The cost of getting up this work has been great, consequently the distribution will be confined to the members of both Houses of Parliament, and the subscribers to the Poor-law

**Medical Reform Association.** As only a limited number of copies will be printed, those gentlemen who desire to possess one must subscribe without delay, otherwise they may be too late—a reprint being quite out of the question. Of the 657 Unions, Incorporations, etc., some of the officers (and in many instances all,) from 510 have joined the Association; of 3317 Medical officers very many send their sympathy and good wishes, and say they will petition, but 1230 only have contributed to the funds, which will be exhausted by the time the pamphlet, containing about 100 pages, is distributed. I therefore hope that every Union Medical officer will see the imperative necessity of adding his mite to assist in supplying the means to carry on a struggle which is not only for the good of the Profession, but also for the benefit of the poor.

I am, &c. RICHARD GRIFFIN.

12, Royal-terrace, Weymouth, Feb. 13, 1858.

## ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.

[To the Editor of the *Medical Times and Gazette.*]

SIR,—In the *Medical Times and Gazette* of the 13th inst. an advertisement from *Coleraine* is quoted, at the foot of which a Mr. James Barr is designated "Surgeon, and Licentiate of the Royal College of Physicians, Edinburgh."

Permit me to inform your readers that the class of "Licentiates" of this College has at present no independent existence, all its living representatives having long held the higher title of "Fellow" of the College; and that upon referring to the lists of Licentiates and Fellows I have not been able to find the name of James Barr.

I am, &c.

WILLIAM ROBERTSON, M.D. Hon. Sec.

Royal College of Physicians, Edinburgh,  
Feb. 16, 1858.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, Feb. 9, 1858.

Sir C. LOVCOCK, Bart., President, in the chair.

#### The SECRETARY read a paper by Mr. HUTCHINSON entitled SOME PARTICULARS OF A CASE OF MARKED BRONZING OF THE SKIN.

The woman whose malady formed the basis of this communication was exhibited to the Fellows, and was declared by Dr. Addison to be a good example of that peculiar condition, both of general health and discoloration of skin, which he has found so frequently connected with disease of the supra-renal capsules. Mr. Hutchinson's notes embraced the usual history of these cases. He gave his reasons for arriving at the confident opinion that this was a genuine example of diseased supra-renal capsules, as well as those which induced him to conclude that both organs had probably been destroyed as long as two years, and called attention to the two important points thus illustrated—viz. the length of time during which life may be prolonged in the human subject after destruction of those organs, and, consequently, the necessity for caution in the attempt to deduce conclusions from experiments on the lower animals.

Dr. ADDISON remarked, that in a matter somewhat novel, and so extremely imperfect, it was natural that any one, although deeply interested in it, must feel considerable reserve in speaking upon such slender testimony as at present existed. If not irregular, he would refer briefly to a case of this kind, brought before the Society a short time ago, as affording what he considered the most perfect and unequivocal, and at the same time the most terrible illustration of the disease to which the attention of the Society was directed. The case was that of a young lady, only eighteen when she died, who was amiable, intelligent, and accomplished, and till about two years before her death, during which period she had been observed to lose health, and strength, and colour, was ap-

parently sound and healthy. When he went to Ashford to see her, he was very much struck with her appearance; for a more terrible sight of disease he never beheld. She was darkened, almost blackened, as if stricken by some supernatural power; she was anæmiated, had a pulse like a thread, and so feeble was the circulation that she could not sit upright without becoming blind. He could not, therefore, entertain a doubt about the case, and did not hesitate to express his confidence respecting it. In no long time she died. At the post-mortem examination there were present besides himself three Medical gentlemen, who had been struck during life by their inability to detect a sign of disease in any organ. The body was not particularly emaciated; there was a fair supply of fat in the omentum and the region of the abdomen. All the abdominal viscera were found perfectly healthy. The only vestige of a disease was a small pediculated cyst, about the size of the kernel of an almond, attached to one of the broad ligaments, which he supposed could not have much to do with the malady. A healthier chest he never saw; there was not the slightest adhesion even between the pleura; the lungs collapsed, but were perfectly free from all deposit and trace of disease. The heart, as might be expected, was feeble and flabby; but there was no disease of the organ. They then proceeded to examine the supra-renal capsules. Those capsules were greatly enlarged, especially the left, and both of them were universally converted into a bag of pus, which escaped in considerable quantity. Now, suppose that the symptoms were not resulting from disease of the supra-renal capsules, but from a diseased condition connected with some other lesion not yet discovered, what were the chances of finding these organs diseased? The chances were almost incalculable; and they became much more strongly so when it was remembered that there was no other organ in a diseased condition. The conclusion, therefore, appeared to him inevitable, even if there were no other cases on record, that the discoloration in this case did result from disease of those organs, and probably from disease of those organs alone. We knew, however, that these organs were situated in the direct vicinity, and in contact with the solar plexus and the semilunar ganglia, and received from them a large supply of nerves; and who could tell what influence the contact of these diseased organs might have on these great nervous centres, and what share that secondary effect might have on the general health and in the production of the symptoms presented? He did not know whether there had been hitherto sufficient carefulness of examination to ascertain whether any positive lesion existed in the tissue of the nervous structure; certainly in the case to which he had referred it had not been ascertained. There were, indeed, many objections and difficulties raised upon the subject, and he had seen enough of modified cases to justify many of them. Suppose, for instance, these organs played an important part in the functions of the body, however slowly their lesion might affect the general health or destroy it, it was not impossible to suppose that they might be variously diseased, and in various degrees, and the effects correspond with these various degrees of morbid condition. He could very well understand that the organs might be even functionally diseased, and there might be more or less of the discoloration, and the other symptoms that had been described, without any organic lesion at all, as was the case with other organs of the body. Some time ago a man called upon him with the symptoms of the disease strongly marked; but by good support, sending him into the country, and giving him ammonia and other stimulants, he had shaken off a great deal of the want of tone and energy he formerly manifested, and considered himself, no doubt justly, very much better. He had also a woman in Guy's Hospital, who had a psoas abscess in addition. That woman had been very deeply discoloured, and her constitution appeared very powerfully affected by one or the other, or by both; but she had now more energy than she had some time ago, and her colour was certainly less. From what he had seen of the organic changes that take place he could understand why there should be an arrest, very probably a complete and permanent arrest of the disorder. We knew the depositions that took place into one or both of these organs—more probably into both at the same time—and indicating a special and peculiar tendency of the organs when affected; some would call these deposits scrofulous, some malignant; we knew also the natural course these depositions

underwent, softening and being converted into a puriform mass, they became quiescent, having been attended by inflammation during the process; and we could therefore very well imagine that while this limited deposit, not such as to interfere with the whole of the functional part of the organ, was undergoing a change, there would be a very considerable amount of inflammatory action and disturbed function around, which would produce great general distress and discoloration. But that on the softening process ceasing, and the part becoming quiescent, the function of the kidneys would be restored, and the health restored with it. This was, of course, reasoning from what we knew of the diseases of other organs. But there were other sources of disputation which were perhaps more avoidable, and perhaps less legitimate. He had cases sent to him of discoloration of the skin, which did not approach to anything like the discoloration attending this lesion. It had, again, been more than once declared that these organs were diseased, and extensively so, when there had been no disease at all. Several supra-renal capsules had been sent to him as samples of diseased organs, and they were in a state of perfect health. Such a case had been published to the world as a remarkable instance of universal disease of both organs, without any discoloration of the skin. It appeared to him that the amount of discoloration had, in the instances he had met with, been connected with the softening process or liquefaction of the contents of the organs; so that where there had been great intensity of discoloration, there had also been great liquefaction.

THE PRESIDENT inquired whether the case that had appeared in the room was a fair specimen of the discoloration.

DR. ADDISON replied that, as far as he could judge by candle-light, it appeared to be perfectly so.

DR. HARLEY said, the Profession was greatly indebted to Dr. Addison for having called attention to a peculiar, important, and hitherto unnoticed disease. He had listened with pleasure to the notes of the case, but could not help feeling somewhat surprised at the conclusions of the author. He did not think there was at present sufficient evidence to justify the dogmatic statement that bronzing of the skin was pathognomic of supra-renal capsular disease. No doubt many cases had been reported in home and foreign journals, in which a peculiar discoloration of the skin was found associated with disease in the supra-renal capsules; but that was not sufficient to establish the relation of cause and effect. Indeed, during the last year a considerable amount of evidence had been brought forward on the opposite side of the question,—cases having been reported in which extensive disease of the supra-renal capsules was unconnected with any discoloration. He referred to the cases reported by Ogle, Virchow, Davies, Fredrich, Brittan, Kolb, etc. On the other hand, several cases of bronzed skin had been noticed, unassociated with any textural change in the supra-renal bodies, as that brought before the Pathological Society last summer by Mr. Hutchinson. He did not believe bronzed skin to be the result of any particular disease attacking the glands; for Dr. Addison had just shown that the discoloration accompanied tubercle, cancer, and abscess of the capsules. It had been said that the bronzing of the skin was the result of the suppression of the supra-renal capsular function; but how could that be the case when the discoloration was found in cases where the capsules were perfectly healthy, and was absent where the glands were too extensively diseased to perform their function? In discussing a subject like the present, he considered it better to take a general view of the chromatogenous function of the skin than confine attention to individual cases; and he reviewed in some detail the several causes regulating the deposition of pigment in the skin of man and of the lower animals. Many physiological proofs were deduced to show that the chromatogenous function of the skin was entirely independent of the supra-renal capsular function.

MR. HUTCHINSON remarked, respecting the greater part of Dr. Harley's observations, that they were admitted by every one. No one had ever doubted the influence of the sun in bronzing the skin, and no one had ever dreamt of asserting that disorders of the supra-renal capsules were the only causes of increased deposit of pigment. There were, undoubtedly, many others. With due discrimination, however, there could be but little difficulty on the part of the trained observer in speaking confidently as to the particular form of bronzing which did really result from diseased capsules. He would

assert boldly that there was as good evidence in support of the belief that such bronzing as the patient before the Society exhibited was really dependent upon disease of the capsules, as could be adduced in favour of the connexion of any of our best acknowledged symptoms with their respective lesions. The pathognomonic indications of change in colour of the skin must be ascertained in each instance by noticing its intensity, the parts on which it commenced, its slowness of progress, and its concomitant symptoms. Above all, the existence of black stains on the mucous linings of the lips was of importance. To say that bronzing was a symptom which, carelessly observed, was very liable to lead to error, was to allege nothing whatever against its value when cautiously appreciated, or to derogate one iota from the worth of Dr. Addison's discovery. In adducing cases of the converse kind, those, namely, in which the supra-renal capsules were found disorganized, whilst no bronzing of the surface existed, Dr. Harley had also neglected to avoid a very palpable source of error. All such cases were examples of recent disease of the organs. Now, as bronzing required for its production a very prolonged interval, probably not much less than a year, it could not reasonably be expected in such cases. The patients died before it had time to appear. No single instance had, as far as he was aware, yet been recorded in which the disease of the capsules was such as to make it probable that it had been long present, or in which the constitutional symptoms had existed for more than a few months before death, where the bronzing had not been noticed in greater or less degree.

DR. HARLEY did not deny the importance of the functions the supra-renal capsules had to perform; in fact, no organ of the body could be considered unnecessary. Still it could not be said that they were indispensable to life, for patients often lived for some time after the arrest of those functions. In the case of Professor Walshe's patient, which he had recently brought before the Pathological Society, the medullary substance of both organs was totally replaced by tubercle, and even the cortical substance had almost entirely disappeared, for only here and there could traces of the columnar cell masses be detected. No doubt in that case the function of the capsules had been temporarily performed by some other organ. The capsules could certainly be removed from the lower animals without the destruction of life: he had now alive and well a rat from which he extirpated the supra-renal bodies and spleen six months ago. Brown-Séquard, in a paper recently read to the French Academy, had stated that the reason why M. Philipeaux's and his (Dr. Harley's) animals lived after the removal of the capsules was that they were albinos; but this was not the case, for he had kept alive for several months animals that were not albinos. A piebald rat which he once had in his possession became quite fat and healthy after the removal of both supra-renal capsules, but died subsequently from the effects of the removal of the spleen. In cases where death had followed the removal of the capsules, it might in the majority of cases be traced to the injury done to the solar plexus. It might be taken for granted, that the more intimate the connexion between the capsules and the ganglions, the more fatal were the operations; and the farther removed the capsules were from the ganglions the more successful was the result; for instance, the removal of the capsules from the guinea-pig was more fatal than from the dog, from the dog than from the cat, and from the cat than from the rat; and in the same species of animal the removal of the right capsule was more fatal than the removal of the left, from the same cause; the right capsule being as a general rule very much nearer to the solar plexus than the left. At present, however, there seemed to be no physiological evidence to show that either of the supra-renal capsules was absolutely essential to life, or had any direct connexion with the chromatogenous function of the skin.

DR. ADDISON said he hoped Dr. Harley would not continue to entertain the notion, that he attached extraordinary importance to the discoloration of the skin. The term "bronzed skin" did not originate with him. All he ventured to do was to describe the diseased condition that he met with; and the earliest indication to the eye was this discoloration of the skin. He believed the disease might occur, and had occurred, without any discoloration of the skin. A case occurred at Guy's Hospital, where all the symptoms were those indicative of the disease, and a physician there expressed his asto-



nishment that he should not have recognised it, notwithstanding the absence of the discoloration of the skin; and after death the lesion of the capsules was found. He should like this simple fact explained to him by the gentleman who spoke last:—He saw a patient who presented this peculiar discoloration of the skin: he offered no explanation as to whence, or how, or why it came. He observed associated with that discoloration a certain train and combination of general symptoms—a pearly eye, a feeble pulse, a disposition of strongly marked anemia, and a few other symptoms less constant and less urgent; and when he met with that combination he said, "There is a case in which you will find disorganization of the supra-renal capsules." The body was examined; no other organs were found diseased, but these organs were found in a state of universal suppuration. He did not profess to explain this; he knew no more about it than other people: but he believed, when the disease did occur in these organs, it led to these consequences and to inevitable death.

## THE PATHOLOGICAL SOCIETY.

TUESDAY, FEBRUARY 16.

Mr. SIMON, Vice-President, in the chair.

Dr. BRISTOWE showed organs from a case of

### FATAL ANÆMIA.

A young man, aged 24, was admitted at St. Thomas's Hospital with the account that he had been suffering from mild jaundice for four months. He had been liable to attacks of it for several years. He was pallid, feeble, and liable to giddiness and vomiting. The jaundice continued, but was never extreme. He had loss of appetite, and slight constipation of the bowels. His motions had contained bile throughout. He died from exhaustion nine months after the commencement of his illness. At the autopsy, which was most carefully conducted, no organic disease whatever could be found. The liver was a little enlarged and bile-stained, but otherwise quite healthy. The spleen, supra-renal capsules, and kidneys were healthy. Dr. Bristowe stated, that he felt much at a loss to explain the fatal cachexia which had existed in this case. It was one of a class, examples of which are every now and then met with, in which no organic lesion whatever can be discovered as explanatory of the symptoms.

Dr. THEOPHILUS THOMPSON remarked, that he should suspect some miasmatic or malarious influence existing at the home of the patient, and inquired whether he had been the subject of syphilis.

Mr. HUTCHINSON asked whether the thoracic duct had been dissected, so as to make it certain that it was not occluded, and also whether the pituitary body had been looked at.

Dr. BRISTOWE replied that the man had not had syphilis. He regretted that neither the thoracic duct nor the pituitary body had been examined.

Dr. BARKER showed a specimen of

### APOPLECTIC CYST.

A gentleman, aged 60, was attacked suddenly one night with severe cramp in the toes and fingers. This passed off, and no apoplectic seizure took place, nor did any paralysis result. Some weeks after this, and when again in good health, an epileptic seizure took place, and subsequently, after a considerable interval, a second and more violent one. He died eight days after the latter from erysipelas, consequent on the application of a blister to the nape. At the autopsy a large cyst was found between the posterior lobe of the left hemisphere of the brain and the cerebellum, which had evidently contained a large coagulum. The contained blood had been nearly absorbed, and thus it seemed certain that a large extravasation had at some distant period occurred, without causing apoplexy, or inducing paralysis. Dr. Barker related two other cases in which large extravasations of blood within the skull had occurred, while no apoplexy had taken place, and only very limited paralysis had existed.

Mr. WILLIAM ADAMS, without wishing to, in the least, question the accuracy of the description given, would remark that the large clots sometimes found within the skull, in cases in which no symptoms of apoplexy had been present, were often fungoid growths into which extravasation of blood had

occurred. He had seen several such, and they constituted an important class although, he believed, not described.

Dr. BRISTOWE next showed a specimen of

### CYSTS IN THE KIDNEY.

It was a good example of the minute microscopic cysts so often found in the kidney. It was brought forward not on account of its rarity, but in order to illustrate some points in the pathological genesis of the cysts in question. Scrapings from it which were under the microscope seemed, Dr. Bristowe thought, completely to disprove the assertion of Dr. Johnson that these appearances were in reality sections of tubes, and to show conclusively that they were true cysts. With regard to their original mode of formation he inclined rather to the view of Mr. Simon than to that of Dr. Johnson, and thought that there was more evidence in support of their being autogenous than resulting from dilatation of tubes. It was possible, however, that they might be formed in a sort of moniliform breaking up of the tubes into segments, each of the latter developing into a cyst. One thing was certain, that in parts where these microscopic cysts abounded, there the tubes were proportionally wanting. Dr. Bristowe added, that he had devoted much attention to the subject, and felt confidence in the accuracy of his conclusions. He should be glad if the specimen were referred to a committee.

The specimen was referred to Dr. Quain, Dr. Andrew Clark, and Dr. Wilks, for further report.

Mr. HENRY exhibited an

### ENLARGED SPLEEN OF A PIG.

It was three feet long, and weighed fifteen pounds. The average weight of the spleen of an animal of its size was about a pound. The pig had appeared to be in perfect health at the time when it was killed. It seemed when cut up to be in good condition, and no organs except the spleen were otherwise than healthy. The spleen appeared to be in process of fibroid degeneration. As far as he had inquired, he had not been able to ascertain that enlarged spleen was a common affection among pigs.

Mr. CHRISTOPHER HEATH showed a specimen of

### CANCER OF THE STOMACH AND ŒSOPHAGUS.

The specimen had been removed from a subject in the dissecting-room of the Westminster Hospital, and, unfortunately, the previous history of the case was wanting. On opening the abdomen, a tumour of about the size of a large chestnut was found attached to the lesser curvature of the stomach, near the Œsophagus, but not involving it. On section, it presented the appearance of a malignant growth, and this was confirmed by microscopic examination. It appeared to have been developed in the wall of the viscus, but did not involve its mucous coat. In a later period of the dissection there was found a malignant ulcer in the Œsophagus, about an inch above the diaphragm, measuring three inches in the vertical by two in the opposite direction. The tissues immediately surrounding it were considerably indurated, and it had produced such a narrowing of the canal, that a large quantity of food was contained in the ulcer. A careful dissection failed to discover any trace of disease in the other organs.

Mr. HEATH also showed a specimen of

### CANCER OF LIVER AND STOMACH, WITH PERFORATION.

The man was a patient under Dr. Ratcliffe's care in the Westminster Hospital; but as he died three days after admission, the notes of his case were necessarily meagre. He was 63 years of age, and was admitted February 9, suffering from great debility, and complaining of slight cough and some pain in the epigastrium. The abdomen was distended, and the bowels flatulent. There was no vomiting. He had been ailing for six months, with apparently dyspeptic symptoms, and gradually became so emaciated and debilitated as to cease work. He gradually sank, and died from asthenia.

*Post-mortem.*—The abdomen was found filled with fluid containing flakes of lymph in great abundance. On the lesser curvature of the stomach, close to the Œsophagus, was a mass of cancer as large as the fist, in the centre of which was a sloughy spot, through which perforation of the viscus had taken place. On opening the stomach, a large malignant ulcer, the size of the hand, was found in the corresponding position. There was no disease in the Œsophagus. The liver



was most extensively diseased, the left lobe being almost entirely converted into encephaloid cancer, and a large mass of the same disease being present in the right lobe. It is remarkable that there were no symptoms referable to cancer of the stomach; and the evidence of peritonitis was so slight, that there was no suspicion of perforation.

## ARMY MEDICAL AND SURGICAL SOCIETY.

Feb. 6, 1858.

SIR JOHN HALL, K.C.B. in the Chair.

THE Hon. Secretary, Mr. Mouat, read a most interesting and elaborate paper by Dr. Lawson, Deputy-Inspector of Hospitals, "On the Yellow Fever Epidemic of 1856, at Newcastle, Jamaica." The paper was amply illustrated by cases, tables, a plan-drawing of the mountain ridges on which Newcastle stands, and a photograph of the barracks, etc., showing their position and distribution.

The most novel and interesting features connected with this report, which is much too long to abstract or abridge without destroying its integrity, are the following:—

1. It denies the conclusions arrived at by Baron Humboldt, Dr. Fergusson, and others, of the possibility of yellow fever occurring at an elevation of 4000 feet above the level of the sea. On this point the author states:—"An opinion has long prevailed that the severe forms of tropical fever could not originate or spread at a considerable elevation above the sea."

The grounds for this opinion seem to be the statement of Humboldt, that yellow fever was confined to the low country on the coast near Vera Cruz, and that it did not pass the farm of L'Encero, elevated 3045 English feet above the sea, "the heat there being insufficient to develop its germ;" and that of Fergusson, with reference to the varieties of fever occurring at different elevations in St. Domingo.

The remarks of these authorities were no doubt correct for the time and place; but it must not be thence concluded that all the conditions requisite for the production of these forms of fever, except that of suitable elevation, were present in the cases they adduce. Their deductions, therefore, require to be applied cautiously to other localities, and may render certain modifications of the conditions henceforward inapplicable to the same localities at another time.

2. It disposes satisfactorily enough in the present epidemic of the non-contagious nature of yellow fever. The following are the grounds for this conclusion:—That out of 156 men, taken indiscriminately from the different barrack-rooms, very few of whom could have had yellow fever before, and who afford 210 instances of exposure for 24 hours to the emanations from the sick in the fever wards, that only 8 were subsequently affected with fevers of any sort, of whom 3 died; while from the remainder of the troops in the cantonment, amounting at the commencement of the epidemic to 523, there were 89 attacked with fever, of whom 38 died. Putting these numbers in the form of a centesimal ratio, for the sake of comparison, they stand thus:—

	Total Strength.	Attacked per cent.	Died per cent.	Died per cent. of those attacked.
Men who attended Fever cases ... ..	156	5.1	1.9	38.0
Men who did not attend Fever cases ... ..	523	17.0	7.3	43.0

It likewise disproves the commonly received opinion, that a temperature of at least 80 degs. Fahrenheit is necessary to develop its form, whatever that may be.

This fact is illustrated by the following table of temperature:—

1856.	6 a.m.	2 p.m.	6 p.m.	Mean.
	Deg.	Deg.	Deg.	Deg.
July ... ..	67.5	74.2	72.5	71.4
August ... ..	67.1	73.8	72.0	71.0
September ... ..	67.4	73.7	71.8	71.0
October ... ..	65.3	72.7	70.1	69.4
November ... ..	62.2	69.2	64.2	66.6
December ... ..	60.1	68.8	63.5	65.3

the disease having prevailed as an epidemic at Newcastle with a mean of 10 degs. lower, and continued until the mean temperature had fallen 5 degs. more.

The author confirms the fact previously noticed, of the suspension of yellow fever under the influence of heavy rain, which has been observed in every epidemic at Sierra Leone, at which time the fever assumed a purely remittent type. He inquires, "Can this be explained on the assumption of yellow fever being propagated by specific contagion?"

He concludes by stating, with reference to Newcastle, that the above facts seem to leave open no other inference than that the yellow fever there in 1856 arose from local causes.

Whether similar causes were in operation there in other years, and if so, why they did not lead to a similar result, are questions that the present state of our information does not admit of being answered. It seems, however, that in addition to the ordinary local causes of disease, an epidemic constitution is necessary to account for the prevalence of fever.

Two out of three of the Medical officers present were of opinion that it arose from local causes, and one that it might have been imported.

A short discussion took place, in which Staff-Surgeons Matthews, Hanbury, and Wm. Mouat took part. After which the President proposed a vote of thanks to the author for his very interesting and able paper.

It was announced by the Hon. Secretary that, with the sanction of the Director-General, the next meeting of the Society will take place at No. 6, Whitehall-yard.

## WESTERN MEDICAL AND SURGICAL SOCIETY.

JANUARY 15, 1858.

DR. SEATON, Vice-President, in the Chair.

MR. JAMES LANE read a paper on

### "SOME POINTS CONNECTED WITH SYPHILIS AND ITS TREATMENT."

Having alluded to the fallacy which existed formerly in the Profession respecting the curability or non-curability of syphilis by mercury being a test for the disease, he admitted that many cases, under favourable circumstances, might be cured without the administration of a particle of the mineral, and considered that where it was administered we should have a clear understanding of the object we have in view. 1. Is it to expedite the healing of the sore? M. Ricord's experience was that, used indiscriminately, it took longer to cure cases of syphilis with than without mercury; and M. Devergie's observations tended to the same result. In certain cases, however, as where much induration exists, general experience agreed that mercury is useful. 2. How far does the mercurial treatment of the primary disease influence the frequency of the secondary symptoms? The records of the Army Surgeons, given by M. Bacot, and including a large number of cases, show that the proportion in which secondary symptoms occur after the use of mercury and without the use of mercury is as 1:7½. As, however, a large number of cases, if left to themselves, as proved by experience, would never be followed by contamination of the system even if no mercury were given, it becomes important to attempt to classify the two kinds of cases. Hence M. Ricord has designated the indurated sore as the infecting, and the non-indurated sore the non-infecting form of the disease, and thinks that as soon as induration has taken place the disease no longer is a local one, but that the induration is the first expression of a diathesis and the commencement of the constitutional disease; and in his last work has broached the doctrine, that these two forms are different diseases, each capable of propagating themselves. Having recognised the value of induration as a sign of the probable occurrence of constitutional symptoms, it is necessary also to recognise the induration in its proper character, as distinguished from that the result of irritation, whether from the friction of the clothes or the use of caustics. The true induration is *sui generis*, giving the sensation of an elastic cartilaginous tissue, which does not resemble at all that produced by the hard œdema of inflammatory exudation, or the thickened tissue of a cicatrix. He then alluded to Mr. Lee's view respecting the manner in

which the indurated sore more especially affected the system. He seemed to think that in the non-indurated sore the poison was excreted by the ulcerative inflammation, while in the other kind adhesive inflammation was set up, and that the blood became contaminated in its circulation through the effused lymph. Be that as it may, the fact was established that indurated ulcers were very soon followed by the secondary symptoms. With respect to the non-indurated sores, it is certain that mercury does not accelerate their healing, and as secondary symptoms are less frequent after their occurrence in a majority of the cases, and though there may be no necessity for its general use, yet we should bear in mind that in some few cases the venereal poison may be and is absorbed into the system and so produce secondary symptoms. This then being the case, the author considered that even in such cases a mild course of mercury was advisable, and offered much more general chance of success than any other mode of treatment, though in recommending it he, of course, advised its sparing use, together with ordinary precautions during its exhibition. Though the same results could be brought about by purgatives, diuretics, low diet and diaphoretics, yet he thought that as mercury is regarded as one of our chief evacuants, it should be used in the majority of cases, especially as he considered the general health of the patient would suffer less by the latter treatment judiciously adopted than by the former. An exception obtains, however, in cases of phagædenic ulceration, which occurs in broken down and dissipated constitutions, and depends upon some state of constitution of the recipient. Such ulcerations spread rapidly under the use of mercury and require treatment by tonics, stimulants and sedatives. Such sores are seldom followed by constitutional infection, the phagædæna recurring soon after the establishment of the sore, the part affected being removed by destructive ulceration before time has occurred for the necessary absorption of the poison. If it occur late absorption will take place and secondary symptoms supervene, and if they do, they are severe; superficial and destructive ulcerations (as rupia) being liable to occur, and the palate and pharynx being apt to become involved in the destruction of tissue. Can the secondary symptoms be communicated to another individual without the antecedence of primary symptoms in the person receiving the pox infection! As the secondary disease cannot be inoculated through blood or purulent matter, M. Ricord will only admit communication of secondary symptoms to occur under circumstances of hereditary transmission; he admits that a diseased father may beget a diseased ovum, and that the diseased fœtus may convey *in utero* the disease to the mother, though after birth the infection can only be contracted through the medium of the primary ulceration. This view of the case is, nevertheless, denied by Mr. Wallace and Mr. Wilson, and the occurrence of secondary symptoms in the wife, in connexion with them in the husband, at the time of marriage, and without the supervention of pregnancy to complicate the question, would seem to establish possibility of the contamination? In support of this view Mr. Lane brought forward several cases which tended materially to refute the theory of M. Ricord, and to establish the contrary opinion before expressed, that secondary symptoms can be propagated from the husband to the wife without the supervention of pregnancy, and that in such cases the transmission of the disease can only be otherwise explained by supposing that the female had been previously affected with the primary sore, an explanation which we were not warranted in receiving in far the majority of cases.

The Society, after some discussion, especially on the latter point mentioned, then adjourned.

## PARLIAMENTARY INTELLIGENCE.

### HOUSE OF COMMONS.

#### MORTALITY IN THE ARMY.

Mr. LAURIE asked the Under-Secretary for War what steps are to be taken to remedy the great mortality of the army, especially of the Foot Guards, the report of the Commissioners recently presented proving that two-thirds of the deaths are from consumption and other diseases in consequence of the crowded state of the barracks of the metropolis.

Lord PALMERSTON.—My noble friend at the head of the

War Department being quite aware of the great defects in the arrangements of the existing barracks and hospitals, and thinking that improvements might be made therein greatly to the benefit of the soldiers, recommended the appointment of a commission to inquire into the subject. That commission, at the head of which was my right hon. friend the member for Wiltshire, has made a very valuable report, which is now in the hands of the printer, and will shortly be laid before this House, but the time since its presentation has been so short that the Government have not yet come to any determination respecting the step to be taken. The matter is, however, far too important and too interesting to the country to be allowed to remain without due attention. (Hear, hear.)

#### MEDICAL CHARITIES (IRELAND) ACT AMENDMENT BILL.

Mr. FITZGERALD obtained leave to bring in a Bill to amend the laws in force for the relief of the destitute poor in Ireland, and to amend an Act of the 14th and 15th years of Her Majesty, providing for the better distribution, support, and management of medical charities in Ireland.

#### MILITARY SURGERY.

In answer to Mr. BLACK, who asked whether a professor had been appointed to the chair of military surgery in Edinburgh,

Sir J. RAMSDEN said that no such appointment had been made. His noble friend at the head of the War Department had intended to appoint a professor to that chair, but it became known that the medical commission which was then sitting was about to recommend the discontinuance of all these local professorships, and thereupon his noble friend suspended his intention of making the appointment.

#### MORTALITY IN THE GUARDS.

Captain ANNESLEY asked whether the Government had received any report from the regiments of Foot Guards which proved that the mortality, instead of being 22 per 1,000, is little more than half that amount in those regiments.

Sir J. RAMSDEN said that such a return had just been sent in to the War-office, but he had not yet had time to give it more than a cursory examination. It was drawn up in an entirely different form from the tables published by the Medical Commission, and as far as he could judge it was much more favourable than those tables. That might perhaps be accounted for in this way, that the calculations of the commissioners were based upon returns for the 15 years ending 1853, while the report recently sent in only referred to the 18 months ending the last month.

#### PUBLIC HEALTH ACT AMENDMENT BILL.

Mr. COWPER suggested that the House should agree to the second reading of the Bill, on the understanding that the discussion should be taken upon going into committee.

Mr. PALK could not agree to the suggestion, as his objections were to the principle of the Bill.

Mr. LOCKE said that this Bill had become a regular Parliamentary nuisance. (Hear, hear.) He had waited several nights for it to come on, and he thought some determination ought to be come to as to whether the Bill was to be proceeded with or not. At present the right hon. gentleman had not given the house any explanation at all of the provisions of the Bill.

Lord PALMERSTON hoped that when the Bill came to be discussed, it would be discussed without the prejudice which was endeavoured to be raised against it. It was a measure deeply involving the interests of the people, as it was addressed to the prevention of diseases which involved a greater loss of life than any war in which the country had been engaged.

Sir G. PECHELL hoped a day would be fixed for the discussion.

Mr. HENLEY said that as the Bill was of the importance which the noble lord represented, it was the noble lord's duty, as leader of the House, to fix a proper time for the discussion.

#### LUNATIC ASYLUMS (IRELAND).

Mr. BLAND asked the Chief Secretary for Ireland whether it was his intention to introduce any measure this session for the management of lunatic asylums in Ireland?

Mr. H. HERBERT (who was almost inaudible in the gallery) was understood to say that he could not make any promise on the subject.

#### MORTALITY IN THE GUARDS.

Captain ANNESLEY moved an address for a copy of the report of the medical officers of the Foot Guards which stated

the average mortality in that brigade. He anticipated that the document in question would show results different from those contained in the recently published report of the commission.

**MR. S. HERBERT.**—If the last two years are included, I propose to add a return of the number of non-commissioned officers and men discharged from the Foot Guards during the same period, distinguishing those discharged of reduction as being under height, those discharged upon the recommendation of the medical officers, and those invalided. We shall thus, I think, bring out the real facts of the case. I wish to repeat that this report is a great weapon in the hands of the army, and of those who are its well-wishers, who desire to put an end to evils of which, to my certain knowledge, there have been loud and long complaints. (Hear, hear.)

**Colonel PENNANT** described the ill-ventilated and crowded state of the barracks for the Guards in former days, and said that the expenditure necessary for the substitution of new barracks for those which were now complained of, was then objected to on the plea that it was proposed to build gorgeous palace for the troops.

The motion as amended was then agreed to.

## MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen were admitted Fellows at a meeting of the Council on Thursday, February 11th:—

**CARTER, H. F.,** Brighton; diploma of membership dated April 15, 1842.

**DAVEY, H. W. R.,** Worthing; December 3, 1819.

**ESSEBY, THOS. A.,** Swansea; May 22, 1839.

**JONES, Thomas Stead, Ely;** May 17, 1811.

**HADEN, Francis Seymour,** Sloane-street; June 27, 1842.

**HALL, Edward,** Dalton in Furness; February 27, 1829.

**LOCKHART, William,** Shanghai; April 29, 1834.

**LOWE, Wm. Thos.,** Canonbury-square; July 30, 1830.

**MORGAN, Howell,** Dyfynog, Brecon; August 26, 1842.

**PEGGE, John,** Manchester; April 1, 1842.

**RODEN, William,** Kidderminster; November 25, 1842.

**ROWLANDS, James,** Carmarthen; May 20, 1842.

**SMITH, Robert Wm.,** Winchester; June 6, 1834.

**STEDMAN, Silas Stilwell,** Brighton; January 14, 1842.

**WOOD, William,** Wakefield; June 26, 1842.

**WYBRANTS, Jonathan,** Shepton Mallet; August 27, 1839.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on February 11, 1858:—

**GARNEYS, THOMAS,** Bungay, Suffolk.

**TAYLOR, RICHARD,** Charlbury, Oxon.

**THANE, CHARLES SEYMOUR,** Canonbury.

## DEATHS.

**ARROWSMITH.**—On the 13th inst. William Arrowsmith, M.R.C.S. Eng. 1840, youngest son of C. Arrowsmith, Esq., of Burton-crescent.

**BATE.**—At Plymouth, George Bate, aged 24.

**BONE.**—On the 13th inst. in Edinburgh, Hugh Bone, M.D., Inspector-General of Army Hospitals, aged 81.

**BORRUS.**—M. Borrus, the prior of the Hospice of the Simplon, has just died, aged 70. The Hospice of the Simplon is an establishment attached to that of St. Bernard. The prior was well known to travellers, as he had passed forty-seven years in these hospices, having during twenty-three years had the direction of that of the Simplon.

**KNOWLES.**—On the 12th inst., at Batley, William Knowles, M.R.C.S. Eng., and L.S.A. 1846.

**PULLEYNE.**—Feb. 7, at East Dereham, Walter M. Pulleyne, L.S.A. 1844.

**ROLPH.**—On the 17th inst., at Portsmouth, of apoplexy, Thomas Rolph, Esq., M.D., Surgeon, aged 57 years.

**STELFOX.**—Feb. 7, at Leigh, Thomas Stelfox, of King-street, Manchester.

## APPOINTMENTS.

**Dr. CHARLES WARDEN** has been elected Honorary Surgeon to the Birmingham General Dispensary.

In pursuance of an Act passed in the third year of the reign of his late Majesty King William the Fourth, entitled "An Act for Regulating Schools of Anatomy," the Right Hon. Sir George Grey, Bart., Her Majesty's Principal Secretary of State for the Home Department, has appointed Charles Hawkins, Esq., to be an Inspector of Anatomy in England and Wales, in the room of John Bacot, Esq., resigned. The salary is £100 per annum, and is limited to that sum by the Act. The sooner this clause in the Act is amended the better.

**UNIVERSITY OF DUBLIN.**—At the Spring commencement held as usual, on Shrove Tuesday, in the Examination Hall of Trinity College, the following Medical Degrees were conferred by the Right Hon. Francis Blackburne, Lord Justice of Appeal, Vice-Chancellor of the University. M. D.—John R. Kinahan. M. B.—Edward P. Wright; Richardson King; Benjamin Bruland; William H. Pickford.

**SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.**—The seventieth anniversary of this Society took place on Wednesday the 10th inst., when a numerous assemblage met at dinner at the Freemasons' Tavern to celebrate the first public appearance of the new President, Thomas Arthur Stone, Esq., whose energies have for many years been unreservedly given to this Society. The memory of the late most worthy President, Sir Charles M. Clarke, Bart., M.D., having been drunk in solemn silence, the toast of the three Medical Corporate Bodies was given, and responded to by the President of the College of Physicians, who expressed his opinion that the operations of this Society are conducted on the principles of true charity. The health of the new President was proposed by Sir Benjamin Brodie, who referred to the early years of his own career, when among his first pupils was enumerated Mr. Stone, one of the most zealous, to whose memoranda of cases Sir Benjamin even now refers with pleasure. Mr. Stone in reply drew attention to his predecessors in office, Sir George Baker, Bart., the first President; the most invaluable services of Mr. James Ware, who besides firmly establishing this Society, had also founded the School for the Indigent Blind; the Anatomist of world-wide reputation, Dr. Baillie; the classical Sir Henry Hallford; and lastly, the late Sir C. M. Clarke, of whom he had spoken previously. It would be his duty to emulate them in their zeal for the promotion of the Society, which it was shown, at a cost of about £300 a year, gives away in grants for relief above £1700—almost the whole of which is formed of a series of annuities paid half-yearly; and it is so arranged that within a very short period after the first application is made, a grant is issued. Donations to the amount of £200 were announced.

**PRIZES AT THE ACADEMIE DES SCIENCES.**—Among the prizes accorded by the Académie des Sciences, at its anniversary last week, were the following:—2500 francs to M. Broca for his work on Aneurism; 2500 francs to M. Morel for his work on Degenerescence; 2500 francs to M.M. Delafond and Bourguignon for their researches on the Itch in Animals; 1500 francs to M. Bertillon for his Statistical Conclusions against the Detractors of Vaccination; and 1500 francs to M. Fonsagrives for his work on Naval Hygiene.

**LONDON WATER.**—The quantity of impurity in every gallon of the water supplied by the metropolitan water companies was found by Dr. Robert Dundas Thomson, of St. Thomas's Hospital, to be, during the month of January, as follows:—

Companies.	Total Impurity. Gra.	Organic Impurity. Gra.
Chelsea . . . . .	21.56	1.08
West Middlesex . . . . .	20.88	2.05
Grand Junction . . . . .	20.72	1.60
Lambeth . . . . .	19.84	2.40
Southwark . . . . .	21.28	.92
East London . . . . .	23.04	1.76
Kent Company . . . . .	28.48	4.56
Plumstead . . . . .	20.16	2.28

There are slight differences, it will be observed, in the constitution of the waters from month to month, as might be anticipated. Plumstead water, from the chalk, is most steady in its organic matter, which appears to differ from that of the other waters in being incapable of germination.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, February 13, 1858.

## BIRTHS.

Births of Boys, 948; Girls, 893; Total, 1848.  
Average of 10 corresponding weeks, 1848-57, 1675.

## DEATHS.

	Males.	Females.	Total.
Deaths during the week ... ..	597	598	1195
Average of the ten years 1848-57 ...	595.6	597.4	1193
Average corrected to increased population ...	...	..	...
Deaths of people above 90 ... ..	...	..	5
Deaths in 16 General Hospitals ... ..	40	27	67

## DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Whooping-Cough.	Diphtheria.	Typhus.
West .....	876,497	..	12	4	6	..	2
North .....	490,396	3	10	5	15	2	9
Central .....	393,256	1	7	4	6	1	3
East .....	485,522	..	20	8	12	3	7
South .....	616,635	..	8	6	14	2	14
Total .....	2,862,286	4	57	27	53	8	35

## METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer ... ..	29.954 in.
Mean temperature ... ..	34.3
Highest point of thermometer ... ..	45.7
Lowest point of thermometer ... ..	28.5
Mean dew-point temperature ... ..	51.2
General direction of wind ... ..	S.E. & N.E.
Whole amount of rain in the week ... ..	0.08 in.
Amount of horizontal movement of air in the week ... ..	855 miles

## TO CORRESPONDENTS.

D. P. M.—It is difficult to answer the question without knowing the exact terms on which the Medical man and patient had been, and the station, profession, etc. of the patient.

Mr. Butcher's letter, in reply to one inserted last week as to the originality of the bow-saw used in excision of joints, arrived too late for insertion this week. It shall appear next week.

Mr. Brentwood.—It is usual for gentlemen who have passed the first M.B. examination of the University of London to use the letters M.B. after their names, and to have them inserted with other qualifications in the Directory.

## CHLORODYNE.

Dr. Medlock has requested us to insert the following statement:—

"In the blue bottles in which chlorodyne is sold it has the appearance of a 'ponderous dark liquid,' but if transferred to a white bottle, it is seen to separate into two strata, the upper one colourless, and the lower one of a dark brown colour. On distilling a portion of chlorodyne from a water-bath, a colourless distillate was obtained, amounting to nearly half the bulk of the substance distilled. This distillate separated into two strata, the upper one consisting of an aqueous solution of prussic acid, and the lower of chloroform. The dark residue left after separating the prussic acid and chloroform was found to consist of liquorice, capsicum, perchloric acid, and morphia, or an analogous base, the whole being flavoured with peppermint.

The examination we have made of chlorodyne enables us to state that it is not what it is represented to be, that is, a perchlorate of a new base. Perchloric acid, as is well known to every chemist, will combine readily with any of the vegetable bases. The solution, however, will be colourless, and will not separate into two strata; moreover, it is a new fact in chemistry to find a perchlorate of a vegetable alkaloid yielding on analysis prussic acid, oil of peppermint, extract of liquorice, capsicum, and morphia, besides half its weight of chloroform."

Inquirer.—According to the advertisement which appeared in our number of January 30, the Carmichael Prizes are open for competition to all without restriction. A reference to our past volumes, and to Parliamentary documents, will afford the best information on the subject of the Prize Essays.

Mr. Rogers informs us that the use of gutta-percha as a frame for artificial teeth has been in use for some years past.

Francis.—The paper has been delayed only by others received previously. It shall be inserted as soon as possible.

## THE MUSEUM ASSISTANT AT THE COLLEGE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Knowing the interest you feel, and the just view you take of all that belongs to the Profession, I have ventured to trouble you with this letter to inform you of the manner in which the Second Assistant in the Museum of the College of Surgeons has been filled up by the appointment of Dr. Murie. There were several candidates, and we were informed that

one of us would be selected from an examination of testimonials, and by personal inquiries. I learnt that my testimonials were the best (I enclose you a copy); but some days afterwards we had notice sent that four of us had been chosen to undergo a dissectional examination. This lasted two days; and I was then informed that it was the opinion of the members of the Museum Committee that my dissections were the best. Nevertheless they have appointed Dr. Murie, who is not a member of the College; and it appears that one of the Committee wrote for him to come as a candidate, so that the remainder of us were tempted to take a great deal of trouble, with no possibility of success.

The appointment has been made a week to-day, yet I have had no notice sent me of it, and have only learnt it by accident.

I must apologise for addressing you so much at length, but as you will probably notice the appointment in your Journal, I was desirous of making you acquainted with the circumstances first. I have written to the Council demanding an explanation, and will send you an account of its answer.

I am, &amp;c.

GEORGE W. LAWRENCE, M.B. Lond.  
Late House-Physician to King's College Hospital.

Camberwell House, Feb. 18, 1858.

## DIETARY AT AN HOMOEOPATHIC HOSPITAL.

We borrow the following lines from the *Edinburgh Medical Journal*:—

Take a robin's leg  
(Mind it the dramatick merely),  
Put it in a tub  
Filled with water nearly;  
Set it out of doors,  
In a place that's shady;  
Let it stand a week  
(Three days if for a lady).  
Drop a spoonful of it  
In a five-pail kettle,  
Which may be made of tin  
Or any baser metal;  
Fill the kettle up,  
Set it on a boiling;  
Skim the liquor well,  
To prevent its clogging;  
One atom add of salt,  
For the thickening one rice kernel,

And use, to light the fire,  
"The Homoeopathic Journal."  
Let the liquor boil  
Half-an-hour, no longer,  
(If 'tis for a man  
Of course you'll make it stronger).  
Should you now desire  
That the soup be flavoured,  
Stir it once around  
With a stalk of savoury.  
When the broth is made,  
Nothing can excel it;  
Then three times a day  
Let the patient swallow it;  
If he chance to die,  
Say 'twas Nature did it;  
If he chance to live,  
Give the soup the credit.

## COMMUNICATIONS have been received from—

MR. LANGSTON PARKES, Birmingham; Dr. R. D. THOMSON; Dr. BALFOUR;  
Dr. MERRIMAN; Mr. WILDE, Dublin; Mr. BARRON, Sunderland; Dr.  
JAMES BARNES; Dr. M'WILLIAM; Dr. O. EVANS, R.N.; Mr. HUGH-  
HOUSE; Dr. A. FREDRIK, Edinburgh; Dr. WILKS; Dr. WARREN; Mr.  
REDFORD; Mr. RATHBONE; Dr. CURRAN; Dr. JAMES; Mr. CROFT; Mr.  
M'DERMOTT; Mr. SOLOMON, Birmingham; Mr. GROVE; Dr. O'FERRALL,  
Dublin; Mr. BUTCHER, Dublin; Mr. BRENTWOOD; Dr. WRIGHT; Mr.  
SANON; Mr. WALTERS; Dr. MEDLOCK; Mr. MORRIS; An Old Res-  
ident in India; Mr. ROGER SALTER. }

## APPOINTMENTS FOR THE WEEK.

Feb. 20. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's  
2 p.m. Charing Cross, 1 p.m.

MEDICAL SOCIETY, 8 p.m.: Dr. William Camps, "On the lately prevailing  
Diphtheritic Affection."

ROYAL INSTITUTION, 3 p.m.: Professor Bloxam, "On the Chemistry of the  
Elements which circulate in Nature."

GUY'S PHYSICAL SOCIETY, 7 p.m.: Mr. Tuck, "On Sciatica."

## 22. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospi-  
tal, 2 p.m.; Orthopaedic Hospital, 3 p.m.

## 23. Tuesday.

Operations at Guy's, 1 p.m. Westminster, 2 p.m.

ROYAL INSTITUTION, 3 p.m.: Professor Huxley, "On Biology."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m.: Mr. F. W. Mac-  
kenzie, "On the Action of Galvanism upon the contractile Structure  
of the Gravid Uterus." Mr. Cooper Forster, "On the Direction of the  
Nutritious Foramina of the long Bones."

ZOOLOGICAL SOCIETY, 9 p.m.

## 24. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.  
Orthopaedic Hospital, 3 p.m.

ROYAL COLLEGE OF PHYSICIANS, 4 p.m.; Guelstonian Lectures—Dr. Sy-  
monds, "On Headache."

GEOLOGICAL SOCIETY, 8 p.m.

## 25. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London  
Ophthalmic, 1 p.m.; London, 1½ p.m.

ROYAL INSTITUTION, 3 p.m.: Professor Tyndall, "On Heat."

ROYAL SOCIETY, 8 p.m.

MEDICAL SOCIETY OF KING'S COLLEGE. Clinical Meeting.

## 26. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Oph-  
thalmic, 1½ p.m.; Great Northern, 2½ p.m.

ROYAL COLLEGE OF PHYSICIANS, 4 p.m.; Guelstonian Lectures—Dr. Sy-  
monds, "On Headache."

ROYAL INSTITUTION, 8½ p.m.; Professor Baden Powell, "On Rotatory  
Stability and its Applications, illustrated by the Apparatus of Profes-  
sor C. Piazzi Smyth."

## EXPECTED OPERATIONS.

Westminster Hospital.—The following operations are expected on  
Tuesday next, at 2 p.m.:—Stricture of urethra; extension of anchylosed  
knee; fatty tumour of thigh: by Mr. Holt. Wutzer's operation for radical  
cure of hernia; subcutaneous puncture of abscess: by Mr. Holthouse.

# ROYAL MEDICAL BENEVOLENT COLLEGE, (INCORPORATED BY ACT OF PARLIAMENT.)

*Patron.*—HER MOST GRACIOUS MAJESTY THE QUEEN.

*President.*—THE RIGHT HONOURABLE THE EARL MANVERS.

*Visitor.*—THE LORD BISHOP OF WINCHESTER.

*Treasurer.*—JOHN PROPERT, Esq.

The Council of the Royal Medical Benevolent College have the pleasure to inform the Governors and Friends of the Institution that the SIXTH ANNUAL FESTIVAL will take place at the FREEMASONS' TAVERN on WEDNESDAY, the 24th of March next, when the Right Honourable the LORD STANLEY, M.P., has kindly consented to take the Chair.

The following Noblemen and Gentlemen have undertaken to officiate as Stewards on the occasion :—

The Right Honourable the Earl of Huntingdon.  
The Right Honourable the Viscount Boyle.  
Sir John Forbes, M.D. D.C.L. F.R.S., Old Burlington-street.  
The Rev. John Jennings, M.A., Canon of Westminster.  
The Rev. P. Melancthon Holden, St. Paul's Chapel, Gt. Portland-st.  
Michael T. Baas, Esq., M.P., Burton-on-Trent.  
H. Wentworth Acland, M.D. F.R.S., Oxford.  
J. D. Allcroft, Esq., Wood-street, Cheapside.  
Henry Allsop, Esq., Burton-on-Trent.  
Richard Bagge, Esq., Gaywood Hall, Lynn.  
Henry Bennet, M.D., Grosvenor-street.  
Henry Blonkarne, Esq., Dowgate-hill.  
George Bottomley, Esq., Croydon.  
R. Willson Brown, Esq., (Hon. Local Sec.,) Bath.  
Charles Browning, Esq., Dorset-place.  
Walter Bryant, Esq., Bathurst-street, Hyde-park.  
William Carr, Esq., (Hon. Local Sec.,) Blackheath.  
Nathaniel Clifton Esq., Cross-street, Islington.  
Edward N. Clifton Esq., Russell-place, Fitzroy-square.  
Edward Cock, Esq., Guy's Hospital.  
Charles Collambell, Esq., (Hon. Local Sec.,) Lambeth terrace.  
Thomas R. Colledge, M.D., Cheltenham.  
George Cooper, Esq., (Hon. Local Sec.,) Brentford.  
Charles Cotton, M.D., Lynn.  
C. Iderton Croft, Esq., Lawrence Pountney-hill.  
Henry Curling, Esq., Ramsgate.  
George Thomas Dale, Esq., Pembroke-place.  
William Dalton, Esq., (Hon. Local Sec.,) Cheltenham.  
Francis Davies, Esq., (Hon. Local Sec.,) Peabrook.  
Horatio G. Day, Esq., (Hon. Local Sec.,) Isleworth.  
Charles Drage, M.D., (Hon. Local Sec.,) Hatfield.  
Frederick Du Cros, Esq., The Grange, Kingston.  
Robert Dunn, Esq., Norfolk-street.

Richard D. Edgcombe, Esq., Shaftesbury-crescent.  
George Fincham, Esq., Marlborough-hill.  
John W. Fisher, M.D. Grosvenor-gate.  
Harry Leeke Gibbs, M.D., Exeter.  
Frederick Goodchild, M.D., Princess's-terrace.  
Charles Gardiner Guthrie, Esq., Pall Mall East.  
Henry Hancock, Esq., Harley-street.  
Richard Hassall, M.D., Richmond.  
John Vincent Hawkins, M.D., Lynn.  
Francis Hird, Esq., Clifford-street.  
W. C. Hoffmeister, M.D., (Hon. Local Sec.,) Cowes.  
George C. Jonson, Esq., Eaton-place South.  
T. Masters Kendall, Esq., (Hon. Local Sec.,) Lynn.  
Edward F. Leake, Esq., F.L.S., St. George's-road,  
J. C. W. Lever, M.D., Wellington-street.  
Charles F. J. Lord, Esq., Hampstead.  
D. B. Orridge Esq., Bucklersbury.  
Thomas Paget, Esq., Leicester.  
George Pinckard, Esq., St. James's-square.  
J. J. Power, M.D., (Hon. Local Sec.,) Maidstone.  
John Propert, Esq., New Cavendish-street.  
Joseph Ridge, M.D., Dorset-square.  
William Sankey, Esq., (Hon. Local Sec.,) Dover.  
D. Scannell, Esq., Chapel-street, Belgrave-square.  
J. O. Smetham, Esq., Mayor of Lynn.  
Thomas H. Smith, Esq., (Hon. Local Sec.,) St. Mary Cray.  
William E. Snow, Esq., Tredgar square.  
Henry Stary, Esq., Paragon, New Kent-road.  
Somerset Tibbs, Esq., Cheltenham.  
Richard Tippetts, Esq., Dartford.  
Francis Webb, Esq., Chancery-lane.  
Erasmus Wilson, Esq., F.R.S., Henrietta-street.  
R. Stanton Wise, M.D., (Hon. Local Sec.,) Banbury.

By order of the Council,

ROBERT FREEMAN, Secretary.

HERBERT WILLIAMS, Assistant Secretary.

Office, 37, Soho-square, London, February 16, 1858.

## Society for the Relief of Widows and ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.

Instituted 1788.  
The Members are reminded that a Quarterly Court of Directors will be held on the 3rd of March, at which Candidates for admission into the Society can be proposed. It is desirable that the form of proposal be filled up and forwarded to the Secretary a few days before the meeting. All legally-qualified Medical Practitioners, residing in any part of the county of Middlesex, or within seven miles of the General Post-office in St. Martin's-le-Grand, are eligible, and the benefits of the Society are restricted to the families of deceased members of not less than two years' standing.

S. W. J. MERRIMAN, M.D., Secretary.

Barners-street, February 16, 1858.

The Secretary attends every Wednesday and Friday from 4 to 5 p.m.

## Leeds House of Recovery. — The

office of RESIDENT APOTHECARY to this Institution being vacant by the resignation of Mr. Barrow, his successor will be appointed on Thursday, the 18th of March, at 12 o'clock. It is required that he should be a Licentiate of the Apothecaries' Company, not under twenty-five years of age; that he shall devote his entire time to the duties of his office, including those of Secretary. Salary £100 per annum, with board, lodging, and washing. The fullest satisfaction will be required by testimonials and otherwise, and no one will be appointed without a personal interview. Testimonials as to character and professional acquirements must be forwarded to the undersigned at the Institution at least one week previous to the election.

J. C. BARROW, Secretary.

## Bank of Deposit, Established A.D. 1844.

3, PALL MALL EAST, LONDON.

Parties desirous of investing Money are requested to examine the Plan of the Bank of Deposit, by which a high rate of interest may be obtained with perfect security.

The Interest is payable in January and July.

PETER MORRISON, Managing Director.

Forms for opening Accounts sent free on application.

## Blenheim Free Dispensary, 84, Port-

LAND-ROAD W.—The office of PHYSICIAN to this Institution being now vacant, Gentlemen desirous of the appointment are requested to apply. Candidates must be members of the Royal College of Physicians of London. Letters of application and Testimonials to be sent to the Hon. Secretary on or before Thursday, February 25.

By order of the Committee,

J. L. SIORDET, M.B. L.R.C.P., Hon. Sec.

6, Holles-street, Cavendish-square, W., February 12, 1858.

## Blenheim Free Dispensary, 84, Port-

LAND-ROAD, W.—Wanted a DISPENSER. Testimonials and Certificates of good moral character to be sent to the Hon. Secretary on or before Thursday, February 25.

By order of the Committee,

J. L. SIORDET, M.B. L.R.C.P., Hon. Sec.

6, Holles-street, Cavendish-square, W., February 12, 1858.

## University of London.—Matriculation

EXAMINATION, 1858.—The ANNUAL COURSE of LECTURES and EXAMINATIONS in preparation for this Examination will commence at King's College, London, on Monday, February 22nd, 1858. For further particulars, apply to J. W. Cunningham, Esq., Secretary, King's College, London. R. W. JELF, D.D., Principle.

## Heigham Retreat, Unthinks - road,

NORWICH.—Private Asylum for the care and recovery of persons of the upper and middle classes suffering under mental derangement. The house is pleasantly situated, stands in extensive grounds, and is provided with every requisite comfort.

Visiting Physician—Dr. Copeman. Proprietors and Visiting Surgeons—Mr. Donald Dalrymple, Surrey-street; Mr. T. W. Croase, St. Giles', Norwich. Resident Proprietor and Surgeon—Mr. H. Landor. Matron—Mrs. Landor.

Terms may be obtained from the Proprietors, and from Messrs. Bircham, Dalrymple, and Drake, 46, Parliament-street, London.

**Wines from South Africa. — Port, SHERRY, etc., TWENTY SHILLINGS PER DOZEN.** These Wines, the produce of a British colony, which has escaped the vine disease (the vintage occurring in February may account for the same), are in consequence wholesome, and are warranted free from acidity and brandy, are admitted by Her Majesty's Customs at half-duty, hence the low prices. A Pint Sample Bottle of each for twenty-four stamps, Bottles included. Packages allowed for when returned.

"We have taken the trouble to try Mr. Denman's wines, and have also submitted them to several of the clergy, and the opinion formed is that they are worthy of being patronized."—Clerical Journal, October 22, 1857.

**EXCELSIOR BRANDY, Pale or Brown, 15s. per gallon, or 30s. per dozen.** Terms—Cash. Country orders must contain a remittance. Cheques to be crossed "Bank of London."

J. L. Denman, Wine and Spirit Importer, 65, Fenchurch-street. Counting-house entrance, first door on the left up Railway-place.

**PURE SPIRITS FOR THE FACULTY.**

**S. V. R. 56 o.p., 17s. 6d. net Cash.**

This quotation admits of neither credit nor discount, and 1s. per gallon must be added for packages, to be allowed on their return.

HENRY BRETT and CO., Old Fumival's Distillery, Holborn.

**S. Bowles, late Windsor & Co., Phial**

and BOTTLE MERCHANTS, Dealers in Druggists' Sundries, &c., 37, Bartholomew-close, City. The cheapest house in London for every description of Medical Glass of the best quality.

Samples and Prices forwarded free on application.

**For Use Medicinally, in all Diseases of**

the STOMACH, CHEST, etc., for dressing and deodorizing cancer and all foul wounds, for purifying sick chambers, for embalming the dead, etc., Mr. JASPER ROBERTS' PATENT CARBONIZED PEAT MOSS. The various kinds of powder and lozenges are prepared solely by the Health of Towns Improvement Company, Sole Wholesale Agent, Joseph G. Thompson, Esq., 2, Adelphi-place, London bridge, London, E.C., and 5, Donegal-square, Belfast; sold by Mr. W. L. Bird, Pharmacologist, 42, Castle-street, East, Oxford-street, W.; Mr. J. Johnson, Chemist, 123, Upper-street, Islington, N., London; Messrs. Bewley and Evans, Dublin; and all respectable Chemists. See extracts from publications on the subject, with the preparations.

**M. and R. Jewell beg to express their**

thanks for the encouragement they have received from the Medical Profession, and hope for a continuance of their favours at their Medical Glass and Bottle Warehouse, 53, Howland-street, Tottenham-court-road, where an extensive Stock is always kept on hand, at the lowest prices. Measures, Stopped Bottles, Pedestal Mortars, etc. etc. Orders punctually attended to. List of prices may be had on application.

**Kamala, a Powder obtained from the**

Capsules of Rottlera Tinctoria. Recommended as a remedy for Tape-worm; dose, half drachm to two drachms. See Medical Times and Gazette, May 2, and December 19, 1857.

ALLEN and HANBURY have a supply of the above-named Medicine. Price to Members of the Profession, 1s. per ounce; if by post, 1s. 4d. Tincture of Kamala, dose two to three drachms, price 1s. per ounce.

London: Plough-court, Lombard-street, E. C.

**NOTICE.**

**West-end Dispensing Establishment.**

In consequence of numerous errors which have occurred of late years through the carelessness of inexperienced Dispensers of Medicine, Messrs. CURTIS deem it expedient to assure the Profession and the Public that their method of transacting business precludes the probability of mistake, thus offering peculiar advantages for the Dispensing of Medicines, and fulfilling the best wishes and interests of the Profession and the Public.

**Messrs. Curtis continue to receive**

the most satisfactory results from Medical Men in favour of "P.A.S.M.A."

(Or, HEALING POWDER),

THE REMEDY FOR

EXCORIATIONS, BURNS, ULCERS, AND ERUPTIONS; ALSO, A PROPHYLACTIC OF ABRASIONS IN DELICATE, TENDER, AND IRRITABLE SKINS.

Messrs. CURTIS feel called upon to caution Medical Men against spurious imitations, and to inform them that the genuine is not a Metallic Preparation (nor a secret one), the Proprietors having informed the Profession of its exact composition.

Messrs. CURTIS also invite the attention of Medical Men to their NEW PHOSPHATE, or PULV. EBORIS PREPARATA, as prescribed by Dr. Stocker for Rickets, &c. &c. (Vide the Lancet, Dec 19, 1857.)

Also to their

EXPRESSED JUICES, LIQUORS, MEDICINAL EXTRACTS, TINCTURES, etc. etc.

CURTIS & CO., Pharmaceutical and Dispensing Chemists, (Wholesale and Retail), 15, Crawford-street, London. Established 1820

**Retreat for Ladies Mentally afflicted.**

**EARL'S-COURT HOUSE.**—This first-class Asylum for the reception of ladies only is situated at Old Brompton, the healthiest suburb of London, surrounded by six acres of ornamental grounds. Terms, regulated by the accommodation required, can be had on application or forwarded by post, with the highest testimonials from the leading members of the Medical Profession.

**Henry Simpson, 55, Strand, London,**

Surgical Instrument Maker to the Royal Naval Hospitals and Royal Navy, &c. &c. Manufacturer of every description of Surgical Instruments, Trusses, Bandages, Artificial Limbs, Splints, Crutches, Enemas and other Syringes, &c. &c. Best quality (only), at the most moderate prices. Manufacturer of all kinds of Cutlery. Prize Medal, 1851.

**St. Andrew's, Apothecaries' Hall.**

Dr. STEGGALL continues to give his Lecture and Private Tuition, preparatory to all Medical and Surgical Examinations. Apply before one or after three o'clock, at his residence, 2, Southampton-street, Bloomsbury-square.

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3 & 4 oz., do. ..	4s.	6d. do.
1 oz. white moulded phials ..	5s.	6d. do.
1 oz. do. ..	6s.	0d. do.
1 1/2 oz. do. ..	7s.	0d. do.

No remittance required until the goods are received. Packages free. Delivered free within 7 miles. Immediate attention to country orders. Post-office orders, made payable to E. and H. HARRIS, at the Chief Office, London.

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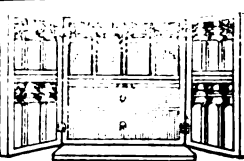
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## ORIGINAL LECTURES.

## A COURSE OF CLINICAL LECTURES

ON

## DISEASES OF THE KIDNEY.

By GEORGE JOHNSON, M.D. F.R.C.P.

Physician to King's College Hospital.

## LECTURE V.

A case of fat kidney, which has ended in death, may fitly form the text of our lecture to-day: the case is reported by my clinical clerk, Mr. Wood. The subject of the disease was a boy, R. A., aged 14, who had been employed in a fishing-smack, and thereby much exposed to wet and cold. You will find that among the so-called working-classes exposure to cold and wet is one of the most frequent of the exciting causes of kidney disease. Add to this the intemperate indulgence in alcoholic liquors, and we account for at least three-fourths of the cases of Bright's disease among Hospital patients. There is no reason to suppose that this boy had been intemperate in the use of alcohol, but it is probable that frequent drenchings in an open boat, sometimes, as he says, of twenty-four hours' duration, had checked the functions of the skin, and thus induced the renal mischief. This is one of the cases, by no means uncommon, as you will learn in practice, in which it is impossible to determine with anything approaching to accuracy the date of commencement of the renal disease. With the exception of occasional soreness of the throat, which had troubled him during the last eighteen months, he had had no symptom of illness until about a month before his admission into the Hospital. There had been none of the symptoms which we always inquire for in cases of suspected Bright's disease: viz. increased frequency of micturition, an unusual increase or diminution of the quantity of urine, unnatural colour of the secretion, pain in the back, which by the bye is rarely complained of in cases of *chronic* Bright's disease, headache, bleeding at the nose; nor had there been any appearance of dropsy until about a month before he came under our observation, when the oedema began in the ankles, and quickly extended upwards to the thighs, the scrotum, and the face.

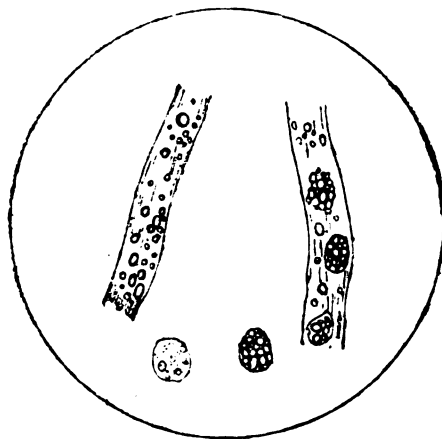
He was admitted on the 10th August, 1857. He had then the pallid look of a patient with renal disease. There was some oedema of the face, and considerable dropsical swelling of the lower extremities. The scrotum, too, was much swollen, and its skin inflamed, apparently in consequence of some punctures which had been made a few days before for the purpose of lessening the dropsical swelling. This leads me to remark that I have on more than one occasion seen severe inflammation and painful sloughing of the scrotum follow a puncture intended to reduce oedematous swelling of the part. Oedema of the scrotum, and of the foreskin, is a troublesome condition, from which the patient is often very anxious to be relieved. I advise you not to seek that relief by puncturing either the scrotum or the foreskin, but when other means have failed, if, as almost invariably happens, the legs as well as the private parts are dropsical, by puncturing one or both legs near the ankle, you may quickly reduce the swelling of the scrotum, and with much less risk of inflammation and sloughing than when a puncture is made in the scrotum itself.

Now to continue our patient's history. I find it noted that at the time of his admission he complained much of pain in the throat, the tonsils were swollen, the mucous membrane of the soft palate and fauces was red, and there was a superficial ulcer on the uvula. The skin was hot and dry, the pulse 120, and the respiration 48. There was no evidence of disease within the chest. The urine was high coloured but not smoky; it was acid; sp. gr. 1024, highly albuminous, and on microscopical examination it was found to contain numerous small waxy casts, a large proportion of which entangled oil, either in the form of scattered globules, or in cells, (see fig. 6.) No blood corpuscles were visible.

I have already remarked that we could not with certainty determine the date of the renal disease in this case. The dropsy had existed only a month, but you must bear in mind that in many cases of chronic Bright's disease the renal degeneration has been in progress long before the occurrence of

dropsy, and we were led to suspect that this had been so in the present instance, when we found the evidence, which I have just now mentioned, of fatty transformation taking place in the kidney. You are not to suppose that the appearance of a few oil-globules in the tube-casts is always an indication that the kidneys are in a state of chronic and incurable disease; for it will be found in a large proportion of cases of acute Bright's disease, that during the convalescence more or less oil is mixed with the epithelium or pus, or other inflammatory products which appear in the urine. The prognosis is much more unfavourable when, as in the case which we are now considering, many tube-casts contain oil *not* associated with renal epithelium, or pus, or blood;—appearances which indicate the existence of an acute inflammatory condition of the kidney. To this remark I would add that, according to my experience, the early appearance of large quantities of oil, even in cases of unquestionably acute Bright's disease, is a symptom of unfavourable import, which you will do well not to disregard.

Fig. 6.



Urinary sediment containing oil in casts and cells from the kidney; magnified 200 diameters.

I need not detain you long by detailing the treatment which we adopted in this case.

Obviously one great object was to support his strength by such mild nourishment as he could take, in the form of milk and beef-tea, without over stimulating and adding to the renal congestion by large doses of alcohol. At first we had him dry-cupped on the loins every night, afterwards he had the hot-air bath. During the first few days he took ten-grain doses of chlorate of potash every six hours, with the good result of healing the ulcer before mentioned on the uvula. We then gave the muriated tincture of iron in infusion of quassia three times a day. On one occasion, three days after his admission, we gave a purgative pill and draught, but a tendency to spontaneous diarrhoea, by no means uncommon in these cases, rendered it unnecessary and inexpedient to repeat the purgative dose.

We found that, in spite of all our efforts, the worst symptoms continued. He daily became weaker; the urine, always scanty, was often passed with the stools, and its quantity could not be accurately determined; it was still highly albuminous, being rendered nearly solid by heat or nitric acid, and it always contained the oily tube-casts. At length his face became sallow and shrunk, the tongue dry, the teeth covered with sordes—a state of mouth very like what is often seen in continued fever, and almost constantly found in those who are dying of Bright's disease with suppression of urine. Finally, he passed into a state of gradually increasing drowsiness, and died on the 13th September, little more than a month after his admission, and two months from the first appearance of dropsy.

On post-mortem examination the kidneys were the only organs which were found diseased. They were considerably enlarged, their combined weight being 16½ ounces. The cortical substance was pale, soft, and oedematous, its surface smooth, and scattered over with numerous small yellow specks, very like the atheromatous patches which are often seen on the inner surface of a diseased artery. These yellow-

specks are sometimes called the "true granulations of Bright." As they are almost entirely composed of oil, they are better designated "fat granulations," and the kidney which contains them a "granular fat kidney."

If you carefully examine these granulations with the microscope, you will find that each is composed of a convoluted tube, the contents of which—epithelial cells, mixed often with an albumino-fibrous exudation—have passed into a state of fatty transformation. In some, a considerable length of tube may be found entire with its fatty contents; but in other instances the tubes have been ruptured either during life or in the process of examination, and the oil, partly in the altered epithelial cells and partly in the form of free globules, is scattered over the field of the microscope. The proportion of the tubes affected by this degenerative change varies much in different cases. Sometimes it is difficult to find a tube in the cortical portion of the kidney which is entirely free from morbid change, while in other cases comparatively few tubes are affected. The naked-eye appearances of the kidney, the number and size of the fat granulations, afford a tolerably accurate measure of the extent to which the renal tissues are degenerated. It is evident, too, upon the most cursory examination of the kidney, that the disease is one which primarily and essentially affects the secreting portion of the organ; for while the cortical part is pale, anæmic, oedematous, and studded over with fat granulations, the medullary cones, which, as you know, are composed of straight tubes, having the office of ducts, and not of secreting tubes,—these medullary cones retain their normal colour and vascularity; and the straight tubes, except that they are sometimes filled with materials which have been arrested in their passage out from the convoluted tubes, undergo little structural change.

If you inquire into the general history of these cases of granular fat kidney, you will learn that, while there are some points of agreement between them, there are important differences, with which you will gradually acquire a practical familiarity by a careful study of individual cases. It may perhaps assist you in this inquiry, if I briefly allude to some of the main features of this form of disease.

You will find in a rather large proportion of cases that this form of Bright's disease, the "granular fat kidney," dates its origin from an attack of acute renal dropsy, the result of scarlatina, or less frequently of some other of the zymotic diseases, measles, or typhus, or erysipelas, or it may have resulted simply from exposure to wet and cold,—a frequent cause of acute renal dropsy, even without the concurrence of a morbid blood-poison. The patient, perhaps, recovers from the dropsy, but the urine does not cease to be albuminous; and if you have watched the secretion during the progress of the illness, you have found that the oil, which at first was associated with inflammatory products, continues after these have disappeared. The urine has now regained its natural sherry tint; its density and quantity are normal; after standing for a few hours it deposits a light cloud, which contains the oily casts and cells in variable numbers (see fig. 6), and it is albuminous, often, in a very high degree. The dropsy has disappeared, and the patient, being free from pain or other serious inconvenience, believes himself to be well. We know, however, that not only is he far from being well, but that henceforth he must be content to live by rule, and that the duration of his life will be very materially influenced by his ability and his willingness to observe such reasonable precautions as it will be our duty to suggest to him. For the poor man whose daily labour exposes him to cold and wet, the prospect is a very miserable one. We not uncommonly have cases of this kind in the Hospital; men who are tolerably well during warm and fine weather, when they can pursue their work in the open air without detriment, and even with benefit to their health, but who quickly become invalided and dropsical during the inclement season of winter. They are usually much benefited by a temporary stay in the Hospital, the dropsy soon passes off, and they return to their work, until renewed exposure excites a fresh attack of dropsy, and again brings them into our wards.

Those who, suffering from this form of chronic Bright's disease, have yet the comparative good fortune to be placed in circumstances which enable them to avoid the hardships and exposure which are incidental to a life of manual labour, may often live in the enjoyment of very tolerable health for a considerable number of years. My experience of the last few years has taught me that "the expectation of life" among this parti-

cular class of patients is considerably greater than I had formerly supposed it to be. The most favourable cases are those occurring in private practice, and in the middle and upper ranks of society; but one of the most remarkable instances which I have met with is that of a man named Stephen Gray, whom some of you will remember to have seen in the Hospital. The early history of this case is published in my book on "Diseases of the Kidney." He first came into the Hospital in October 1846, with acute general dropsy and albuminous urine. Before he left the Hospital there was distinct evidence that he had fat kidney. The dropsy disappeared, but the urine continued to be albuminous, and it always deposited tube-casts containing oil. I saw him occasionally for several months after he left the Hospital. His general health continued good, and he had no return of the dropsy, but the morbid characters of the urine remained unaltered. I then lost sight of him for several years, until October 1855, when he again came under my care here. He then told us that during the previous six years he had been serving as steward on board an Antwerp steamer, and had enjoyed excellent health until January of that year (1855), when he was suddenly seized with hemiplegia, from which he had but partially recovered, the left arm and leg being still very weak. Remembering his previous history, we were much interested in the condition of his urine. We found it still highly albuminous, and still depositing the oily tube-casts.

This patient finally came under my care in the Hospital and died in October 1856, exactly ten years from the time of his first admission with acute dropsy. The whole history of the case is very interesting, but my only object in thus briefly referring to it now is to give you an example of a patient who is known to have had symptoms of fat kidney for a period of ten years; and I may add that in all human probability he might have lived several years longer, but for the unfortunate habit which he had latterly acquired of drinking excessive quantities of whisky. One circumstance in this patient's history which had probably exerted a very favourable influence upon his health, is the fact that he had lived much at sea in his capacity as steward on board a steamer. The beneficial effects of sea-air, and especially of a prolonged sea voyage, are often very great and permanent.

Before I conclude, let me direct your attention to one feature in some cases of "granular fat kidney." I have told you that this form of disease sometimes commences with an attack of acute renal dropsy; let me now impress upon you the fact that in not a few cases the disease is latent and insidious in its origin and progress. There is reason to believe that it has sometimes existed for months, and even for years, before its presence has been suspected. The patient has at length, perhaps from exposure to cold, got symptoms of dropsy. The urine is then found to be albuminous, and the risk now is that an inveterate degeneration of the kidney may be mistaken for an acute and curable disease. In order that you may avoid this mistake, and the discredit which an erroneous prognosis is sure to bring upon you, let me remind you of the remarks which I made in the early part of this lecture on the appearance of large quantities of oil in the urine of patients who are labouring under a recent attack of general dropsy. The dropsy may be unquestionably recent, but the renal disease may have existed long before. I shall have more to say on this subject upon some future occasion, when I have an opportunity of bringing before you examples of other forms of chronic Bright's disease.

ACADÉMIE DE MÉDECINE DE PARIS.—At the meeting of this body, Feb. 2, M. Littré was elected free associate or honorary member by the votes of 63 out of 73 members present; and on the 9th the same honour was conferred on M. Isidore Geoffroy W. Hilaire by 62 out of 71 votes.

STATISTICS OF RABIES CANINA.—The *Veterinary Journal* of Lyons publishes the number of cases brought for treatment to the Veterinary Hospital. In 1856, 29 dogs died, and in 1857 the number rose to 49—the recent impost upon dogs not having as yet had the expected effect of checking the number of cases of rabies. There are 44 dogs, and only 5 bitches. As contradictory to the vulgar opinion that rabies is an especial disease of hot weather, it may be mentioned that 25 of the cases occurred during the winter, and 24 during the summer months.

## ORIGINAL COMMUNICATIONS.

## ARMY MEDICAL REPORTS.

(SELECTED, BY AUTHORITY OF THE DIRECTOR-GENERAL, FROM DOCUMENTS IN THE OFFICE OF THE ARMY MEDICAL DEPARTMENT.)

No. XXXIV.

ABSTRACT OF TWO CASES OF  
POPLITEAL ANEURISM SUCCESSFULLY  
TREATED BY COMPRESSION.

By ALFRED CROCKER, Esq.  
Surgeon, 2nd Battalion 1st Royals.

George Overton, private, 2nd battalion, the Royal Regiment, aged 30, twelve and a half years' service, a healthy-looking man, seldom in Hospital, was brought to the Regimental Hospital at Malta, on the night of April 10, 1857, complaining of pain in the right knee and calf of the leg, which was so severe that he was obliged to be relieved off sentry. On examination, a large oblong pulsating tumour was observed in the popliteal space, which was found to be an aneurism. The sac was about four inches long, and pulsated strongly, the pulsation being readily controlled by pressing on the femoral artery, and a loud bruit was heard on applying a stethoscope to the tumour. The man stated that he had felt something wrong with the leg for nine or ten days, which made him walk rather lame, but he had continued at his duty up to the time of admission.

It was determined to attempt the cure by compression, although from the large size of the sac the chances of a favourable result were considered rather doubtful.

On the 11th April Carte's instrument was applied over the femoral artery, about three inches below Poupart's ligament, and a sufficient degree of pressure used so as nearly to intercept the flow of blood through the sac, the part having been first shaved, and painted over with a strong solution of nitrate of silver to lessen the sensibility of the skin; the leg was enveloped in a flannel bandage, and digitalis given internally to reduce the force of the circulation. A second apparatus was applied over the pubes, so as to avoid maintaining pressure entirely on one spot, the one being tightened when the other was slackened.

At first he experienced great pain, and was unable to bear pressure in one place for more than about three hours at a time; but he soon became more tolerant, and could endure it for a much longer period. On the 15th there was slight vesication caused by the lower instrument; its position was, therefore, altered a little. By the 24th the sac had decreased a good deal, and was much harder, a large slough, however, had formed on the anterior part of thigh; the lower apparatus was therefore obliged to be removed, and the small pad of a tourniquet, fastened in a piece of cork, and over which was placed a four-pound weight, which was retained in position by an orderly, relieved every hour, substituted instead of it. By this means steady and efficient pressure was maintained without causing so much disturbance to the surrounding parts; a bladder of pounded ice was also placed under the ham, so as to keep constant cold to the sac. These measures were continued until the 4th May, when the treatment (with the exception of constantly keeping ice to the part) was obliged to be suspended on account of fresh and deep sloughs having formed, accompanied with great tenderness and inflammation of the surrounding skin. The sac at this time was reduced to half its original size, and was quite hard, but a distinct pulsation could still be felt in the tumour, and a faint bruit heard.

The slough having separated, and the limb being in a more healthy state, pressure was resumed on the 11th May by means of the pad and weight, held as before by an orderly, and the position of which was shifted occasionally to different parts of the vessel to prevent any further mischief from the pressure. On the 23rd of the month the Royals embarked for Gibraltar, and the patient was left behind under charge of Assistant-Surgeon Bleckley, 14th Regiment, who very carefully and assiduously watched the

further progress of the case, and pursued the same course of treatment. By the 16th of June pulsation had entirely ceased in the sac, but it was considered advisable to continue the pressure until the end of the month, when it was laid aside, and the cure was complete. The leg remained for some time weak, and the motion of the joint imperfect, but as the sac became absorbed, he gradually recovered perfect use of the limb.

The patient throughout displayed a degree of fortitude seldom surpassed, and which, no doubt, contributed in a great measure to the successful result. He rejoined his regiment at Gibraltar in the month of August, and has ever since been at his duty.

The second case is that of Private Edward Doran, aged 29, tall and of spare habit, with a sallow unhealthy complexion, though seldom in Hospital. Admitted on the 16th July last with dyspepsia, resulting from indulgence in spirituous liquors, and whilst under treatment he incidentally mentioned that he had a swelling in the back of right leg, which was rather painful. On examining the part I found that he had an aneurism of the popliteal artery, which he stated he first felt about three months previously. It was about the size of an egg, pulsated strongly, and on applying the stethoscope a loud bruit was heard. On compressing the femoral and manipulating the tumour, its size could be much reduced.

The same plan of treatment as recited in the first case was at once resorted to, but as we had only one *presse artère* (that of Carte), it was applied over the vessel at the lower part of Scarpa's angle, and a pad and weight, as already described, placed at a higher point of the vessel, and retained *in situ* by the hand of an orderly; thus a constant alternating pressure was kept up on different parts of the artery, and all sloughing avoided. It was not attempted to produce an entire cessation of circulation through the sac, but only a diminished flow of blood, so as to give time for the formation of clots, and the gradual filling-up of the tumour. The patient was extremely tolerant of the pressure employed, and submitted to the treatment with the greatest patience. On August 13 the tumour was much harder and smaller than on admission, and although no pulsation whatever could be felt, a faint bruit was still audible through the stethoscope. The pressure, however, had caused slight vesication, and it was considered advisable, therefore, to intermit it for a few days, after which it was re-applied as before. It was kept on altogether for the space of sixty-two days, by which time the sac was completely filled with fibrin, and the cure effected. The sac is now nearly obliterated, and the patient has been discharged from Hospital, is able to walk about well, and has the free use of the joint.

Although the time required in bringing the above cases to a successful termination was rather long, they are interesting, as showing that if compression be only steadily and perseveringly maintained, a favourable result may always be looked for. This was particularly exemplified in the first case, where the larger size of the aneurism, and the formation of extensive sloughs, presented a combination of unfavourable and embarrassing circumstances, which materially retarded the cure, but in the end were overcome by steadily persevering in the treatment.

APHORISMS AND OBSERVATIONS UPON  
CERTAIN DISEASES OF THE  
ORGANS OF SIGHT.

By W. R. WILDE, F.R.C.S.

Surgeon-Oculist to the Queen in Ireland; Surgeon to St. Mark's  
Ophthalmic Hospital, Dublin.

(Continued from Vol. XXXVI. page 651.)

**Fomentations.**—In no other class of diseases will fomentations, or, as we term them in Ireland, "Stupes," be found more beneficial than in affections of the eye. Simple warm water is perhaps as useful as any of the medicated applications; yet as such are esteemed by patients they should be prescribed. Laudanum and water, the aqueous extract of opium in decoction of poppies, or an infusion of chamomile flowers are always considered soothing. When we wish to keep the

pupils dilated an infusion of belladonna, applied either hot or cold, will be found very efficacious, as well as grateful to the patient. White wine vinegar and warm water is also, in some cases, particularly those of chronic ophthalmia or epiphora, very useful. As regards the degree of heat or cold employed in fomenting the eye, the feelings of the patient will be the best guide. In all cases where there is much discharge from the eye, either lachrymatory, mucous, or purulent, fomentations constantly applied are indispensably requisite. A small piece of fine flannel, or a bit of spongio-piline, forms a useful material for applying the fomentation, as they retain the heat a long time; or a fine sponge may be used instead—with the caution, however, that in certain cases it might propagate disease. Instances of such having occurred are too well known to require comment. A small fine uncut sponge—what is termed in the shops “a cup of sponge,”—is certainly a very comfortable mode of applying heat and moisture to the eye. In hospitals, barracks, schools, or public institutions, the general use of sponges in the treatment of diseases of the eyes is inadmissible; at St. Mark's Hospital we employ tow. In the purulent ophthalmia of infants great care should be taken by the mother or nurse in fomenting the eye, which is required to be done sometimes every hour. If the lids can be separated without pressure upon the globe, the fluid may be squeezed out of the bit of tow or lint, so as to fall on the eye and wash off the discharge. I think this much preferable to syringing, which is usually done with too much force. In this country the popular cure for ophthalmia neonatorum is breast-milk, the only use of which is that it serves to wash away the discharge. When, however, I reprimand mothers and nurses, as I have frequently occasion to do for using this remedy, it is not because of anything wrong or deleterious in the fluid itself, but because the faith in its efficacy often prevents the ignorant mother applying for medical advice until mischief is done, or in some cases the eye destroyed. I cannot help remarking here upon the notable fact that while midwifery practitioners call in the aid of either the general or special Surgeon, in most ophthalmic cases of severity occurring after the first year or two, they undertake without the slightest hesitation the treatment of the most virulent disease to which the human eye is subject, because it is in an infant or a child a few days old, and as such comes under the category of “Diseases of Women and Children.” There is no reason, however, why the accoucheur should not operate for cataract or stone if such were necessary in an infant, yet neither of these come within his special province. The fault is however more in the system than the man.

**Lotions**—are more frequently prescribed in ophthalmic than in any other range of diseases, and I think I might add more unadvisedly. Every apothecary's apprentice prescribes an eye lotion; every old woman recommends an eye water; general, Medical, and Surgical practitioners constantly prescribe collyria and washes for the eyes (the bases of which are either zinc, alum, or lead), for almost every description of ophthalmic disease,—cases of iritis, inflammation or ulceration of the cornea, pustular ophthalmia, injuries, even glaucoma, and often cataract, as well as for simple inflammations of the conjunctiva and the eyelids.

The objection is not so much to the lotion itself or its application, as to a remedy of this description being employed either in cases in which it is not applicable, or where the practitioner should have known that it cannot prove of the slightest benefit. Let the following instance illustrate this: Some years ago I was consulted by a lady of rank on account of partial amaurosis, which she had *accidentally* discovered a few days before. There were no symptoms to treat, with the exception of the misty vision which prevented her reading small print. I explained to her the character of the case, and as neither she nor I could tell *when* she had become blind, I did not order her any medicine, but desired her to watch the symptoms. She left the kingdom shortly afterwards, and I did not see her for two years, when she came to me to request I would order her a “lotion,” as she had forgotten her prescription in London. On making inquiry as to the progress of her case, she joyfully informed me that she was much improved, in fact “nearly well,” owing to the application of a vapour and a lotion which she had been applying every second day for some weeks past; on testing her sight, however, I found she was exactly in the same condition in which she had left me two years before; she was unable to read anything smaller than the letters on a sign-board.

In the olden times, when greater importance was attached to particular medicines, and particular formulæ than at present, great virtue was attributed to these “eye waters,” some of the formulæ for which will be found amusing to those fond of such inquiries. Those which have descended to the present time are the “aqua saffarina,” (a very nice preparation, by the way, made from the ammonuret of copper), the lotion made from the “*lapis divinus*,” the “aqua ophthalmica” of St. Yves, and the old extract of Saturn or Goulard, made from wine vinegar, and not as now with pyroligneous acid.

The secret “cure” possessed by some old ladies, and which people send great distances for, is generally what is known to them as “white copperas,” or sulphate of zinc. The whole arcanæ of ophthalmic cures, known and secret, has, however, received a severe blow from three causes, viz.:—First. Improved diagnosis;—an educated practitioner will not trust to a lotion for an “ophthalmia,” if he knows it is an inflammation of the internal structures of the eye, no more than he would for a pleurisy or an inflammation of the liver. Secondly. The more general use of common sense. And thirdly. Because the public are beginning to value an opinion without physic. I say beginning, because they have yet to be taught to pay for a good opinion without a Latin recipe; and the practitioner is often obliged, with a certain class of persons, to prescribe “something,” in order to secure his fee.

One of the best lotions I know of, in cases of accident or after operation, is cold water, iced, if more agreeable to the patient's feelings; but, to be effective, it must be applied with a single layer, or two folds at most, of fine old linen or cambric, so that evaporation may proceed with facility, and such cloths should be removed whenever they begin to become hot or dry, which will much depend upon the heat of the parts upon which they are applied, and the temperature of the surrounding atmosphere. In such cases the difficulty consists in having the directions carefully followed up; for, on coming to visit the patient, we constantly find a quarter of a pound of lint or a folded pocket-handkerchief, steaming hot, placed upon the affected organ. This need not be wondered at, when a recent work on ophthalmic medicine recommends the application to be made by “means of compresses!” Another mode of applying the fluid, formerly much in use, was the eye-glass, and it is still recommended by some Physicians. Although this was anything but a pleasant, and very often proved to be an injurious remedy, from the pressure it exercised on the inflamed globe, and the irritation which the stimulating fluid produced when coming in contact with so large a surface of the conjunctiva, yet it fulfilled the intention of the practitioner; for the eyelids being opened while the glass was inverted over them, and the head thrown back, the fluid absolutely came in contact with the conjunctiva and cornea, whereas now the lotion only touches the skin of the eyelids. Most vegetable and mineral astringents, as well as sedatives and narcotics, are employed by the ophthalmic prescriber, in collyria or eye-washes; for example, the preparations of opium, prussic acid, laurel-water, zinc, alum, lead, copper, and tannin; Mindererus' spirit, infusions of hops, green tea, or other vegetable astringents, and rose, elder, or orange-flower water are the general vehicles employed. One of the injurious consequences of eye-washes, and one that has, notwithstanding all which has been written upon the subject, been but little attended to, is, that certain salts, particularly those of lead and alum, deposit themselves on the cornea, not merely in the pit of the ulcer, but where there is the slightest abrasion of its conjunctival surface. Spirit and water is also a useful application; but neither dropped into the eye nor used as a lotion have I seen much benefit derived from a solution of bichloride of mercury.

The various holy-wells in Ireland, to many of which pilgrimages were made from great distances,—especially on their patron saint's days,—in former years were all more or less celebrated for the cure of sore eyes. Indeed, whatever good they did beyond that effected by the faith in their virtues was in ophthalmic cases. Take, for instance, a case of strumous ophthalmia in a young, or chronic ophthalmia in an old person, who travels thirty or forty miles on foot, buoyed up by accounts of cures, said to have been effected at these popular watering-places; and arriving there imbued with the most implicit faith in their efficacy, bathing the eyes continually with the cold clear spring, need we wonder at improvement following this most useful application together

with change of air and hope? Are not cures of other diseases among the upper classes effected through similar agency although with more parade? but the poor Irish are sneered at, because their water cure is denominated "superstition."

I have not found chloroform either in lotion or vapours effective in cases of photophobia; but latterly this symptom of disease has among all ranks of society lessened very much.

*Douches.*—The practice of immersing the face and then opening the eyes in cold water is in such general use that it scarcely requires to be alluded to; but in addition thereto I find benefit derived in many cases from throwing up cold water from the basin with the hand, and thus giving the eyes a sort of shower-bath.

In my Ophthalmic Report for 1846, published in the *Dublin Quarterly Journal*, I described and figured an apparatus for applying douches of hot or cold water, particularly applicable in Hospital practice. It consisted of a cistern fixed against a wall, with a tube brought down over a basin, and bent like a syphon at the end, to which a number of roses, like those of watering-pots, could be attached; a stop-cock commanded the power of the jet. Subsequent to my publication, portable "eye-fountains," of different shapes and colours, were sold by instrument-makers.

*Positives*—to the eye are still in very general and popular use, and were formerly considered applicable to all Eye diseases. They are most indiscriminately recommended;—for example:—A child meets with an injury of the eye; a heavy bread-and-water positive rolled up in a cloth is almost immediately applied, and when the Medical attendant comes to see it next morning, he finds the quarter pound of bread has become dry and hard, and the cloth in which it is contained is adherent to the brow and lids. Now all the good, in this case might have been effected by a fold or two of linen covered over with oiled silk or thin gutta percha, to prevent evaporation. Generally speaking, poultices of any kind are inapplicable, from their weight, in the treatment of eye diseases; moreover, they become quite dry between night and morning. Except in cases where the globe is suppurating, or in destructive injuries, especially with chemical substances, I seldom recommend them.

(To be continued.)

## ON THE ACTION OF PANCREATIC JUICE ON FAT.

By ARTHUR LEARED, M.B. L.R.C.P. M.R.I.A. &c.

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I published some years since an account of a case in which singular microscopic bodies were contained in the fluids habitually vomited. I ascertained that these bodies were composed of fatty elements. The presence of pancreatic juice in the fluids as a result of obstruction in the duodenum was inferred. I proved by experiment with pancreatic juice elsewhere obtained that it possessed the remarkable property of forming similar bodies by its action on fat. Conversely it was thus inferred that this secretion had really been regurgitated into the stomach of my patient. Circumstances prevented my then investigating the subject further.

In M. Bernard's "*Mémoire sur le Pancréas et sur le Rôle du Suc Pancréatique dans les Phénomènes digestives, particulièrement dans la Digestion des Matières grasses neutres*," Paris, 1856—I find the following paragraph, page 68:—

"Je dois encore signaler ici une autre particularité intéressante qui survient dans le suc pancréatique normal qui s'élève spontanément; je veux parler de la formation spontanée de cristaux particuliers que j'ai signalés pour la première fois dans le suc pancréatique du chien, en 1848. Ces cristaux vus au microscope, forment des houppes soyeuses magnifiques, et m'en rapportant alors uniquement à la forme, je les avais pris pour des cristaux de stéarine ou de margarine, parce que je les avais vus se former quelquefois très rapidement dans des émulsions de graisses que j'avais produites avec du suc pancréatique. Depuis que j'ai parlé de ces cristaux, beaucoup d'autres observateurs les ont vus. Ils ont été représentés par M.M. Robin et Verdeil dans leur bel atlas de chimie anatomique, et ces auteurs regardent ces cristaux comme formés de sulfate de chaux. J'y ai bien trouvé la chaux, mais l'acide paraîtrait être un acide organique."

It may be supposed from this that M. C. Bernard may pos-

sibly have seen my observations. But if he had seen them it would also appear that he concluded them to be erroneous. I believe I have met with the crystals described by him and figured by M.M. Robin and Verdeil as those of sulphate of lime, and I affirm that they are not identical with the bodies I have figured and described. I own to some surprise, therefore, that the existence of the latter kind should be ignored by so eminent an experimentalist as M. Bernard.

A glance at the figures of M.M. Robin and Verdeil, (a) and at the wood-cuts given by myself, (b) will convince any one that the things represented are essentially different. I am aware it may be objected that the pancreatic juice or infusion used in my experiments was abnormal, having been obtained some time after death occurring by disease. I reply, that fluid so obtained possesses properties sufficiently curious to merit attention.

The correctness of my statements may be tested as follows:—Take a pancreas from the human subject as soon after death as possible; let it be cut into pieces and pounded in a glass mortar, with about 3ss. of distilled water at 98 degrees Fah. Having allowed it to stand a few hours, let the pancreatic tissue be well squeezed in a piece of linen; let a couple of drachms of the expressed fluid be put into a test-tube, with a few grains of mutton fat in a divided state. Place the test-tube in a water-bath, just warm enough to melt the fat, and when melted let the contents of the tube be well shaken up. Replace the tube in the water-bath, and allow it to cool gradually. An abundance of the bodies I have described may soon be discovered by the microscope in the fluid from the upper part of the tube. They are not, however, in every instance developed in the same degree. Out of two experiments I performed very recently, in one the echinus-like bodies were perfectly developed, in the other they were neither so numerous nor so perfect, but still present. Not only is decomposition of the fluid unnecessary for their production, but they disappear when decomposition occurs. There is a marked difference in this respect between the crystals of M. Bernard and these bodies.

That they are derived from fat by a peculiar action of the pancreatic fluid, I offer the following proofs:—

They are not found in this fluid without the addition of fat; their microscopic characters; their melting at a moderate temperature; their complete solubility in boiling ether; and lastly, from the frequent appearance of oil (oleine?), attached to the bodies that had evidently issued from their interiors. In some the spinous envelopes were even seen to be collapsed. In these instances it was evident that the crystalline portions of the fat had originally encased the non-crystalline.

I suggested in my former paper that the chief action of pancreatic fluid in the digestion of fat may consist in the separation of it into its proximate elements. This, as well as that margarine and stearine were not assimilated, occurred to me from reasons detailed. These views were strengthened by experiments I subsequently made on the effects of oleine obtained from cod-liver oil on patients, as compared with those of the residuary margarine. (c) Since then the same views have been advocated, chiefly as the result of experiments identical with mine, but without allusion to them. (d) I do not speak confidently on a part of my subject only. To this subject I shall return in a future paper.

It is well known that the essential action of pancreatic juice in the digestion of fat is held by M. C. Bernard to be that it forms an emulsion with the latter. He believes that in the minute subdivision of the fat thus effected, absorption of the whole occurs. Another action discovered by him is, that this emulsion, which is at first alkaline, soon becomes acid. This appears to me of especial import. It argues that decomposition occurs simply a step farther than I suggested. The acid reaction is due to the liberation of the acid principles of the fat, and this goes to prove that the essential action of the pancreatic fluid consists in decomposition. There is reason to believe, too, that the degree of decomposition has relation to the time of contact between that fluid and the fat. within the province of the professed chemical physiologist. It is the prerogative of the Physician to study physiology by aids more within his range. I have availed myself of a hint

(a) Op. cit. plate 6.

(b) Medical Times and Gazette, June 3, 1854.

(c) Medical Times and Gazette, July 21, 1855.

(d) Dr. Garrod in British and Foreign Medical and Chirurgical Review.



derived from pathology, and I submit that, having acted on that hint, the evidence derived from therapeutics tends materially to strengthen my views.

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## CLINICAL EXPERIENCE ON THE NATURE AND TREATMENT OF UTERINE DEVIATIONS,

MORE ESPECIALLY OF PROLAPSUS.

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(Concluded from page 188.)

**Case 2.**—A woman; age 45. Complete prolapsus of uterus, bladder not included, as ascertained by the catheter. Vaginal ring strong but dilated; membranous perineum never lacerated. Could herself reduce the prolapsus easily on lying down; various pessaries previously tried, and laid aside on account of the pain and discharge they invariably produced sooner or later: attributed the prolapse to a strain on attempting to lift a tub of water about ten years ago, when she felt something give way, noticed something protruding about six months afterwards. This soon showed itself as a complete prolapsus. Married twenty years since. Two children. Nothing difficult in her confinements. Gets her living by washing and "chairing." Constant pain in the loins. Wretched feeling of bearing down. Looks worn and haggard as from long suffering.—Admitted.

Operation according to Plan 9. Chloroform gave her great distress, and was withdrawn by her earnest desire. Quills removed on fifth day, and the sutures on the sixth. Adhesion perfect throughout: not more than four grains of opium given from first to last, as it disagreed like the chloroform. At the end of a month, when allowed to get up, the new perineum was firm and sound. The uterus high up in the pelvis, just within reach of the finger. Appearance of the patient much improved. Pain in the loins gone. A week after getting about, the uterus could be felt much lower; after another week's rest in bed it had again ascended where it was when she was first allowed to leave her bed. For a second time she was allowed to walk about. The uterus again began slowly to descend. In another fortnight it was found resting on the new perineum, the os presenting at the new vaginal aperture. This was the state of things on her dismissal three months after the operation. An abdominal belt and perineal air-pad rendered her perfectly comfortable. It was ascertained that she could perform some of the more laborious duties of a servant in the Hospital without the least relapse, for a fortnight before she left.

Diet and dressings about the same as in the first case. A vaginal injection of nitrate of silver (gr. ii. to 3i.) stopped an obstinate purulent discharge attributed to an unhealed portion of the wound within the vagina.

**Case 3.**—A woman, 33; single; in very good health, looking strong, active, and capable. She said her sole complaint was "falling down of the womb," the cause of which she had no notion of. Had occasionally lifted heavy things, but never felt any inconvenience afterwards. Noticed something protruding about six years before; consulted a Surgeon, who told her it was the womb. On examination the womb was found entirely prolapsed; the vaginal ring strong, resisting, not dilated; membranous perineum perfect. The uterus, preternaturally small, had made its way out of a vaginal aperture already as contracted as could with propriety be left by any style of operation. The vulva altogether was exactly as is seen in young females of good moral character not suffering from prolapsus.—Admitted.

I thought this case might be benefitted by a kind of globular pessary, extremely light, which I had been using with much success during the past two years in cases of uterine displacements associated with a sound perineum. Dr. Meigs strongly recommends a globular pessary for the sake of lightness, made of beaten silver. I found the same advantage could be obtained by gutta-percha or india-rubber vulcanised; various sizes of this kind of pessary were tried, the patient being provided with a belt, and under air-pad. All did very well so long as she kept her bed, but immediately she

began to walk, or even stand, the womb commenced to descend; and, in spite of the under-pad, within a few hours out it came, of course forcing the pessary before it. Instead of this belt and air-pad, a similar belt with an under strap, the posterior half being a steel-spring, supporting a pear-shaped pad, playing on a piece of spiral spring wire, was tried. This is an apparatus which keeps its place; the pad never moves from the perineum, where it exercises an equable pressure, according to the adjustment when first applied. It is the best artificial perineal support known, and can sometimes be worn for months together without inconvenience. The patient could not bear the pressure for more than a day at a time, and was obliged to lay it aside. Dr. Zwankke of Hamburg had just sent me a dozen of his pessaries of various sizes. I selected the smallest. It succeeded perfectly. As long as it could be tolerated in the vagina there was not the least sign of the recurrence of the prolapse. About every fourth or fifth day, it was found desirable not to use it. Rest, and a few warm injections of diluted lead lotion speedily removed all vaginal irritation and discharge. Zwankke's pessary is intended to be removed once or twice in the twenty-four hours; this was done, and the vagina carefully syringed with warm water; and notwithstanding the interruption of a day about once a week, the patient, compared with her former state, might be said to be tolerably well relieved; however, having heard of case No. 2 she entreated to have "the same thing done to her."

The perineum and vagina being already quite natural, I hesitated about proceeding to obtain the main object of perineal operations, viz. the contraction of the vagina, and diminution of its aperture; eventually it was decided to operate as in the style of No. 9, Geddings. The quills were removed on the fifth day, the sutures on the sixth. Adhesion perfect. Not more than three grains of opium given. Nourishment moderate; wine found to disagree. She got up at the end of the third week. The womb could then be felt high up in its natural situation. It had descended a little at the end of the fourth week. The operation being considered successful the patient did not come under my particular notice till three weeks afterwards, when the nurse announced that the womb was presenting, and she thought would escape from the vagina every moment. So I found it; in fact, the next day there was the prolapsus, not perhaps quite so evident as at first, because, small as the uterus was, it was caught by the new vaginal aperture, but very shortly afterwards the uterus prolapsed as before the operation.

It should be mentioned that the belt and perineal pad was worn from first to last. I shall have again to advert to this case.

**Case 4.**—A woman, 45, married 25 years, six children, youngest ten years old. Prolapse complete shortly after her last confinement. Womb began to come down five years before; says she felt it as if ready to protrude. Judging by her account, the complete prolapse occurred rather suddenly, on attempting to lift a weight from the ground. Gets her living at the wash-tub. Various pessaries from time to time had been tried; they all failed. For the last four years the womb had never been reduced; she got about as she could, with a napkin to protect it. Remembers no particular difficulty in any of her confinements.

The prolapsed vaginal pouch contained the bladder, as indicated by the catheter, and some of the floating abdominal viscera. The size was enormous. Three large ulcers near the os uteri. Mucous membrane—covered with large flakes—had become dry, coriaceous, inelastic, hanging like a leather bag from the vulva. Vaginal ring imperceptible, being, with the larger labia and membranous perineum, distended and drawn out into a sort of thin open funnel.—Admitted.

The second of the foregoing three cases not having turned out entirely to my satisfaction, I determined to vary the style of the operation, after the manner indicated by fig. 11.

The prolapsus being reduced, and carefully retained, the whole of the loose tegument which could be fairly laid hold of was comprised in the external incision. The flap was dissected inwards towards the vagina, as far as a line previously marked off with the scalpel on the vaginal mucous membrane. Thus not only was all useless tegument removed, but the entire thickness of the vagina included in the vaginal line of incision. Two small arteries required the ligature. Care was taken to pass the armed needle through at the marginal limit of the vaginal incision, entering it at the skin far enough



from the wound to insure complete apposition throughout its entire surface. Quills were used in the usual manner; all hæmorrhage ceased the moment the suture was drawn tight; a few interrupted sutures completed the operation. Chloroform was given. The operation took less time than the former cases. The quills were removed on the sixth day; the adhesion appeared complete; the sutures were removed at the same time. A grain of opium was given three or four times in the twenty-four hours for the first few days, when nourishment, which she could not comfortably take before, was freely administered. The only dressings were cold or warm wet rags to the wound; frequent syringing of the vagina with tepid water. The legs were kept tied together at the knees, as in the former cases,—in this instance till the eighth day. She was allowed to get up at the end of the third week. The uterus was then high up in the pelvis; a couple of large vaginal folds could be felt within an inch of the vaginal aperture. At the end of the fifth week the womb had descended, when only the vaginal folds could be felt previously, these latter having greatly diminished. She left the Hospital on the ninth week after the operation, the womb resting on the new perinæum, which was firm, strong, thick, and resisting.

Six months afterwards this case presented herself at the Hospital. She had resumed her occupation about four months previously, which, she said, now caused her no inconvenience. On examination, the womb seemed to have slightly ascended, so as, although perhaps touching the new perinæum, not to rest upon it. Her general health had improved in the most remarkable manner. She said she felt equal to any exertion; in fact, she had for the last four months been supporting her family at the ironing board; the linear cicatrix was scarcely perceptible, (Cut 14,) the general appearance of the perinæum resembling that of a person of her age who had never suffered from prolapsus.

*Case 5.*—Case 2 having accidentally met the last case at the Hospital, very soon evinced much discontent at her own condition, and applied to be “done all over again.” Having examined her with my colleagues, who considered the result in her case quite satisfactory, I at first refused her request. At last I yielded, and, with the concurrence of the gentlemen above alluded to, proceeded to re-do her perinæum as in the last case. The old cicatrix was divided to the whole extent of the original wound by a bistoury, guided on the finger introduced into the vagina. The external incision now included as much integument as it was thought could be spared. A piece of vagina was cut away, as in the last case. The wound bled rather freely until the quills were drawn together, when the bleeding ceased at once. No chloroform was administered. Opium in grain doses disagreed, and was discontinued. The quills were removed on the fifth day, sutures on the sixth, when all seemed going on as well as usual. In a few days the wound opposite the middle thread looked inclined to slough; in a few days more the slough came away, leaving rather a large opening. Adhesion elsewhere very satisfactory. Wine and nourishment was pressed upon the patient. She took it at first with much disinclination; she soon, however, regained her relish for it, and then the appearance of the wound began to improve. A lotion of chlorate of potash, 3j. to a pint, appeared particularly efficacious in giving the opening a healthy aspect. It speedily healed by granulation.

At the end of a month the patient was allowed to get about. The womb was now high up in the pelvis. In another fortnight it had descended nearly down to the new perinæum. A belt and under air-pad made her feel secure; but it did not in any way contribute to the support of the womb, which descended no further to the present time, now six months after the second operation. For the last four months this woman has assisted in all the heavy domestic work of the Hospital.

*Case 6.*—A woman, 38, married 20 years, 4 children, youngest 6 years old, complete prolapsus for the last five years. Bladder not included. Was in the habit of retaining the uterus *in situ* by means of a piece of sponge. No other form of pessary could be endured. The inverted vagina, therefore, was tolerably healthy. The womb was large, but not unhealthy. She had heard of the operation, and being tired of the sponge, notwithstanding it was tolerably effectual, and gave her no pain, she applied at the Samaritan Hospital. Vaginal ring dilated, but strong and resisting. Membranous perinæum, untorn, but loose and redundant.—Admitted.

The operation was performed according to fig. 11.

Chloroform was administered. Not more than six grains of opium, in grain doses, was given during the first two days; on the third day it was discontinued. The quills were removed on the fifth day; the interrupted sutures on the 6th. Adhesion firm and complete throughout. The patient allowed to get up at the end of the third week. The uterus, which till then had retained its natural situation in the pelvis, immediately began to descend. It soon was found resting on the new perinæum, within an inch of the vaginal aperture. At the end of the sixth week she was allowed to go home. A careful examination the day previous showed that the uterus had slightly ascended.

Three months afterwards this patient came again to the Hospital. In the interim she had got through all her domestic duties, without the least sign of prolapsus, notwithstanding her having laid aside her band and perineal pad a week after her return home. The uterus seemed exactly where it was on her dismissal from the Hospital. As the vagina had all along continued particularly healthy, I thought I would try a course of Zwanke's pessaries, accordingly, after three or four trials, a size was found which she could wear without pain. This patient came again six months afterwards, having laid aside her pessary for a month. The uterus had ascended considerably; she was told not to use the pessary again without applying first to the Hospital. She has not made her appearance since.

*Case 7.*—This patient (Case 3), notwithstanding it had been fully explained to her, that no operation short of entirely closing the vaginal orifice, perhaps not even that, would be likely to succeed in her case, returned to the Hospital to request to be “done all over again.” Since she left she had been wearing a Zwanke's pessary, which, as it always does, kept the uterus well up in the pelvis. She had neglected both, to remove it once or twice a-day, and the free use of the vaginal douche, which is generally sufficient to render this invaluable instrument most effectual. The vagina was tender, but showed no other indication of injury from the pessary. One effect of the operation, according to Plan 11, besides diminishing the vaginal aperture and advancing forwards a firm, solid, resisting perinæum, is a narrowing of the inferior part of the vagina, so that by adopting it in her case I was not without hope of comparative success. She was accordingly admitted, and the operation performed as above. The sutures were removed, and the same course of after-treatment pursued as before. The union was complete throughout. She was allowed to get up at the end of the third week. She remained in the Hospital two months, carefully watched. The uterus began to descend as she moved about, entirely resting on the new perinæum, from which it ascended slightly just before she left the Hospital. The case was looked upon as successful. She was provided with a belt and under-pad, and returned home into the country.

Eight months afterwards she returned to the Hospital, with her uterus projecting half out of the vaginal aperture, from which, small as it was, the still smaller and rigid orifice prevented its entire escape. She continued to attend regularly as an out-patient. The uterus was easily reduced, and retained by a small-sized Zwanke, now introduced not without difficulty. One day, having left off the Zwanke, the prolapsus became complete, and it could then be seen how the vagina solely could be inverted like the finger of a glove, and how the superincumbent pressure with the mechanical advantage presented by the inverted sac had overcome the very considerable resistance presented by the constricted vaginal aperture. The vagina covering the body of the uterus was marked by a circular furrow where it had so long been caught in the vaginal orifice, the os being dark and turgid in a degree indicating a positive strangulation.

*Case 7.*—A woman, aged 41, single, nervous, rather hysterical, otherwise healthy. For the last six years had complete prolapsus uteri, which she could at once reduce on lying down, when it sometimes became reduced spontaneously. The uterus occasionally would remain in its place for days together, but generally she could feel it descending immediately she began walking about, when it soon forced itself entirely out of the vulva, notwithstanding the various pessaries, belts and bandages she had been advised to have recourse to. The vaginal ring was firm, resisting; no loose tegument about the membranous perinæum; vaginal aperture dilated, and perinæum carried back by the long standing pressure of the prolapsed uterus, which, with the mucous

membrane (vagina) was quite healthy. The vagina alone was inverted, the prolapsus contained the uterus only. The case closely resembled the last, the only difference being that the uterus was rather larger, and the perineum, although strong and unyielding, was too far back to offer all its usual under support. Altogether the points of resemblance were strongly suggestive of similar disappointment, and I persuaded the patient to try such pessaries, bandages, etc., as had been found with us most serviceable in similar cases. No form of perineal support could be worn, and every kind of pessary but a Zwanke was forced out with the uterus a few hours after their introduction. This woman was taken at once into the Hospital, so I had an excellent opportunity of watching the extraordinary and to me unexpected extrusive force called into play the moment the patient made the least effort in the upright position whenever the uterus descended so low as the vaginal orifice, or far enough to be the lowest part of the inverted vagina. Of the two forms of pessary, viz. the stem and Zwanke (all others would have been useless) the former the patient could not wear, the latter she declared herself unable to bear for more than half a day at a time. It came at last to a consultation as to the advisability of resorting to the operation.

The vaginal ring was dilated, the perineum having been pushed back by the prolapsus. The uterus was longer than in the former case. By bringing the perineum forward the vaginal angle would be reproduced. This, together with the contraction from the operation, it was expected would offer a sufficient obstacle to the escape of a uterus larger than the other analogous case. The operation was very carefully performed according to Plan 11. Adhesion by first intention took place throughout. The patient got about at the end of the third week, when the uterus began to descend as usual; it soon was found resting on the new perineum. A belt and under-pad was applied. She went on well for another three weeks, when she began to complain of "bearing down," and some other symptoms she remembered as precursors of the original prolapsus. The os uteri was found presenting at the vaginal orifice. Rest, astringent injections, and tonics, answered so long as she made no exertion, but this speedily brought the uterus again down, so as to present as before. She was kept some time longer in the Hospital. Eventually she was allowed to go into the country, with all proper injunctions as regards wearing the belt and under-pad, and avoiding, as much as possible, any effort tending to renew the evil.

This patient returned four months afterwards, with the uterus again entirely prolapsed. The contraction of the wound had not, as anticipated, closed the vagina sufficiently to prevent the organ from slowly squeezing its way out, which it had succeeded in doing, in spite of the under-pad and every precaution. The uterus is now very well kept in its place by a Zwanke, which she bears much better than formerly.

Case 8.—This was a private patient, the wife of a farmer, one hundred miles from town. Age, 65; six children; youngest 28. Was accustomed, until the prolapsus got so bad as to prevent her, to superintend the domestic business of the farm. Cannot remember she was ever ill; her confinements all natural. Thinks it probable she "strained herself in lifting a milk-pan;" is not sure, her circumstances not requiring her to undertake any laborious duty. About six years ago felt something unusual pressing on the perineum; was told it was a falling down of the womb, and recommended to avoid exertion, and rest in the inclined position as much as possible. The womb soon prolapsed entirely notwithstanding. For the last five years had tried various kinds of supports and pessaries, which she lately laid aside, quite worn out by them, and was told there was nothing left but to keep her bed.

The uterus was above the full size, rather hard, but healthy; the vaginal membrane less altered than usual. The vaginal ring was greatly dilated, and carried back, offering no impediment whatever to the prolapsus. The bladder was included. The prolapsed mass about the size of a small foetal head.

She was placed in lodgings in the neighbourhood; the most unobtrusive form of stem pessary she could not manage, and a Zwanke, selected after repeated trials, came away in the street, so I persuaded her to submit to the operation.

The operation was performed according to Plan 11. Chloroform was given. Opium caused much sickness and distress, and was discontinued the second day; also tonic and every

form of stimulant, for the same reason. The sutures and quills were removed on the fifth day; the knees were kept bound together till the 10th; adhesion complete throughout. She got about at the end of the third week. A belt and pad was provided. She called upon me the sixth week after the operation. The uterus was low down, but not resting on the new perineum. Matters were thus when she left town on the tenth week.

It is twelve months since I operated in this case. The patient has just written to say she has long been able to attend to the affairs of the farm as well as ever. She ceased wearing the belt and pad six months ago, to her great comfort and satisfaction. In short, she had seen nothing of the prolapsus since the day of the operation, and felt no symptoms whatever of its probable recurrence.

The above cases are, as I said before, selected from twenty-two cases of prolapsus uteri treated by operation. I have been desirous to give just so much detail and no more as would justify the observations premised, and illustrate subsequent treatment. The remarks on the use of the pessary are founded on the experience of the last eight years at the Samaritan Hospital, where a large proportion of uterine cases are always under treatment. There is a strong prejudice existing still in most quarters against any surgical proceeding for the cure of prolapsus. In this respect I may mention the recorded opinions of that very high authority on such matters, Dr. West; but I am not without hope of persuading even him that henceforward a case going on for fifteen years unrelieved, like Case 1, would be a disgrace to surgery. As I said above, Fricke's operation, as performed by Fricke, must fail eventually. I imagine Dr. West's experience extends no further, and I do not hesitate to appeal to Case 8 as the most satisfactory test of the certainty of Fricke's plan modified in some such way as there adopted. The proximate cause of prolapsus and the more remote circumstance leading to it would of course be self-evident the moment it could be decided what were the true anatomical conditions tending to keep the uterus from falling. On this point I can confidently refer to what I have said about the cervical ligaments.

Assuming Fig. 3 to be a fair representation, as I believe it is, of the natural average relations of the uterus, it is evident that no pessary but Simpson's could completely answer. All other pessaries push that organ out of the vagina *somewhere* into the pelvis, and the comfort so frequently following their introduction when not too large and well selected, is due to their maintaining it at a certain elevation, doing away with that dragging on a part of the peritoneal lining of the pelvis, which can seldom bear it without giving more or less distress. One of the best German authorities, Professor Scanzoni, who represents the school of Vienna, in his recent work, lays it down as an axiom, that no form of uterine displacement causes suffering if the uterus be not diseased. A judicious selection of a pessary will at any time decide the question greatly against the inviolability of this axiom. A round pessary, not more than two inches, nor less than an inch and a-half in diameter; a set of Zwanke; a stem sponge pessary with perineal support, are resources which should be early and well tried in every appropriate case. A free use of the vaginal douche is generally most effective in keeping down irritation. This, or some form of operation as described, I should certainly rely on to the full extent indicated in this paper.

The two cases of failure by operation illustrate two to me unexpected contingencies:—1st. The possibility of a simple inversion of the vagina. 2. The smallness of the uterus as a cause of failure in Fricke's operation. Until I met with them I shared in the general belief, that the chance of failure was proportionate to the size and weight of that organ.

## ON SOME CASES OF MALFORMATION.

By ROBERT GARNER, Esq. F.L.S.

Surgeon to the North Staffordshire Infirmary.

THE following observations on certain malformations may be considered worth insertion in the *Medical Times and Gazette*, particularly as several of the cases will be in juxtaposition there with two or three others already reported. The first defect is not a very uncommon one, since the writer knows of another living individual affected with the same unfortunate

conformation. Individual cases, however, have peculiarities worth recording, as in the following instance:—

A. B., about 30 years of age, a strong and healthy man, applied to the writer with the following curious genito-urinary malformation. At the lower part of the abdomen appeared a fleshy-looking protrusion, evidently the posterior portion of the bladder, with its internal lining membrane. Towards the inferior part of this body might be seen two minute openings or slits—the orifices of the ureters—from which the urine generally came away *gustatim*, but occasionally also in minute jets. This surface was constantly moist with mucus, which might also be squeezed out in yellow opaque drops from many crypts or cells. The *osса pubes* were deficient, as were the recti muscles, neither was there any umbilicus in this case, though one exists in the other individual above alluded to. There was a smaller, half-separated tumour on the right side of the principal one, about the size of a walnut, probably originally the root of the funis, or, perhaps, of the umbilical vesicle; and as some idea was at first entertained of improving the parts by a sort of Taliacotian operation, this was tied, and shortly cut off by the man himself with impunity, on account of the pain which the ligature caused him. Below the protruded part existed a very short penis and glans, with a prepuce, but entirely split dorsally, the broad groove being covered with mucous membrane, and having at the bottom, apparently, the seminal orifices. Over this surface the urine was constantly dripping. Small testicles existed below the penis, with spermatic cords, but a scrotum could scarcely be said to exist, though its raphe was visible; this part and the groins were covered with hair, and the patient had occasional seminal evacuations. The uniformity presented in such cases shows that their occurrence is deducible from the existence of certain laws of formation, the embryonic duplicity of parts, rather than the existence of the uro-genital sinus; the higher situation showing this. The above state of things had not prevented the poor fellow leading a useful, and apparently contented life, residing on one of the wide moors of North Staffordshire, and thriving as a nail-maker. It seemed unlikely that anything could be done to cover over the tumour, partly on account of an inguinal hernia on each side, and the deficiency or weakness of the parietes of the abdomen. A *gutta-percha* shield was fitted to the part, and a better plan to catch the urine contrived. An india-rubber bottle and stop-cock, as suggested by one of your correspondents, appears to be the best contrivance for such cases.

Experiments with hydriodate of potash, rhubarb, and ferruginous of potash, were tried on this patient, and once or twice appeared to be detected in the urine (after being administered in a solution by the mouth) in less than four minutes; but generally not till eleven or twelve had elapsed. A prolonged fasting appears necessary to ensure the rapid passage of such substances through the system, and to this he was not subjected.

*Spina bifida* in all its forms is an analogous vice of conformation on the dorsal surface of the body. In one case of total absence of the neuropophyses of all the vertebrae, the cord being only covered by a transparent theca, the mother convinced the writer that such cases may occur from their own state of mind during early gestation. She was a respectable person, but of a melancholy and desponding turn. She attributed the occurrence to having been disgusted by seeing one of her husband's pigs cut up, and having had the divided chine salted, and for some time hanging before her eyes in her sitting-room. The writer lately saw a remarkable case of this class in a living, but certainly almost moribund, infant, a few days old. The spine itself was perfect, but the parietal and frontal bones were absent, and at the top of the head was an oval tumour, consisting of the cerebrum and cerebellum, covered by the membranes, having some fluid under them. The eyes were closed and tumid, and were found, when their lids were opened, to have their axes everted. The child sucked the finger, cried, and moved all the limbs, but was livid and cold. Convulsive movements of the extensors, rather than the flexors, took place on irritating or pressing the tumour; and occasionally, when one side was pressed, the opposite half of the body would be convulsed. In another case the anterior part of the brain protruded under the form of two or three lengthened tumours from an opening in the frontal bone. Cases of the unnatural union of parts appear less common than those of non-union. A young man presented himself to the writer, in whom an irregular fusion occurred in the toes

and fingers of all his extremities; in one hand the index-finger and the thumb were fused into one, rather a thumb than a finger, opposable, and the nail somewhat double, and fortunately the use of the hand not much impaired; from the inner edge of one foot, between the tarsus and metatarsus, proceeded a great-toe or rather thumb, as it could be opposed to the other toes, much like the hind thumb of a quadrumanous animal; its bones were formed by those of the three larger toes, and its size was remarkable.

This was removed by amputation, the rest of the foot being strong and well able to support the body, or perhaps the unnatural toe might have been restored to a better position.

It is considered difficult to effect the cure of webbed fingers by dividing the intervening membrane, there being a strong tendency to reunion as the parts heal. The writer has succeeded, without the least trouble, by partially separating a narrow slip of integument from the dorsal surface of the first joints of the fingers, at the termination of the incision, the slip being long enough to stitch down to the palmar extremity of the incision. It will be found that the implantation of this will prevent all tendency to re-union.

There is a peculiarity of the hand in some individuals, probably rare, but which may escape notice. In a neighbour, Mr. S., there is an entire deficiency of one row of phalanges in both hands. Each finger has but two phalanges, the nails are as usual. The thumb has two phalanges, but the proximal one is very short. It would appear that it is not the distal phalanges of the fingers which are absent. This peculiarity is present in Mr. S.'s father, and affected also his grandfather, but his only son, more like his mother in features, has escaped it.

An instance of the birth of twins, joined like the Siamese brothers, occurred in a neighbouring village; both had hare-lip. Another full-grown infant appeared destitute of a neck, the head growing directly from the top of the thorax, but there was the usual number of cervical vertebrae; the cutis was hard and shagreened.

#### THE LONDON

#### PRACTICE OF MEDICINE AND SURGERY.

#### THE HOSPITAL FOR DISEASES OF THE SKIN.

#### REPORT ON THE NATURAL HISTORY, DIAGNOSIS, AND TREATMENT OF ALOPECIA CIRCUMSCRIPTA.

(Continued from page 100.)

Upon the facts furnished in the table of cases given at page 100 the following propositions may be based:—

1. That a disease of the scalp occurs with some frequency in English practice, which may be defined as "Complete Baldness in circumscribed patches," and for which the designation of "Alopecia circumscripta" is an appropriate name.
2. That in extreme cases this disease may involve the entire scalp, and even the eyebrows, face, and chin, but that in these there is always a clear history of its having begun in well-defined patches.
3. That it is occasionally attended by a looseness and thinning of the hair on the scalp generally, there being, however, in these cases invariably some well-defined patches of complete baldness.
4. That it is *ab initio* quite distinct from all other diseases of the scalp, although it may in certain (very exceptional) cases appear as a sequel to one or other of the eruptive affections.
5. That it is very much more frequent in young persons than in adults.
6. That it is of nearly equal frequency in the two sexes.
7. That it affects the subjects of different temperaments in numbers which are probably about proportionate.
8. That it is totally incapable of spreading by contagion.
9. That its patches never exhibit either vesicles, pustules, or scurf, and that they are not usually attended by itching or other altered sensation.

10. That its anatomical characters are wasting of the hair bulbs and thinning of the affected parts of the scalp.
11. That it is not of parasitic origin, and that there is reason for believing that it generally acknowledges a constitutional cause.
12. That it is not met with, however, sufficiently often in connexion with any particular group of constitutional symptoms to justify us in considering it as consequent on any peculiar form of cachexia.
13. That it is occasionally liable to relapse after cure, but that the bald patches rarely show any disposition to change of place.
14. That it is of extremely chronic nature.

We shall proceed *seriatim* to examine these several propositions, and the nature of the evidence by which they are supported.

**PROPOSITION I.**—*That a disease of the scalp occurs with some frequency in English practice, which may be defined as "Complete Baldness in circumscribed patches," and for which the designation of "Alopecia circumscripta" is an appropriate name.*

The fact that forty-two examples of the disease have been placed on record in detail, must be deemed to fully establish the first part of this proposition. Although, as we have seen, denied by Cazenave and Schedel, it is admitted by Willan, Wilson, and Jenner, all of whom have given accurate descriptions of the disease. With regard to its rate of frequency, it must be borne in mind that the Hospital at which these cases were collected is a special one. Alopecia circumscripta is certainly not common in general practice. During the last four years it has occurred in the writer's practice at the Metropolitan Free Hospital about once in every 1500 cases, and there is probably no reason for thinking that these numbers do not indicate very fairly its average frequency.

With regard to name, the one mentioned seems by far the most applicable of those suggested. It accurately describes the condition which constitutes the one symptom of the disease. To the name of "Porriño decalvans" given by Willan, is the objection that the disease has no similarity to the true Porriño, and to that of "Accidental alopecia," proposed by Wilson, it may be objected that the first epithet is almost meaningless, and that as far as it has meaning is likely to mislead.

**PROPOSITION II.**—*That in extreme cases this disease may involve the entire scalp, and even the eyebrows, face, and chin, but that in these there is always a clear history of its having begun in well-defined patches.*

Case 26 is the only example in the list of the eyebrows and whiskers being destroyed, and in it the preceding headache, etc. had been unusually severe. The patient was the oldest in the list. The writer has never known it remove the hair from the pubes or axilla. A large majority of its male subjects are, it must be remembered, too young for the growth of whiskers or beard. Two of the cases in the list exemplify the loss of the eyebrows, and in several the entire scalp was bald. It would appear that the eyebrows, etc. are never destroyed, until the whole scalp has first been denuded. In all the cases the process had been one of more or less gradual spreading from several points, the alopecia having in the first instance involved only circumscribed portions of the scalp. This history, which is always a clear one, will always be a sufficient clue to the diagnosis from other forms of baldness. Difficulty in diagnosis can, however, but very rarely occur, as baldness in young people, excepting as the consequence of the disease under consideration, is almost never seen.

**PROPOSITION III.**—*That it is occasionally attended by a looseness and thinning of the hair on the scalp generally, there being, however, in these cases invariably some well-defined patches of complete baldness.*

Although in a few cases in the table the patients stated that their hair generally was loose and falling out, yet this is decidedly an unusual symptom. In a great majority the hair on the non-affected parts is abundant, and as firmly rooted as ever. Often within half-an-inch of the margins of the patches hairs may be found having large plump bulbs, and in a state of perfect nutrition. Even in those cases in which the falling of the hair generally is the most marked, the margins of the patches, which are completely bald, are always sufficiently marked to make the diagnosis easy.

**PROPOSITION IV.**—*That it is ab initio quite distinct from all other diseases of the scalp, although it may in certain (very*

*exceptional) cases appear as a sequel to one or other of the eruptive affections.*

Cazenave and Schedel have asserted that it is usually a consequent on some other scalp-disease, as true ringworm, contagious porriño, etc. and several other dermatologists have lent their support to the opinion. That it is not so in English practice, and that, on the contrary, Alopecia circumscripta is a perfectly distinct affection, is quite certain. Of the forty-two cases under examination, although in all careful inquiry was made on this matter, yet in only two was there any history of an eruption having preceded it. Cases 23 and 28 are the exceptional ones. In the first the patient, a young woman of 20, stated that she had had ringworm in infancy, and that her hair had never grown perfectly since. Her alopecia had, however, only existed for seven years, so that it did not seem to have been very directly connected with the preceding disease. In Case 28 what was termed a "scald head" was stated to have immediately preceded the alopecia. In all the other cases the patients or their friends stated positively that the patches had been smooth from the very first, and without the slightest of eruption.

**PROPOSITION V.**—*That it is very much more frequent in young persons than in adults.*

Of the forty-two cases the average age of the patients was 14 years, the youngest being 4 and the oldest 41. Eleven, or rather more than a fourth, had attained the 20th year. Of these, however, it must be remembered that the majority had been affected with it for several years: thus, in Case 2, the patient being 30, the disease had existed 6 years; in Case 23, the patient being 20, it had existed 7 years; and in Cases 28, 34, and 37, the ages being respectively 23, 25, and 23, the duration of the disease had been 16, 8, and 3 years. The number in which it commenced at a pre-adult period is thus reduced to a very small one.

**PROPOSITION VI.**—*That it is of nearly equal frequency in the two sexes.*

The proportions in the sexes are, of males 19, of females 23. With numbers so nearly equal, we are not authorized in believing that there is any real difference in the relative liability of the sexes.

**PROPOSITION VII.**—*That it affects the subjects of different temperaments in numbers which are probably about proportionate.*

In the absence of any standard of comparison as to the relative proportions of the different temperaments in the London population, this proposition must be stated with much caution. Of the cases in the series no note as to colour of hair and eyes, etc. was taken in six. Of the 34 in which these features were observed, we find that 10 were dark, having black or dark brown hair and eyes; 8 were of mixed temperament, having brown hair and grey or blue eyes; 8 were of fair complexion, having light hair and light grey or blue eyes; 5 had brown (hazel) hair and brown eyes; 2 had light brown hair and dark brown or black eyes; and 1 had red hair and grey eyes. One might perhaps suspect that, considering the comparative infrequency of the dark complexion in England, the number recorded as having black or very dark hair and eyes is disproportionately large. With this exception, the numbers are probably about what might have been expected, by those who have paid attention to these subjects, under the supposition that the disease affects indiscriminately those of all temperaments.

**PROPOSITION VIII.**—*That it is totally incapable of spreading by contagion.*

In Case 7, two sisters of the boy who was the patient had been affected with ringworm during the time (a year) that he had had alopecia. The patches in both of the sisters were stated to have been distinctly scaly, while those of their brother had been throughout smooth and glossy. There is therefore no reason for thinking this occurrence more than the accidental coincidence of two distinct diseases of the scalp affecting different members of the same family at the same time. In Cases 22 and 31 a sister in each was said to have contracted the disease by contagion from the patient. In neither of these, however, did the reputed recipient attend at the Hospital (although requested to do so), and no opportunity was afforded for ascertaining whether the disease did really exist. In both it was spoken of as having been very slight. Whenever, in the column which refers to contagion, we have used the phrase "much exposed," it is meant that the child living among its brothers and sisters had been placed under no restrictions, had slept with the others, used the same brushes,

combs, etc. Twenty-nine of the patients had thus most freely exposed themselves to the risk of communicating it to others, and in almost the whole of the remaining thirteen more or less of exposure had taken place. Yet in only the three just mentioned was there the slightest suspicion that any one had contracted it from them. The writer has never in any single instance seen two sisters, brothers, or playmates both suffering from alopecia. How different in these respects are the facts respecting the really contagious diseases of the scalp, porrigo and true ringworm! When we bear in mind that alopecia is a very lasting disease, and that the period of exposure had in most of our cases been very prolonged, we are surely supported by facts in the statement that it has no contagious properties.

**PROPOSITION IX.**—*That its patches never exhibit either vesicles, pustules, or scurf, and that these are not usually attended by itching or other altered sensation.*

In all cases the patient or his friends were closely questioned as to whether in any stage there had been noticed any scurfiness or moistness of the scalp. With the exception of Case No. 1, in which a very slight brawny condition had been observed, the history given was most clear that the patches had been perfectly smooth throughout. In 17 cases the patients stated that they had not the slightest itching or other altered sensation in the affected parts of the scalp; in ten there was slight itching, and in 1 it was said to be considerable; in 13 no note on this subject was preserved.

JONATHAN HUTCHINSON.

(To be concluded.)

## THE ROYAL LONDON OPHTHALMIC HOSPITAL.

### REPORT OF OPERATIONS PERFORMED FROM JAN. 1st TO JAN. 31st, 1858.

By Dr. C. BADER, Registrar to the Hospital.

#### EYELIDS.

Two operations for entropium. In the one the eye-lashes were removed in the usual way, in the other the fibro-cartilage was grooved parallel to the palpebral edge, leaving the latter intact.

In a case (Mr. Poland's) in which the entropium on one side had been treated in the former, on the other side in the latter manner, the cornea corresponding to the lid whose entire edge had been preserved (fibro-cartilage grooved) had recovered its transparency, while the other remained opaque.

Removal of a hazelnut-sized tumour of the left upper lid. It was opened through the conjunctiva, and its contents allowed to escape. This tumour was consequent on an injury.

Another tumour (congenital) at the side of the left upper eyebrow of the size of a walnut, well defined and immovable, was dissected out by Mr. Wordsworth. Its pedicle reached beneath the zygomatic arch; it was firmly adherent to the periosteum, and contained sebaceous matter.

Two cases of injury by lime producing adhesions of the palpebral to the ocular conjunctiva.

In the one case the adhesions were divided with scissors, and their reunion prevented by the frequent introduction of a probe. In the other case in the left eye, the whole of the palpebral edges were adherent to the globe and the cornea, exposed to the air, covered by dry cuticle of a grey colour. The adhesions were divided with scissors so as to admit of an artificial eye, which the patient at present wears with great comfort. In the right eye the adhesions were only partial, admitting the tears and imperfectly covering the cornea, which was transparent at the upper part. The non-adherent portion of the upper lid was inverted. The eye-lashes were dissected off, and by a second operation the adhesions separated with scissors, the outer canthus enlarged to admit a speculum, and an artificial pupil made opposite the transparent part of the cornea; the adhesions re-formed in spite of many attempts to prevent it. The patient, when the lid is drawn upwards, can count fingers as he could before these operations.

#### LACHRYMAL SAC.

Three cases of purulent discharge from the lachrymal sac, treated with the actual cautery.

In one case in which both sacs have been cauterized, the

discharge has reappeared on one side (on which there is diseased bone); Mr. Bowman's No. 6 probe is now passed every third day, and the case is improving.

#### PTERYGIUM.

Three cases of pterygium advancing upon the cornea, each treated differently. One was entirely dissected off; the second was dissected from before backwards beyond its corneal portion, and its apex, then moveable, attached by sutures to an incision in the conjunctiva near the upper and inner edge of the cornea. In the third case (Mr. Bowman's) its corneal portion was left, and that covering the sclerotic removed. The conjunctiva above and below was then made more moveable by lateral incisions, and brought together with sutures.

The three cases have remained well as yet. In the last case it was interesting to notice the disappearance of the portion left on the cornea. It gradually smoothed down and became transparent after the interruption of the blood supply.

#### STRABISMUS.

Eleven cases of internal strabismus operated upon sub-conjunctivally, most of them being severe cases; both internal recti were divided.

In two cases there was external strabismus while the patients were under the influence of the anæsthetic, but slight internal strabismus returned when the effect of the chloroform had passed off.

In several cases in which the defective vision remained after the operation it was elucidated by an ophthalmoscopic examination.

In a case of divergent strabismus, both external recti were divided after the old method.

#### CORNEA.

In a case in which the upper part of the cornea was leucomatous and protruding, its lower part transparent, it was proposed to excise an oval piece out of the leucomatous portion, and extract the lens. On opening the cornea no lens could be found, and one-third of the vitreous humour having escaped, the operation was discontinued; three weeks later the corneal section had healed, and the patient had perception of light as before the operation.

In a case of lead deposit on the cornea opposite the pupil, the deposit was scraped off with the convex edge of a knife. The cornea has during three weeks remained transparent.

#### IRIS.

Case of removal of a small piece of steel from the upper portion of the iris. The piece had entered the eye eighteen months previously; after a month the consequent inflammation subsided, vision being unimpaired. Fourteen days before he came to the Hospital dimness, pain, and other inflammatory symptoms appeared. The cornea was, when he applied, transparent, and the pupil active, excepting next to a small black point in the substance of the iris, midway between the pupillary and corneal edges. Mr. Dixon made an incision in the edge of the cornea nearest the black point, and seizing it with the iris forceps, extracted a black triangular hard body, which proved to be a piece of iron surrounded by organised lymph.

After three weeks the inflammatory symptoms had disappeared, and the patient had recovered good vision.

One case of acute, and two cases of chronic, glaucoma, treated by excision of a portion of iris in either eye.

The acute case completely recovered, with capillary hæmorrhage: the two chronic cases are improving.

In cases in which the operation has been successfully performed, the aqueous humour is not accumulated in the anterior chamber, but appears to escape through the wound as it is secreted. No active inflammatory symptoms have occurred during the after treatment, as one would expect after so severe an operation.

Three cases of the formation of an artificial pupil, in which the pupillary margin was adherent to a corneal cicatrix, and the iris drawn in folds in the same direction; in each of them the broad needle was advanced through the corneal edge to the point of adhesion, then thrust through the iris, and on withdrawing the needle the iris wound enlarged. One case of formation of an artificial pupil in both eyes, the whole circumference of both pupils being adherent to the capsule. The patient could not see to read. The broad-needle was introduced from the outer edge of the cornea, making the opening large enough to admit the canula forceps; then the iris was seized near its pupillary adhesion, and a small piece withdrawn

and snipped off. (Mr. White Cooper's operation;) the patient (Mr. Bowman's), left the Hospital the fifth day after the operation, and reads any type with either eye.

Four cases of detachment of pupillary adhesions to the lens capsule; the instruments used were the broad needle and cataract spatula. In one case the patient, who before the operation could see, but not read large letters, was able to read small type a week after the operation, which had been performed three weeks after the active symptoms of iritis had subsided. In another case, the patient, who was not able to read before the operation, could do so afterwards. Two of the cases were not improved by the operation.

One case of severe inflammation of the globe, in which part of the cornea was infiltrated with pus, and portions of its surface ulcerated, was treated by Mr. Critchett by opening the cornea near its outer and lower edge, so as to admit the canula forceps, and withdrew a piece of iris which was then left in the corneal wound. Ten days later all inflammatory symptoms had subsided, the cornea had become smooth, and no purulent infiltration was perceptible. The case is still under treatment for eversion of the lachrymal puncta, for which the posterior lip of the slit-up lachrymal ducts was removed (by Mr. Critchett), so as to offer an easier access to the tears.

#### CRYSTALLINE LENS.

One case of double, and two cases of extraction on one eye. In the double extraction, prolapse of the right iris occurred, and was therefore removed with scissors the eleventh day after the operation. This and one of the other cases left the Hospital, and in three weeks were able to read with either eye. One case, in which there had been chronic bronchitis, disease of the bicuspid valves, and a considerable arcus senilis, left the tenth day after the operation, and reads with the eye operated on. The corneal section had been made in the portion occupied by the arcus senilis. In another case of double extraction there was external strabismus, and no perception of light in the left eye, but a faint perception of light in the other. Adhesions of both pupils to an opaque membrane in the area; there had never been acute inflammatory symptoms. The pupil, fixed by the adhesions, offered considerable resistance to the escape of the lenses, which had to be taken out with the sharp hook. In the right eye the iris was almost in contact with the cornea, and slightly wounded on completing the section. No bleeding ensued. The patient left the Hospital the third week after the operation, with no perception of light on the left, and perception of large objects on the right eye.

Four cases of linear extraction. In two of them in which cataract existed, both eyes were operated on at the same time. Two were congenital, one traumatic, and the other three soft cataracts of spontaneous origin. The patients were of ages between 16 and 35. The operation consisted in breaking up the lens with one needle, enlarging the corneal puncture with the broad needle, and scooping out the broken-up lens substance. Mr. Bowman remarked that the small needle, while breaking up the lens, ought to retain the aqueous, and that it ought to be introduced obliquely at the corneal edge, there being less liability of wounding the posterior capsule on sudden movements of the eye. The cases remained in the Hospital from one to three weeks. One of the eyes (of one of the double linear extraction cases) was lost by ophthalmitis. The atropine had not been used, and leeches were applied too late. Atropine ought to be employed daily, and leeches applied whenever sickness or slight pain in the eye came on. With the other eyes operated on the patients could see to read on leaving the Hospital.

Three cases of false membrane behind the pupil. In one (after extraction) the false membrane was opened out with one needle, in the second (after ophthalmitis) it was removed with the canula forceps, in the third (the traumatic case) it was broken up with two needles, and the shreds removed with the scoop.

In simple extraction cases, adhesions of the pupil to the capsule are frequently found as the sole indicators of an inflammation, which might lead some to suppose a wound of the iris to have occurred during extraction.

It sometimes happens in opening out false membranes behind the pupil, that the vitreous advances, producing a very

satisfactory looking black pupil; in many of these cases the vitreous recedes again, the gap becomes covered by a membranous exudation, and keeps the aqueous and vitreous humour separate. This is, apparently, the most favourable result, since in most of the cases where it had not receded, a continuous ciliary irritation existed, though vision may have appeared more complete at the time. These interesting cases are under observation.

#### EXCISION OF THE GLOVE.

The operation has been performed in its usual way in five cases. One case of staphyomatous enlargement of the globe after purulent ophthalmia; one case of strumous deposit into the ciliary processes, with perforation of the sclerotic; one case of injury of the one eye, keeping up sympathetic suffering of the other eye; one case of general inflammation of the globe consequent upon injury, and one case of what appeared to be strumous deposit behind the crystalline lens; in the last case (a patient of Mr. Streetfield) the cornea and crystalline lens were transparent, and behind the lens a bright yellow, non-vascular mass was perceptible; a section of this eye proves the yellow appearance to be caused by the detached hyaloid and retina being intimately adherent to the posterior lens capsule. It is not often the case that the cornea and lens retain their transparency when the posterior parts of the eye are thus changed.

Total of major operations, 71.

### HOSPITAL NOTES.

#### CITRATE OF IRON AND STRYCHNIA A NEW THERAPEUTIC AGENT.

For a long time back a therapeutic agent of very efficient properties has been used with considerable success at the Royal Free Hospital in cases of dyspepsia of an atonic character by Dr. O'Connor. He has also found it productive of great benefit in similar conditions depending on functional derangement of the uterus. In these cases it acts as an emmenagogue when all other remedies have failed, and it has a powerful effect in tranquillizing the excitement of the nervous system. This preparation is a citrate of iron and strychnia, the dose of which is about 3 grains three times a-day, to be taken immediately after a meal. There is now a case of chorea in the Hospital under the care of Dr. O'Connor, immediately brought on by the patient being frightened by a thunderstorm in August last, since which time she has, without any intermission of the symptoms, been a sufferer. In this case the citrate of iron and strychnia has been only used for a few days, and already with marked benefit. The case is one of interest, and we purpose at a future time giving it in detail. The preparation which Dr. O'Connor uses is made by Mr. Bstick, of Brook-street, Grosvenor-square.

### NOTES AND QUERIES.

*Be that questioner much shall learn much.—Bacon.*

#### NO. 228.—AN EPISCOPAL APOTHECARY.

What authority is there for the statement, that Richard Fitz-Nigel, Bishop of London, A.D. 1198, was apothecary to Henry II.?

Bath.

INQUIRER.

**PRICE OF EMBALMING.**—A rich landholder recently died at Paris leaving a very large fortune. M. F. who was desired by the heir to embalm the body, made a charge of 2000 francs (£80) for the operation. This the heir resisted as exorbitant, stating that the usual price was 500 francs, but offering 1000. This being refused, an action was brought, and the Tribunal decided that the 1000 francs were sufficient, and condemned M. F. in the costs.



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# Medical Times & Gazette.

SATURDAY, FEBRUARY 27.

## POSITION AND PROSPECTS OF MEDICAL REFORM.

CONTINUING the remarks on Medical Reform from our Number of Feb. 6, we purpose to give a short account of the measures recently proposed to secure an Act of Parliament "to alter and amend the Laws relating to the Medical Profession," and therefore proceed to review the events of the past eighteen months bearing upon this subject; to look to the sources whence the measures of Medical reform have had their origin; to observe the circumstances which have influenced the progress of those measures, and which have tended to frustrate the endeavours of the active agents in these movements.

About the beginning of November, 1856, "the Bill of the Corporations" made its appearance. This Bill was the result of negotiations between the *Medical Bodies Corporate of England, Scotland, and Ireland*. The Colleges of Surgeons in each of the three kingdoms determined to agree on the following points, namely, (1.) Equality of qualification. (2.) Reciprocity of rights. (3.) Authoritative registration. In this bold determination they sought and obtained the co-operation of the Colleges of Physicians of England, the Faculty of Physicians and Surgeons of Glasgow, and the Society of Apothecaries of London. These Medical Corporations of the three kingdoms sent delegates, who repeatedly met, and ultimately opened communications with the Universities. Thus far they ostensibly appeared desirous to come to a harmonious adjustment of their respective rights and claims. But the prospect which opened up before this heterogeneous community began to appear much too suicidal. No doubt a Bill was framed, which from its inefficiency bore sufficient evidence of concession and compromise; but the concessions were not such as would benefit the public, and the vested rights of ancient corporations were not to be so quietly confiscated, nor the interests of Universities to be thus silently given up.

Hitherto the voice of the MEDICAL POPULATION of Great Britain and Ireland does not appear to have influenced proceedings in the least. But towards the end of November 1856 the general Medical population attempted to obtain a hearing in the matter. With feeble voice they made the praiseworthy effort to introduce more fully an element to represent the Medical Public in the Bill of the Corporations. This improvement was attempted to be effected by the British Medical Association. A deputation from the Medical Reform Committee of this Association, headed by Sir Charles Hastings, had an interview with Mr. Cowper, the then President of the Board of Health. This deputation represented, that while the Association Committee approved of certain portions of the proposed Bill, they urged the necessity of introducing the representative system more fully into the measures of Medical

Reform. Difficulties, however, appeared to multiply; and no one knew better than Mr. Cowper how grave and conflicting were the interests involved in the questions at issue; and however favourably disposed Government might be to Medical Reform, they would not then undertake to bring forward any ministerial measure to regulate or amend the laws relating to the Medical Profession. Already Mr. Cowper, in return to an address of the Honourable the House of Commons, dated April 14, 1856, had returns from no fewer than twenty-one different qualifying Institutions in Great Britain and Ireland, in reply to specific questions proposed to each Institution by a Select Committee of the House of Commons to inquire into the complicated subject.

These "Returns" relative to "Medical Licences" were ordered to be printed July 17, 1856; and probably this movement on the part of the House of Commons, which elicited the materials for this document, provoked those resolutions on the part of the "Qualifying Institutions" to meet, agree, concede, and compromise, resulting in the measures we have just noticed. These printed returns occupy ninety-two pages of blue-book folio, and present this peculiar feature,—that to condense or classify the matter in reply is almost impossible, each of the twenty-one "Qualifying Institutions" differing from one another in one or more essential particulars; a fact highly suggestive of itself, and sufficiently pointing to the necessity of reducing the heterogeneous mass to a uniform whole, by some comprehensive Act of Parliament. The information conveyed by the "Returns" may, perhaps, be classified as follows:—

## I. STATISTICAL RETURNS, which show—

1. That there are no fewer than TWENTY-ONE different Medical Institutions in Great Britain and Ireland, each of which "Qualify" or grant Medical licences.

2. That there are NINE different designations under which legally-qualified Medical men may be designated, qualified, or licensed, by one or other of these Twenty-one Institutions.

3. These designations are as follow:—Bachelors of Medicine, Doctors of Medicine, Masters of Surgery, Licentiates in Medicine and Surgery, Extra Licentiates in Medicine, Licentiates in Midwifery, Fellows of Colleges, Members of Colleges, Surgeons. In addition to these may be enumerated "Holders of Letters Testimonial" granted by the College of Physicians of London; and also "Holders of Certificates of Fitness for the Army or the Navy."

4. Records appear to be kept by each Institution of the total number of "qualifications" they grant from time to time, and of the names of the persons to whom they are granted; but there are no universal or legally authentic records of the number and nature of the qualifications possessed by every legally qualified Medical man. The only record of this kind is the result of publishing enterprise, as evinced in the Medical Directory.

II. Under a second head might be arranged the "privileges which each of the so-called 'qualifications' are supposed to confer on its possessor." These privileges do not always appear to be clearly defined by the charter of the qualifying body; and it also appears that the privileges which attach to the same qualification (in name) are varied, as the charter of the Institution varies under which they are granted.

Regarding these privileges some general statements may be made. They may be arranged under the following heads:—

1. Legal rights conferred by charter very generally and indefinitely defined.

2. Rights established as legal by "use and wont."

3. Rights conferred by the local acts of Charitable and Municipal Institutions.

4. Exclusive legal rights and privileges pertaining to the Corporations and derived from various authorities.

Practically, therefore, and in virtue of these various kinds of rights and privileges, the Medical Profession, as at present existing, may be arranged into the following classes:—

ENGLAND.—1. *Physicians*, deriving this designation from the College of which they are a Fellow, or from the possession of a degree in Medicine conferred on them by a University.

2. *Apothecaries*, or General Practitioners, and those who possess the exclusive right to practise Pharmacy.

3. *Surgeons*, who are Members and sometimes Fellows of the College of Surgeons.

Of these, the most extensive rights and powers appear to be possessed by the Apothecary.

SCOTLAND.—1. *Physicians* holding their designations as in England.

2. *Surgeons and Apothecaries combined*, with exclusive privileges as regards practice in certain counties; and with general rights now recognised as legal by "*use and wont*."

3. *Physicians and Surgeons combined*, with exclusive rights as regards practice in certain counties; and with general chartered rights extending throughout the British dominions.

IRELAND.—Here there are also—

1. *Physicians*, but with exclusive rights as regards being Physicians to county infirmaries, and with dominion over Apothecaries.

2. *Apothecaries*, with rights similar to those in England.

3. *Surgeons*,—a designation or qualification *sui generis* as regards Ireland.

Now it further appears, that unless the "qualifications" designated as above are obtained from corporate bodies possessed of certain exclusive rights, the holders of many of these qualifications now mentioned are constantly liable to be checkmated by such corporate bodies as the Apothecaries' Society of England, the College of Physicians of England, the Apothecaries' Hall of Ireland, the College of Surgeons of Edinburgh, the Faculty of Physicians and Surgeons of Glasgow, and the King and Queen's Colleges of Physicians of Ireland.

To the Public all this is a mystery. The General Public cannot and do not understand these distinctions. Any one who chooses to profess and publicly to advertise that he is competent to treat and cure diseases, is considered by the public as a Medical man, and he passes under the general designation of a "*doctor*." To the young student of medicine also commencing his career, such nice distinctions are unknown, and in many instances their meaning is comprehended when it is too late. Such a diversity of interest and of qualification can be attended with none other than injurious results; and while it cherishes narrow-mindedness amongst the Medical population as a whole, it is a condition of existence obstructive to the advance of medicine as a science, and to the general public it is "a mockery, a delusion, and a snare."

### THE WEEK.

ANY one who has watched the efforts which the two large sister Universities of England have for some years past been making to adapt themselves to the requirements of the times in so far as real prudence will permit, will not be surprised to hear that a scheme has been contemplated by which an Oxford education and residence may be rendered more accessible to Medical students. In addition to what has already been effected by the opening of Fellowships and by grave alterations in the curricula of study and methods of testing the knowledge of graduates, it is known that the appliances of education in that place are being at the present time very largely increased by open scholarships of high value, of which several will be appropriated to natural science, and all acces-

sible to men of industry. The above changes will certainly attract many to the University of Oxford who otherwise would not go thither; but the proposal to which we mainly alluded as regards Medical students virtually is, that for them the term of residence should be reduced from three to two years, in consideration of the three years which they are afterwards required to spend at some recognised Hospital. This abridgement of time of residence will of course diminish the expense by at least one-third to the student, and in three of the halls in Oxford already the expense of living has been so far diminished that a student's total expenses may, if he choose, not exceed a hundred pounds a year. This diminution of expense, in addition to the much larger chance of acquiring scholarships of considerable worth, will no doubt be the means, (considering also the increased intellectual attractions as afforded by the new museums, collections, laboratories, and professorial lectures on subjects collateral and preparatory to surgery and medicine,) of drawing to the University many who otherwise would have entered the portals of the Profession by wasting their time in the mere mixing of drugs, and by a residence, somewhat hazardous, in London or some large bustling city. While on the subject of expense it ought to be stated that the Radcliffe Fellowships at Oxford will, it is believed, be converted into Medical studentships, and that at most, if not all of the Colleges, ordinary Fellowships are now tenable by Medical men, who of course will be eligible to the well endowed Professorial chairs. The project to which we have alluded emanates from a large number of Masters of Arts and Graduates in Medicine of Oxford, and was set on foot by a Fellow of Oriel, whose pamphlet we recommend to the perusal of all interested. Should the Hebdomadal Council see fit to effect the change asked for, Oxford, by the infusion of a comparatively new element into its character, will gain much, but the members of the Medical Profession will, if they avail themselves of these opportunities, gain still more.

In another column will be found a full account of the changes in the Army Medical Department proposed by the Royal Commissioners. It is not expected, however, that they will be carried into effect very soon. Probably the recent change of ministry may retard still further the adoption of the recommendations; but we trust no ill-timed economy may put off the issue of the warrant so necessary for the improvement of the pay and position of the officers of the Department.

The Master of the Newington Workhouse has been found guilty of the charges against him as to the illegal disposal of bodies for dissection. Sentence has been deferred, however, for the decision of some legal points urged in his favour. Mr. Shaddock, of Guy's Hospital, deposed that the gratuity system had been regularly worked in that Hospital since 1849. It is to be hoped that, under the new Inspector of Anatomy, the necessity for such bribery will cease. Mr. Hawkins has called a meeting of the Anatomical Teachers for this evening, and we trust that means will be devised for remedying the existing evils. The object to be kept in view is to maintain in London a supply of subjects as abundant and cheap as in Scotland or Ireland. This object ought to be attained, and neither teachers nor students in London should rest satisfied until it is attained.

The University of London received the New Charter on Wednesday. The effect of this charter upon national education is likely to be both great and good. Candidates for degrees will not for the future be called upon for certificates as to *where* or *how* they have acquired their knowledge. They will merely have to produce testimonials of age and good

character to entitle them to examination, and the examination passed, the degree must be conferred. This is a great step in advance. The day may come when the same principle will be recognised in Medical education, and teachers will then be stimulated to attract students by the value of their lectures, not by the facility with which they grant certificates of attendance on lectures students are compelled to attend before they are admitted to examination.

Unusual interest has been excited by this year's Gulstonian Lectures at the College of Physicians by Dr. Symonds of Clifton. The subject was "Headache," and the manner in which it was treated was so masterly that we are sure our readers will be glad to hear that the lectures will appear in these pages forthwith. We shall hope to see friends from the provinces lecturing at our Colleges more frequently than heretofore.

The trial of Mr. Monk, of Preston, for forging the will of a patient, has ended in his conviction. It is needless to say how much such dishonour of a member of our Profession is to be lamented. Nor need we add anything to the severe but just remarks of Mr. Baron Martin in passing sentence. He said, "You must perfectly well know that, but a very few years ago, so sure as you stand there a living man, so sure would you have been hanged for this offence. This crime of forging wills was the last from which that punishment was taken off, as men thought, from the circumstances which usually attended it, it was a worse crime than any other forgery. But your case is worse than a common one, because you are a Medical man, and men when sick must call in a Medical man; and if Medical men, instead of giving their professional services, should endeavour to get from the sick man his property, it would destroy all confidence in them. For the sake of the public, and of the Profession to which you belong, it is necessary to show Medical men that, if convicted of such an offence as you have been convicted of, they will receive the most severe punishment the law will permit. The sentence of the Court is, that you be imprisoned in penal servitude for life."

If the following statement in the "Emigrant's Guide to Canada" be correct, and we believe it to be so, it is quite clear either that only steamers must be chartered as emigrant ships, or that the sanitary condition of the sailing vessels must be ameliorated:—

"There has been very little sickness among the English, Irish and Scotch emigrants, the average mortality not having been more than one-third of one per cent., chiefly confined to children. The foreign passengers have suffered more; but among them the average mortality, between embarkation in Europe and landing in Quebec, has been less than one and  $\frac{1}{2}$  per cent., children included. The mortality at sea has been confined to the sailing ships; not a single death has been reported on board any of the steamers."

## CHANGES IN THE ARMY MEDICAL DEPARTMENT

RECOMMENDED BY  
THE ROYAL COMMISSION.

### EDUCATION OF THE ARMY MEDICAL OFFICER.

As regards the qualifications to be required of the candidates previous to examination, we recommend, that in all cases such certificate as would qualify a civilian to practise Medicine as well as Surgery should be exacted of the candidate, and that the examination should comprise some test of general education.

We further recommend, as regards both Surgical and

Medical knowledge, the addition of a practical to a theoretical examination.

That this examination be competitive, and be entrusted to a body of practised examiners, as is now done by the East India Company, and we think it desirable that, if possible, one and the same board should conduct the examination for the Medical Service of the East India Company, the Navy, and the Army.

That after the first examination, the candidates be sent to a military general Hospital, there to go through a course of instruction in military hygiene, and in clinical military Medicine and Surgery, for which purpose the necessary Professional chairs, in lieu of the two now existing in Edinburgh and Dublin, should be instituted at the principal general Hospital in England.

That during their residence at such general Hospital all the probationers be accommodated with quarters, and shall receive such rate of pay as may be sufficient for their subsistence. That the course shall not be less than six months previous to an examination on the subjects of the course, on passing which the probationers shall be eligible for appointments as Assistant-Surgeons, and that, if possible, their first appointment be to a regiment.

That an examination in the practical knowledge of his Profession as a military Medical officer be passed by the Assistant-Surgeon before promotion to a Surgeoncy.

That leave of absence be granted for attendance at Hospitals and Medical Schools.

That Medical officers be permitted to take private practice, under such regulations as may insure attention to military duties.

### PAY AND RETIREMENT.

We recommend that the regulation which requires officers of the department, when promoted, to serve for one or two years on a lower rate of pay than that to which from their length of service they are entitled, be abolished. We are of opinion that a considerable augmentation of the pay and retiring allowances, but especially of the former, is necessary to the interests of the service; but we must leave the adjustment of the details of pay of each rank to the Executive Government.

We are of opinion that the granting of a limited number of good service pensions to the officers most distinguished by their zeal and efficiency is due to the department, and will act as a wholesome stimulus to its officers.

We consider compulsory retirement at 65 years of age for the inspectorial ranks, and 55 years of age for the executive ranks, to be absolutely necessary for the efficiency of the service.

### PROMOTION, ROSTER OF SERVICE, AND RELATIVE RANK.

We recommend that the rank of first-class Staff-Surgeon be abolished, and that Regimental and Staff-Surgeons, now called Second-Class Staff-Surgeons, should, after twenty years' service, be styled Surgeon-Majors, with a small addition to their pay.

That the rule of seniority be strictly maintained in the promotion of Assistant-Surgeons to the rank of Surgeons, except in case of incompetency or misconduct; and that no exception be made to this rule save for distinguished conduct, when the services for the which the officer is promoted shall be published with his name in the *Gazette*.

That the seniority be that in the Army, without reference to the station on which the officer to be promoted may be serving. That promotion to the ranks of Deputy-Inspector and Inspector-General be by selection for merit; and that, in the recommendation to the Commander-in-Chief, the Director-General shall state the position on the Army List of the officer recommended and the grounds of the selection.

That any confidential report by which the character of an officer is unfavourably affected shall be always communicated to him, and an opportunity given him of offering his explanation in defence.

We recommend the establishment of a roster of service, subject to this condition, that the amplest discretion be vested in the Director-General, to select for each station the principal Medical officer whom he may think, from experience and character, likely best to discharge any peculiar duties which may attach to the Medical charge of that particular station.

That the relative rank of the Army Medical officers of dis-

tinguished merit be styled Honorary Physicians and Surgeons to your Majesty.

That the Army Medical Department be held entitled to the same share of honours and rewards as combatant officers of the same rank.

That in the Army List the Medical Department should have precedence of the Commissariat, and that their names should appear according to their rank, with the dates of their commissions, in the list of the regimental staff, and that the whole regimental staff be placed before the list of captains.

That a limited number of good-service pensions be granted to Medical officers of distinguished service.

Lastly, that new regulations as to pay and retirements, promotion, rank, honours, and rewards, be embodied in a Royal Warrant for the regulation of the Army Medical Department.

#### CONSTITUTION OF THE ARMY MEDICAL DEPARTMENT.

We recommend that the Director-General should have three colleagues associated with him, selected for their eminence in medical, sanitary, and statistical knowledge respectively, and to be appointed by the Secretary of State for War. These officers would act as the council of the Director-General, and should have the power of submitting any questions to the Board, and of expressing their opinions in writing. All matters of routine would be referred to the head of the branch to which they belong, and only such matters should be subjected to the consideration of the Council as are of importance. Minutes of all proceedings of the Council should be recorded by the Secretary, but the Director-General, acting upon his own responsibility, might disregard those opinions if he consider it necessary, recording his reasons for so doing. We recommend that the appointments on the Council of the Army Medical Department should be held for five years, subject to re-appointment at the termination of that period, if the interests of the public service should require it; and that a similar regulation should apply to the Director-General, a longer period, however, being fixed for the tenure of his office.

We feel it our duty strongly to recommend a revision of the salary now attached to the office of Director-General.

With a view to give immediate effect to these recommendations, we beg to suggest, in addition to the Commission to inspect the barracks and hospitals as already advised, the appointment of committees to draw up a scheme for the re-organization of the office of Director-General; to frame a draft warrant regulating promotion; to draw up a scheme for the proposed Medical School; to revise the regulations; and to arrange the basis and forms on which the statistics of disease and mortality of the army are henceforth to be collected and recorded.

#### REVIEWS.

*A Three Weeks' Scamper through the Spas of Germany and Belgium, with an Appendix on the Nature and Uses of Mineral Waters.* By ERASMUS WILSON, F.R.S. London: 1858. 8vo. pp. 368.

WHAT can equal the insatiable appetite for work of a London Doctor? Occupied month after month in sunless, smoky, foggy London, with mental and physical powers kept constantly on the verge of exhaustion, he snatches a short autumn holiday, and then, instead of indulging in the *dolce far niente*,—that pleasure which none can enjoy so thoroughly as the busy Londoner in a short interval of idleness, sunshine, and quiet—he keeps his eyes, ears, and note-book open, and his holiday results in the production of a new book. So Mr. Erasmus Wilson—one of the busiest of our busy brethren—who alleges in his preface “that he has not had a holiday before since he has been in practice,”—devotes his short autumn excursion to authorship, and his three weeks' scamper in Germany and Belgium leads to the work before us on the spas of those countries.

As may be anticipated from the title, the book must not be regarded, in a scientific point of view, as any rival of the many excellent works extant on mineral waters, nor has it that charm to the general reader which has made the “Bubbles from the Brunnens,” and the “Autumn near the Rhine,” so deservedly “household books.” But a very readable ac-

count of a Medical holiday it certainly is. Mr. Wilson looks at everything with the eye of a London doctor, and writes with the pen of a smart lively member of the fraternity. So we commend his book to those who wish to know a little more than they do now of Spa, Aix-la-Chapelle, Ems, Schwalbach, Wiesbaden, Homburg, Kissingen, Kreuznach, and a good many other places visited by their patients; and who are willing to pick up their information, not by expending the midnight oil, but by utilizing an idle hour in the carriage, or by the fire-side in arm-chair and slippers. Let Mr. Wilson's account of the carbonic acid baths at Lungen Schwalbach stand as a specimen of his book, and of our appreciation of it. Here is the account:

“There are few things on the earth more enjoyable than a residence under water in one of these baths for half-an-hour. I speak from experience of this delight, having philosophised tranquilly on the matter for that term of life one morning shortly after dinner. The temperature, as prescribed me by the bath-woman, was 86° Fah., and I had no reason to differ from her in opinion as to the result. The bath just holds sufficient water to cover you completely; lying at full length, with the back of your head resting on the edge, you fold your arms, and compose yourself to peace. The position of your head gives you a view of yourself through the green-looking, transparent water; and your first observation is one of admiration of the extreme whiteness and fairness of your skin, and you are reminded of the naïve expression of admiration of the Frenchman, who said, with regard to a neighbouring bath, that ‘on devient amoureux de soi-même.’ Next you are struck by the appearance of what seems to be a copious eruption breaking out over the whole skin; but an eruption of an unusual kind, an eruption, in fact, of glittering pearls; and then the adhesiveness of the pearls is remarkable; you cannot shake them off, but you must wipe them off with a sweep in order to come to your white skin once again, and they collect again as fast as ever. But, as you are prohibited from moving while in the bath, and as your own sensations soon tell you that you are chilled by motion, but feel warm and comfortable under this novel costume of pearls, you are fain to leave them alone. But this is not all; your bath is not a silent one; it is a musical bath; and while you are thus amusing your eye, firstly, with the charms of your own skin, and then with the sparkling vest of pearls that quickly clothes it, your ear is gratified by a little talkative wick! wick! wick! wick! wick! wick! wick! wick! wick! and when you turn to look after the little fellows that are treating you to a pigmy concert on the surface of the water, and begin to fancy yourself a Gulliver, in one of the seas of the Lilliputians, there is a round-mouthed chuckle close to your ear, which makes you afraid that the Lilliputians have, since settling accounts with Gulliver, hired an army of stronger fellows to fight their battles in case of need; and then, dear me! your mind is relieved from anxiety by finding that the wick! wicks! are only little playful gas-bubbles that are cracking their jokes and their sides also, on the surface of the bath, and that the more noisy laughing fellows are only bubbles of a larger growth, that slip out from under your back, or from the hollow of your armpits. My half-hour soon slipped away, and if his Royal Highness of Clarence took pleasure in his bath of Malmsey, I also enjoyed my bath of the water-wine of Schwalbach. It is here that the old grow young and the weak strong; while calm, tranquillity, and ease, envelope as in a mantle the charmed and soothed senses.”—Pp. 119—121.

*On Squinting, Paralytic Affections of the Eye, and certain forms of impaired Vision.* By CARSTEN HOLTHOUSE, F.R.C.S.E., Surgeon to the Westminster Hospital, and to the South London Ophthalmic Hospital. London: 1858. Pp. 210.

THE principal portion of this work is devoted to the subject of strabismus and its treatment. Mr. Holthouse very truly remarks, that although the importance of dividing the muscles of the eyeballs for the cure of this affection is generally recognised, and the operation itself has been very frequently performed, yet the theory of the deformity is not yet fully understood, nor are the results of the treatment uniformly successful. One very manifest cause of failure in this operation is the uncertainty often existing as to which eye ought to be operated upon; and although it may be admitted that the worse eye ought to be chosen, yet it is not by any means easy

to determine which is the worse, and, under the most careful guidance, a second operation sometimes becomes necessary. In cases of confirmed squint, the division of the shortened muscle is the only measure which can avail in removing the defect; and the plan of dividing it beneath the conjunctiva is preferred, and we think very properly, by Mr. Holthouse; for by this method the air is excluded from the wound, and the risk of inflammation is avoided, while the adjoining parts are but little disturbed from their normal state. In certain cases, however, the ordinary operation is to be preferred to the subconjunctival one; as in those in which the eye is immovably fixed in the outer or inner canthus, or in which its lateral movements are so limited, that it cannot be brought beyond the centre of the orbit. "In all such cases," says Mr. Holthouse, "the mere division of the shortened muscle is not sufficient, and the conjunctiva and subconjunctival fascia require to be freely divided, and even dissected somewhat from the sclerotic before the eye can be brought into a central position." Mr. Holthouse's remarks are all thoroughly practical, and throw much light upon an important department of ophthalmic surgery.

*A Theoretical and Practical Treatise on Midwifery, including the Diseases of Pregnancy and Parturition, and the Attentions required by the Child from Birth to the period of Weaning.* By P. CAZEAUX. Second American, translated from the fifth French edition, by W. R. BULLOCK, M.D. With 140 Illustrations. Philadelphia: 1857. 8vo. pp. 992.

THE book of Cazeaux is adopted in France by the Superior Council of Public Instruction, and is placed, by ministerial decision, among the classical works designed for the use of students in midwifery in the Maternity Hospital of Paris. The translation of Dr. Bullock is remarkably well done, and the illustrations, though very inferior to those of Rambotham, are numerous and useful. We can recommend this work to those specially interested in the subjects treated, and can especially recommend the American edition.

*A Practical Treatise on the Diseases of Children.* By J. FORSTER MEIGS, M.D. Third Edition. Philadelphia: 1858. 8vo. pp. 724.

It would be difficult to find an American work in any department of practical medicine calculated to give a more favourable impression of the results of the labours of our transatlantic brethren than this edition of Dr. Meigs's book. It contains a great store of valuable information well arranged. It would be unjust to pass over this work and Dr. Bullock's translation of Cazeaux without a word of praise to Messrs. Lindsay and Blakiston of Philadelphia for the manner in which the books are "got up." The paper is good, type excellent, and the binding extremely strong and serviceable.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### ON THE TREATMENT OF INTERMITTENT FEVER.

By M. NONAT.

In a recent clinical lecture at La Charité, M. Nonat made some observations upon the treatment of intermittent fever. He observed that in judging of the value of febrifuges the real point to observe is not the relief of the febrile manifestation but of the splenic engorgement, for as long as the latter remains the cure is only temporary. Now, as the result of his trial of the numerous febrifuges which have been proposed as substitutes for cinchona, he finds that they all fail in influencing this condition of the spleen. Even arsenic itself must be placed in the same category of imperfect remedies, the sulphate of quinine being the only complete and reliable one, though the sulphate of cinchonine and the cinchona itself are so in a lesser degree only. To obtain all the effects from the quinine, however, its administration must be methodical. When paroxysms are present it should be given at the commencement of the pyrexia, beginning with a dose large in proportion to the splenic complication, and only gradually diminishing this. The continuance of the medicine too

must be regulated by the diminution of the spleen. When the fever is simple, and without splenic engorgement, five or six grains in the day are sufficient. Supposing that the disease is of old standing, and that the spleen is much increased in size, then, during seven or eight days 22 grains, in two doses, are given daily, and afterwards for other five days 15 grains in one dose daily. The quantity is then gradually diminished to 7, 6, and 5 grains, the patient being instructed to continue doses of 1 or 2 grains for some time after this. When there is great splenic swelling, and especially when accompanied by pain in the hypochondrium, M. Nonat orders leeches or cupping, bringing the economy first under the influence of the quinine by employing it for three days prior to the depletion. Since this combined treatment has been put into force he has not found old cases of two, three, or four years' standing offer resistance. The grand point is to employ the quinine in large enough doses, and to continue it until the engorgement of the spleen has become completely dissipated.—*Union Méd.* 1857, No. 109.

#### ON THE VARIATIONS OF THE COLOUR OF VENOUS BLOOD.

By Professor CLAUDE BERNARD.

From the period of the discovery of the circulation, two descriptions of blood have been recognised; the one red or arterial, the other black or venous; and so characteristic has this difference in colour of the arterial and venous blood been considered, that it has served since the time of Bichat for the anatomical division of the circulatory organs. The facts now about to be mentioned will prove that henceforth we cannot regard as synonyms the terms venous and black blood; some venous blood being found, in the normal condition, as red as arterial, and what is more, sometimes red and sometimes black. But what will most interest the physiologist is to learn that these variations in the colour of venous blood correspond to different determinate functional conditions of the organs.

As long since as 1845, M. Bernard, while experimenting upon dogs on the eliminatory power of the kidney, was surprised at finding that the blood which left that organ by the vein was as red as that which entered it by the artery. Latterly, he has resumed the investigation of the subject at the College of France. The same phenomenon that had formerly been observed in the dog presented itself in the rabbit, and the red blood of the renal veins arriving and visibly mingling with the black blood of the vena cava inferior. The lumbar veins, on the other hand, discharged black blood very near the renal veins, as did also a small muscular vein which opened into the left renal vein. On multiplying the experiments, and varying the condition of the observation, it was soon found that the usual red colour of the blood of the renal vein might change in shade, and, under the influence of certain circumstances, become completely black. Thus, contradiction would take place if we were contented with the announcement of a single observation. This may unfortunately be almost always the case in physiology, when we fail to distinguish amidst such complex phenomena, the eminently variable conditions which every living organism presents.

Having exhibited the two possible appearances of the blood of the renal veins, the next point was to examine what relation they held to the performance of the function of the kidney. To this end there was placed in the ureter a small silver tube, by which the urine was observed to flow drop by drop, almost continuously, as it is known to do. It was then found that the blood of the renal vein, as well as the tissue of the kidney, continued completely red as long as the urine flowed abundantly by the tube; but that this flow ceased to take place under the influence of circumstances which, while they rendered the blood of the renal vein black, gave at the same time a bluish tint to the kidney itself. Hence it would seem that the red colour of the blood of the renal vein was referrible to the functional activity of the kidney, and its black colour to the condition of repose or cessation of function. Moreover, it was found that the nature of the reaction of the urine excited no influence on the phenomenon; the blood of the renal vein being alike red in the dog with acid urine and in the rabbit whose urine is alkaline during digestion and acid after twenty-four or thirty-six hours of abstinence.

Without enumerating the various influences that are capable of disturbing the secretion of the urine, and leading to a

change in the colour of the blood of the renal vein, the author contents himself with adverting to the perturbation that may ensue from the mode of operating. If it is desired to observe the red colour of the venous blood, the abdomen must not be largely opened and the intestines displaced, for then suppression of urine will almost immediately ensue, and the blood in the vein will often become as black as that of the vena cava. A small opening should be made in the lumbar region, and especially on the left side, the left renal vein being more easily exposed in consequence of its greater length. Through the same wound the ureter may afterwards be isolated, so as to introduce the silver tube, in order to make certain whether during observation the function of the kidney continues to be carried on or not.

From what has been said it clearly results that the blood of this vein, presenting habitually a red colour in connexion with the formation of urine, which is almost continuous, does not correspond with the definition of venous blood already given. The first question that presents itself to the mind is whether this is an isolated fact, special to the kidney, or whether it may be extended to the secretory organs, whose function is, in like manner, the separation of a special organic fluid in their tissue. The submaxillary gland of the dog offers great facilities by its superficial and isolated position for the investigation of this point; the numerous anatomical varieties which its vein exhibits in nowise interfering with the observation of the physiological phenomena. In the first experiment the blood it contained was found as completely black as the darkest venous blood; but this arose from the fact of the secretion by the gland, which is intermittent, not then being active. When, however, some drops of vinegar were instilled into the mouth of the animal, which by its reflex action induced the secretory activity of the gland, the blood gradually but rapidly exchanged the black for the red colour, the black colour being again restored when the secretion had ceased. In order to render the interpretation of the phenomenon yet more positive, a small silver tube was introduced into the exposed excretory canal of the gland, and the nervous branch of the lingual nerve going to the gland was isolated. It was then found that as long as the organ remained in repose nothing passed by the tube, and black blood passed through the vein; while, whenever the nerve of the gland was excited by galvanism, and secretion was produced, the colour of the blood became red, regaining its black colour when the secretion was arrested after the cessation of the stimulation. The trial was made several times, and with similar results. There was always an interval of some seconds elapsed between the production or the cessation of the stimulus and the changes of colour in the blood, as if the gland required a short period for the discharge of the blood it already contained. Moreover, it was observed that the blood flowed always more abundantly when red, that is, during the state of functional activity of the organ, than when black, the organs being then in a state of repose.

These two series of results obtained from the kidney and the submaxillary gland certainly do not constitute isolated facts; and the same observation should doubtless be extended to other glands. The investigations as yet made by the author on the parotid and on the glands of the alimentary canal have furnished similar general results; but the study of the subject will only be complete when each particular gland shall have been experimented on.

"It results from the facts now stated, that if in the physiological condition we may still designate arterial blood as the red blood, the appellation of black blood cannot in this general manner be conferred on venous blood. We have seen, in fact, that the venous blood may be found red or black in secretory organs, accordingly as these are observed in a state of activity or repose. This consideration of the activity and repose of the organ, which correspond in some degree to its statical and dynamical conditions, appears to me to be an important point for introduction into the chemical and physiological study of the blood. In fact, it is not alone by its colour that the venous blood of an organ at rest differs from the venous blood of an organ in activity; but it presents also other important differential characters, which must depend upon a profound difference of the chemical constitution. Thus the venous blood of the kidney performing its function, which is red, is more diffuent, and sometimes even presents no coagulum; while the blood of the same vein, when the kidney has ceased to act, becomes black, and presents a consistent coagulum, etc. Without doubt physiologists and che-

mists have already learned that venous blood cannot, like arterial blood, be everywhere regarded as identical, and that it is necessary to analyse the venous blood of each organ in particular; but what, I believe, has never yet been stated, and which, nevertheless, seems to me indispensably necessary to be henceforth considered, if we desire that chemical analyses should prove as useful as possible to physiology, is the separate and comparative examination of the composition of the venous blood of the same organ when in repose and in activity. From what has been stated above, we may predict that there will be often found greater differences between the two bloods of the same organ in the state of activity and of repose than between the corresponding bloods of two different organs. This point of view is not solely applicable to glands, but should be extended to all the organs of the body, the venous blood of which will now have to be studied under these two conditions. We may in some measure characterise each tissue by the very different modifications its functional activity impresses on the blood that traverses it. Thus, if the blood quits glands when active reddened, it leaves a muscle that contracts with a very black colour and different physical characters. The mechanism of these different colorations of the blood will necessarily receive its explanation through ulterior chemical analyses, of which we are only at present desirous of indicating the physiological conditions. We will conclude with the remark, that all these modifications which supervene in the blood as a consequence of the functional activity of organs are always determined by the nervous system. It is consequently at this point of contact between the organic tissues and the blood that we must acquire our ideas of the special part played by the nervous system in the physico-chemical phenomena of life. The development of the facts which relate to this point of general physiology will form the subject of an early communication."—*Comptes Rendus*, tom. xli. pp. 159—166.

#### EXCERPTA MINORA.

*Glycerine in Dysentery.*—M. Daudé, a French provincial practitioner, reports that during a severe epidemic of dysentery he found the employment of glycerine of the greatest utility. He prescribed 1 ounce of glycerine in five ounces of decoction of linseed, in an injection, repeated twice a day, and two spoonfuls every hour of the following mixture:—Glycerine 11 drachms, orange-flower water and water equal parts, so as to make a five ounce mixture.—*Union Méd.* 1857, No. 140.

*New form of Actual Caustery.*—M. Bonnafond, who is strongly persuaded of the excellence of the actual caustery as a means of treatment, has endeavoured to obviate some of the inconveniences of its application. To this end he has invented the following caustic, which burns slowly, and admirably replaces the actual caustery when the cauterisation is not required to act very deeply, or to be made on a very wet surface. Dissolve 5 parts of gum tragacanth in a sufficiency of water, facilitating the solution by adding a little sugar, and rendering it as concentrated as possible. Then add gradually 15 parts of vegetable charcoal, and 2 of nitrate of potass, and thus form a homogeneous paste capable of being rolled into cylinders of various sizes. These must be well dried, and when wanted for use may be lighted either by a candle or the fire. The eschar is usually detached in five or six days. Latterly, M. Bonnafond has used a mixture of the gum and charcoal without the potass.—*Ibid.* No. 143.

*Boutigny's Fumigating Powder.*—B. Potass. bisulph., pot. nitr. aa. perox. manganese, q.s. to blacken the mixture. Each substance is to be roughly powdered, and then carefully mixed with each other. A shovel, brick, etc., is to be heated to a commencing red heat, and the powder thrown upon it. After the fumigation is over M. Boutigny burns a small leaf of paper which disengages a most agreeable odour. It is prepared by dissolving 1 part of nitrate of potass, and 2 of sugar in 6 of water, into which unsized paper is dipped, and then allowed to dry.—*Gaz. des Hôp.* 1858, No. 15.

*Vaccinating with a Magnetised Needle.*—Professor Beka states that since 1856 hundreds of children have been thus vaccinated, with scarcely any failures occurring. The point of the needle is well saturated with the magnetic fluid before practising the vaccinations, which are then performed in the usual manner, a single magnetisation serving for many vaccinations. It is quite surprising to observe the rapidity with which the vaccine virus is absorbed when the needle is thus prepared, *Presse Méd. Belge*, No. 7.



## FOREIGN CORRESPONDENCE.

## FRANCE.

PARIS, Feb. 20, 1858.

IN the recent discussion on Parasitism at the Académie de Médecine, Professor Bouley mentioned some interesting facts. Professor Trousseau had said that parasites are much more easily developed, and that their number increases much quicker in weak individuals than in strong and healthy ones. Professor Bouley mentions many facts in support of this view. For instance, the itch in sheep is extremely disastrous in years of bad crops. The same thing exists for the various parasites of the dog and horse, and for the entozoa as well as for external parasites. M. Delafond has shown that on a healthy sheep it was possible to put a great number of acari on the skin without communicating the itch; while, on the contrary, the development of the cutaneous affection was rapid, if the same animal had been weakened by a bad regimen. The conclusion from the facts mentioned by Messrs. Trousseau and Bouley is, that in cases of the existence of internal or external parasites it is extremely important to employ a tonic regimen.

A very serious question was discussed yesterday at the Société de Biologie. M. Raciborsky has published a paper, in which he maintains that the dysmenorrhœal membrane is always a part or the whole of the mucous membrane of the uterus, and that it comes out only in cases of pregnancy. M. Ch. Robin accepts almost completely these views, and he affirms that he has constantly found the villi indicating the beginning of the transformation of the mucous membrane of the uterus in the dysmenorrhœal membranes he has examined. M. Cazeaux, on the contrary, thinks that a great reserve is necessary in this question. He doubts, in the first place, that the expelled membranes are always parts of the mucous covering of the uterine cavity; and in the second place, he has seen portions of this covering expelled by girls, whom he thinks were positively virgins. M. Blot concurs with M. Cazeaux. He has seen parts of the mucous membrane of the uterus that had been expelled, and which had not the least appearance of the characters that this membrane acquires during pregnancy.

For many years Dr. Gubler has been engaged in researches on Muguet. Some time ago he read at the Académie de Médecine a paper on various points of the history of this affection. A few days ago, M. Chatin read a report on this paper at this Academy. He concludes with M. Gubler—1st, that the mouth of persons attacked with muguet is always acid; 2nd, that the acidity of the buccal cavity constantly precedes the development of the *oidium albicans* (the existence of which seems to be constant in muguet); 3rd, that the *oidium albicans* is able to produce the acid fermentation in a solution of sugar.

Professor Trousseau dissents from the reporter concerning the acidity of the mouth. He thinks it is quite wrong to state that the acidity of the mouth leads certainly to muguet. He admits, however, that this is a favourable condition for the production of the disease, but it is not a constant cause. Pregnant women, for instance, have so considerable an acidity in the buccal liquids, that their teeth are attacked by the acids. This is the cause of loss of teeth during pregnancy, but muguet is not a disease peculiar to gestation. Prof. Trousseau also blames the reporter on account of his assertion that muguet is not a grave disease. He cites Valleix, who has found that at the Hospital of the *Enfants trouvés*, of children attacked with muguet, eleven out of twelve died. He adds, however, that in these cases muguet was not the cause of death, and that it was as a prognosis of the approaching death by other diseases that its appearance was grave.

It might be said against Prof. Trousseau that Dr. Gubler and M. Chatin consider muguet as an independent affection, and not as a coincident disease appearing at the last stages of intestinal and other affections. Prof. Trousseau asserts that the mode of treatment proposed by Dr. Gubler (*i. e.* alkalies) has not the value that some other means possess. Carbonate of soda has less power than borax, and borax less than sulphate of copper and nitrate of silver. Besides, hydrochloric acid with honey is a very good remedy;

so that it seems that it is not by its alkalinity that carbonate of soda sometimes cures muguet. Professor Trousseau seems to think that the duration of the disease is more abridged by the application of a solution of nitrate of silver (one part to three parts of water), than by any other remedy.

M. Cazeaux remarks that in private practice muguet has not the grave prognostic value mentioned by M. Trousseau. He has seen but one case of death.

Prof. Moreau says that he has never seen a case of death in his practice in children, and he thinks that the various modes of treatment would be of no avail if the patients were not well fed, while, on the contrary, with good food they may be cured without any treatment.

Al. Blache insists upon the differences between idiopathic and symptomatic muguet. As regards the treatment, he states that certain remedies succeed in one case and not in another, without our being able to explain the success by a chemical or a physical action.

The discussion on the Diseases of the Spine, and on the Consecutive Production of Abscesses, has begun again, after a short interruption, at the Société de Chirurgie. M. Bouvier, who has had a very extensive practice in affections of the spine, affirms that Pott's disease with tuberculous excavations has been cured by many Surgeons. He cites Auran, David, Wenzel, Harrison, Bomfield, and others. He has obtained but one cure. In other cases he has only prevented the disease from progressing. The horizontal decubitus seems to have been the most successful means employed. He thinks that M. Broca and others were wrong in admitting that there are two distinct affections which are confounded under the name of Pott's disease. He tries to show that these two pretended affections are degrees of the same one.

Dr. Brown-Séquard has communicated to the Société de Biologie the results of experiments which show that syncope, as it has been supposed, but never proved, is a favourable condition for the return of life after asphyxia. In dogs it is very rare that, after an immersion of five minutes in water, and consequent deprivation of breathing for the same time, that life may be restored by pulmonary insufflation. Dr. Brown-Séquard has found that when, before drowning dogs, he produces syncope in them by the galvanization of the par vagum, life may frequently be restored by pulmonary insufflation from ten to twelve, or even fifteen minutes after drowning.

## MEDICINE IN SWEDEN.

THE following cases are taken from the Transactions of the Swedish Society of Physicians:—

## CASE OF FRACTURE OF THE SKULL, WITH DEPRESSION.

Communicated by Hr. C. HANJ.

IN the course of last autumn, a labourer on the Skívar estate, about 25 years of age, of strong constitution and healthy appearance, in springing a mine, was struck on the vertex by a piece of granite, and fell senseless to the ground. Some hours after the accident I arrived, and found the patient labouring under a fracture of the skull, in a comatose condition, and unable to swallow. On examining the injury, I discovered in the integuments covering the right parietal bone, a wound some inches long, under which the bone was partly fractured and partly depressed; in the anterior angle of the wound there was a portion of bone one and a quarter inch in length, and three quarters of an inch broad, loose, so that it could be taken away, on which the subjacent dura mater was found torn, and a small portion of the cerebral mass was attached to the bone. The depressed piece of bone was about two and a quarter inches long and one and a half in breadth, it was separated from the surrounding bones, but was so firmly depressed that it could not be moved without the employment of force, on which account I considered it most advisable to leave it undisturbed. Under such circumstances the prognosis, of course, could not be otherwise than highly unfavourable. The patient was bled largely from the arm, a lavement was administered, and ice was applied to the head. After the comatose condition had lasted some days, consciousness began to return at intervals; but the power of vision was very weak in the left eye, and the left arm was

paralysed. Under the continued use of arnica the normal power of vision returned, and the paralysis of the left arm gradually disappeared; the paralysis lingered longest in the fingers of the left hand, which has, however, now for the most part disappeared, so that only an inconsiderable degree of flexion remains. The depressed portion of bone has exfoliated under the continued application of basilicon ointment and the use of the powdered bark, and is becoming more and more covered with granulations. Appetite and sleep have returned, and the patient's strength is, in about four months after the accident, so much restored that he can cut wood, in a word perform tolerably hard work. Neither headache nor any other inconvenient result of the injury remains at the time I write this.

#### CASE IN WHICH THE SYMPTOMS OF BRONCHITIS WERE PRODUCED BY A WOODEN PEG, SUPPOSED TO HAVE BEEN SWALLOWED BY A CHILD.

By Hr. L. BLUME.

On the 16th of October, 1860, Julius Hellstrom, a boy, aged 7½ years, was believed to have accidentally swallowed a wooden peg, of about an inch in length, and the thickness of a quill, which had been used as a cork in a small phial. He was attacked with vomiting, difficulty of breathing, and symptoms of suffocation, which were on the same day, at intervals, very violent, and with an irritative cough.

The little patient complained of a pain in the upper part of the neck, behind the oesophagus. One nostril was most frequently stopped. Blowing the nose produced a disagreeable sensation, and a flapping sound, on which he drew back the air, as if to alter the position of a foreign body. At the end of three days his state continued about the same, and his appearance indicated danger. Attempts to dislodge the foreign body were made with detrusors, forceps, the finger, and by exciting vomiting. Leeches were applied, and the attempts just now described were repeated several times, without the suspected foreign body being removed; the symptoms, however, gradually mitigated. On the third day it was determined to bring the patient to Stockholm, but on the way to Arboga he improved, and by the advice of Dr. Bergman, who considered that the disease was now bronchitis, he was brought home again, where he used several pectoral remedies. The cough continued occasionally troublesome, usually most so at night. The flapping sound already mentioned persisted, until on the 13th of January, 1861, in a violent fit of vomiting, produced by the smoke of burning paper, inhaled in sport, he brought up a peg of the size described, covered with mucus, after which all his symptoms quickly disappeared.

Hence it may be inferred that the peg had been situated behind the soft palate, in the posterior part of the nasal cavity.

Hr. Malmsten reminded the meeting that eight years previously he had brought before the Society the case of an elderly female, who was suffering from valvular disease of the heart, and after an exertion had been suddenly attacked with violent palpitation, which ceased simultaneously with disappearance of the radial pulse in one arm and the occurrence of a violent pain in the hand on the same side. Hr. M. had at that time explained the case by supposing that one of the excrescences on the affected valve had separated, and that, carried along with the stream of blood, it had become fixed in the radial artery. The patient, who recovered on that occasion, had subsequently been repeatedly attacked with violent palpitation and irregular action of the heart, and it had often been observed that, at the same time that the heart became freer, signs of some obstruction to the circulation in the peripheric arteries had manifested themselves, probably in consequence of the existence of similar sanguineous plugs. The pulse, however, always returned after some time in the obstructed artery. The patient had lately been taken ill, after a walk in very stormy weather, when between seventy and eighty years of age, with violent palpitation and dyspnoea, for which she was obliged to take to her bed. Simultaneously with the heart becoming one day quieter, there set in, suddenly and unexpectedly, a violent pain in the right thigh and leg, with cessation of pulsation in the crural artery, soon after which the leg began to swell, and was finally attacked with gangrene, reaching to above the knee. Some days before the patient died she was pulseless also in the

right arm. On post-mortem examination there was found a considerable contraction of the aortic orifice, with a quantity of atheromatous deposit, both on the valve and in the aorta itself. The entire of the right external iliac and femoral arteries were filled with a dense coagulum of blood, above which the vessel was considerably distended. Immediately above the origin of the profunda was a more highly organized clot, adherent to the wall of the vessel. A considerable dissimilarity was observed on examination between this coagulum and the other, which was not adherent. The artery was, as it were, wrinkled. Hr. Malmsten remarked in connexion with this case, that generally speaking but little attention had hitherto been directed to the fact that various diseases arise from the coagulation of the blood during life, both in the venous and in the arterial system. Many cases of senile gangrene, for example, must certainly depend on such a coagulation, arising from a fibrinous excrescence being detached from the heart and conveyed with the current of the circulation until it is arrested in and obstructs a blood-vessel. On the subject of the spontaneous coagulation of venous blood, Hr. Malmsten referred to Bouchut's interesting treatise. In the individual from whom the very beautiful preparation of epithelioma ventriculi exhibited some time before to the Society was taken, a large spontaneously formed coagulum of blood had also been found in the inferior vena cava. The preparation was exhibited.

Hr. Levin observed that the English writer Kirkes, who had published an essay on this subject, was of opinion that many hæmorrhages in the more vascular organs, as the brain, lungs, spleen, and kidneys, must depend upon such a spontaneous coagulation of the blood.

Hr. Malmsten admitted that probably many cases of white softening of the brain proceed from obstruction of the arteries going to the affected parts. The consequences of such a stagnation in the circulation are, as Hr. A. Retzius observed, not always so injurious, because on the one hand the circulation of the blood is carried on through collateral branches, while on the other the coagulated plug is removed by absorption.

Hr. Gråhs had seen several preparations with Mr. Kirkes, which established his views upon this subject.

Hr. Santesson remarked that attention had been drawn to the spontaneous coagulation of the blood under discussion, first in the venous system both in puerperal patients and in those labouring under chronic degenerative diseases (cancer, tuberculosis), where these coagula are met most frequently in some of the larger veins of the extremities, and sometimes within the vena cava. In Utrecht he had seen a preparation exhibiting the lower half of the inferior vena cava completely obliterated, in which case the patient had lived long enough to admit of the establishment of a collateral circulation through the spermatic veins, the vena azygos, and the vena portæ. It was not until afterwards that such coagulations were observed in the arterial system; and there is this difference between their occurrence in the two classes of vessels, that as in the veins the obstruction is formed in the vessel itself, in the arteries it is, in many cases at least, introduced into the latter from the heart. In Bouillaud's work there is a particularly interesting case of this nature, where a patient labouring under endocarditis became quite suddenly pulseless in the left arm up to the axilla. In the smaller arteries, and those which lie nearest the capillary system, the coagulation seems, however, often, and here perhaps most frequently, to depend on a disease in the vessel itself, namely, the atheromatous process. Hr. Santesson had recently had a case of this kind in the hospital. In performing a partial resection of the under jaw, comprehending the portion nearest to the angle on the right side, for a tumour, in a carpenter aged between 60 and 70, the superior thyroid artery was wounded, in detaching the swelling internally, of which a profuse hæmorrhage was the result. In tying the vessel, Hr. Santesson found that its coats were rigid and hard, on which account a second ligature was applied for security. There was no subsequent bleeding. Two or three weeks after gangrene set in quite suddenly in one of the toes of the right foot, and the crural artery on the same side was found, so far as it was accessible to the touch, to have been converted into a solid tube. There was no adventitious sound in the heart. On dissection it was found that the arteries both of the lower and upper extremities were attacked by the atheromatous process. The radial artery of the left arm was completely obliterated for the space of half an inch below the bend of the elbow. It has

often been found that when this disease has localized itself in the peripheric parts, the heart and aorta are freer from it. Such was the case in the present instance, where the morbid deposit did not commence above the situation in which the superior mesenteric artery is given off. Hr. Santesson considered it very probable that this spontaneous coagulation of the blood, which is almost always, at least in the minute arteries, characterized by intense pain, though it is less frequently attended with swelling or any alteration in the temperature of the part, is the cause of a number of diseases now regarded as dissimilar, and bearing different names.

[The foregoing case, with the discussion upon it, forms an interesting contribution to the subject of "Emboli," brought forward about the same time in England by Kirkes, and in Germany by Virchow.]

Hr. Malmsten communicated the following case:—A man, aged between 40 and 50, was admitted some time ago into the Seraphim Hospital, in an extremely emaciated state. He had long suffered from vomiting and inability to eat, so that, according to his statement, he had not for many months, made use of food; he was highly anæmic, and his legs were dropsical. No sign of abdominal effusion could be discovered; there was no tumour in the cardiac region, and the patient had never vomited blood. The diagnosis was, in the most favourable case, chronic gastritis. The treatment was commenced with small doses of blue pill, derivants, and milk diet. At the end of a week the vomiting had ceased, and the man was able to take some food. But his symptoms again became aggravated, and he succumbed. On dissection, a thickening of the pylorus was discovered, proceeding from the muscular coat of the stomach so considerable, that the wall of the latter was here nearly half-an-inch in thickness. On the mucous membrane, which was attenuated, were seen some ecchymoses and viscid mucus. The glands were atrophied. Microscopic examination of the hypertrophied muscular coat showed that the disease was not cancerous, but depended on chronic inflammation, though probably before the application of the microscope to the study of pathology, such an affection would have been looked upon as fibrous cancer of the stomach. Treatment seemed in this case to have produced some diminution of the hypertrophy, for, at the post-mortem examination, the pylorus was open, and the patient had latterly ceased to vomit, and could eat something, which before had been quite impossible. The preparation was exhibited.

Hr. A. Retzius observed, that this preparation showed pathologically, what might likewise be deduced from normal anatomy, that the pyloric portion of the stomach, called by older writers the antrum pylori, constitutes a distinct part of the stomach, distinguishing itself from the remainder of this organ by its peculiar groups of glands and villousities, its strong muscular structure and the folds bounding it, so that this part may be considered as corresponding to the gizzard in birds. A specimen, such as that now exhibited, would probably have been described by the older pathological anatomists as one of alveolar cancer, because on cutting through it, numerous dissepiments are seen, the interstices between which are filled with a semitransparent substance, which, under the microscope, is however seen to be hypertrophied muscular and connective tissue.

Hr. A. Retzius afterwards exhibited a female foetus at full term, sent in by Hr. Hjort, which was destitute of back, neck and throat. The chin was continuous with the greatest convexity of the breast; the occiput with the convexity of the sacrum.

The cavity of the cranium and of the medulla spinalis constituted a large pear-shaped cavity; the squamous portion of the temporal bone was only membranous. The base of this cavity consisted of a plane surface, formed of the basilar part of the occipital bone and the bodies of the vertebræ of the neck, back, and loins. This abnormal state certainly arose from dropsy of the fourth ventricle and medulla spinalis occurring at an early period. The other deformities were only the consequence of this malformation.

Hr. A. Retzius also exhibited a heart with four semilunar valves in the pulmonary artery, sent in by Dr. A. H. Wistrand, and observed that in such pathological specimens, as was here the case, two valves are of the normal size, and the thirds seem to be divided into two.

## GENERAL CORRESPONDENCE.

### MR. SYME'S CASE OF CANCER OF THE TONGUE.

[To the Editor of the Medical Times and Gazette.]

SIR,—As misapprehension may have been occasioned as to the manner in which the pathological department of the Royal Infirmary of Edinburgh is conducted, in consequence of some remarks in a letter published in the last number of your Journal, regarding the late case of extirpation of the tongue, I have to request insertion of the following observations:—

In no Hospital in the kingdom is greater publicity given to the performance of post-mortem examinations than in the Royal Infirmary of Edinburgh; and there was no exception in the present case. The dissection was announced in the usual way, the examination was performed in the presence of all the students and practitioners who chose to attend, and the condition of the diseased parts was publicly demonstrated by me.

With regard to the Pathological Register, I have to state that, according to a regulation of the managers of the Infirmary, no extract with a view to publication can be made from it without the previously obtained consent of the Physician or Surgeon who had had charge of the case; the object of this regulation being to prevent the appropriation by others of what is the literary property of the Medical Officers and Pathologist. In the present instance, one gentleman only (a student) has applied for a copy of the pathological report; but as he had not communicated with the proper authorities in the Hospital, and as he failed to satisfy me as to the grounds on which he made his application, I declined to accede to it, although I offered to give him any verbal information he desired.

I am, &c.

D. R. HALDANE, M.D.

Pathologist, Royal Infirmary.

Edinburgh, 5, Shandwick-pl., Feb. 23, 1868.

### BUTCHER'S SAW.

[To the Editor of the Medical Times and Gazette.]

SIR,—My attention having been directed to an allusion to my name in your Journal of Feb. 13, by an instrument-maker of Glasgow, you will deeply oblige me by inserting the following remarks.

Exception has been taken to my name in connexion with the saw so generally used in excisions, etc., at the present day, and priority of the invention is claimed for another. I shall simply state the facts relative to the first application of the saw which goes by my name, and the circumstances that led to its use. The Profession will then judge as to my claims, both in originality of purpose, and enforcing it upon their notice.

Dr. Forrest and myself were in a distinguished artist's studio in this city, and I happened to take up a wooden bowsaw, that used by artists for cutting out fine work and in curves. I saw Mr. Barker using a similar one cutting ivory, and I repeated the operation to my great satisfaction. I then remarked to Dr. Forrest that it would answer my work well, as I had to amputate the leg next day, and could by its use cut the tibia in a curve, and thus prevent its sharp spine ulcerating through the anterior flap. I shall here insert Dr. Forrest's account of the matter, which he politely sent me to-day.

"MY DEAR BUTCHER,—In reply to your inquiry with reference to your first use of the amputating saw, and what led to its adoption by you, I can, as I preserve a vivid recollection of circumstances in connexion with it, at once meet your request. I had brought you to inspect the works of an artist about whom I was interested, and for whom I had fitted up a studio in my own house, and your observation being given to a saw of the kind you mention which was used by the artist in executing some fine works in ivory, you at once remarked that while it was the same implement on a reduced scale, with which the firewood was cut in pieces, you thought it could still be equitably applied to a further use; and having tried it then and there, you expressed your confidence from the facility it gave you, owing to the narrowness of its blade,

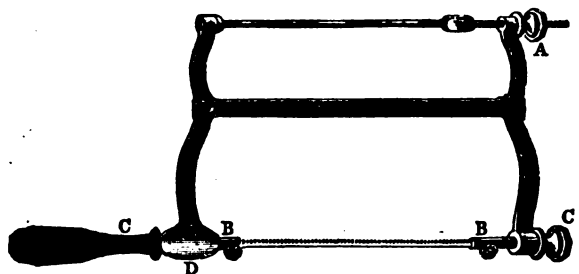
of having the direction of it altered while in use, that it would supply a valuable desideratum to our surgical appliances. I very shortly after had your promise realised to my admiration, by witnessing at your hands the first operation with an instrument of the kind in this city.

"I am, my dear Butcher,

"Yours very faithfully,

"JOHN K. FORREST."

As recorded in Dr. Forrest's letter, I soon tested the capabilities of the instrument, and with great satisfaction, on the living body; and the same wooden saw was used by other Surgeons here, quickly after. I then had a steel one made by Mr. Read of Parliament-street, bearing resemblance to the wooden one in almost every respect. A bar with a screw above was substituted for the cord and piece of wood to make tense the blade, and the blade was made somewhat shallower, and to rotate in its sockets, and a stop added. A full description of the instrument, its proportions, etc., and the cases in which it was at first used, are at length recorded in the *Dublin Quarterly Journal* for August 1851. Moreover, there are directions given for making the saw without the centre bar, and other particulars which have been taken advantage of by others but the source never acknowledged. I shall here insert the woodcut of the instrument which accompanied these remarks, and also the description of its mechanism.



The saw, with its blade reversed for resection.

A, the nut applied to the screw, which makes tense the blade; B B, the pins that secure the blade in the sockets; C C, the handle and nut, by turning which the blade is rotated to any angle; D, the rest, for the index-finger.

In the same paper will be found all the advantages which I conceive this saw possesses over every other, from the peculiarity of its construction. Again, in a later paper on resection of joints, I have figured it with the blade rotated and prepared for that office.

I never claimed priority in inventing the bow-saw; all the older works on Surgery have figured such an instrument, and in the French works of the day such are described; but I do claim the application of the peculiarly shallow blade, the power of rotating it to any angle, and even entirely round, and fixing it so, for special purposes in certain operations; the peculiar setting of the blade, and its pointed extremities, permitting of its being passed behind bones, the direction of the handle in a line with the blade, as original with myself from first to last; as also do I contend for the demonstration of its adaptiveness to all resections and amputations. Years since I figured this saw, described it, illustrated its uses; several times since I have alluded to it, and frequently have others praised its performances, and yet years, I repeat, have passed by, and not until now has my undisputed right been assailed; but I most truthfully assure this Glasgow cutler that I never heard his name before, or that of the Surgeon that he connects with it. Modifications of my saw I know have been made by several, so as to aim at originality; and some of the representations in the English works on Surgery have been copied from instruments constructed with such an intent. The instrument, however, is faithfully copied in Coxeter's catalogue. I have seen myself no reason to depart from the construction of the first instrument, though, as I have already mentioned, I got some made without centre-bar, etc., yet I think the first works best. If made according to the orders which I have laid down and applied according to my directions, I believe the bow-saw to be superior to every other, and claim its adaptation to Surgical purposes as entirely my own.

With a very humble apology for trespassing to so great an extent upon your pages,

I am, &c.

RICH. G. H. BUTCHER.

19, Lower Fitzwilliam-street,  
Dublin, Feb. 16, 1856.

### TREATMENT OF CHOLERA BY EMETICS, WARM WATER, AND ACIDS.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having been favoured by my friend Rear-Admiral Trotter, who commanded at that time on the African station, with an important communication on the treatment of cholera as it appeared in the island of Mauritius in the year 1854, I beg to forward it to you for publication.

Mr. Fyler, the author of this singularly successful treatment, is not of the Profession; and it will be seen that he estimates the value of his remedy on the power it possesses of throwing off the choleraic poison. Whether he is right in this common-sense conjecture is comparatively unimportant; but there can be no doubt that the phenomena of the disease materially depend on a prostrate condition of nervous power, and that nothing is better adapted for the removal of this than the act of vomiting, and the means by which it is induced. With the same view of ejecting the poison, Mr. Fyler follows up the action of the emetic by giving immense quantities of hot water; but I would suggest that the exhibition of such large quantities of liquids involves the all-important principle of preventing that inspissated condition of the blood which may be fairly stated as the proximate cause of death, and upon the removal of which all successful treatment is pre-eminently dependent. For, whatever may be the *materies morbi* of the disease, its effects in thickening the blood, suspending the action of the absorbents, and rendering them comparatively insensible to therapeutical agency, is fully illustrated by the inertness of the largest doses of the most powerful medicines on the one hand, whilst on the other, when the treatment has been almost wholly confined to the exhibition of large quantities of water, we have abundant evidence of its efficacy, and simply because of the greater facility with which absorbing power is accomplished, and the blood kept in a state of tenuity sufficient to carry on the purposes of life.

The successful treatment of Mr. Fyler corroborates the impression I have long entertained, that remedies, of whatever kind, to be successful, must be accompanied by large dilutions; that the diluent must be water, and that ablation paralyzes the sentient surface, or suspends the action of the absorbents, and is eminently prejudicial. I do trust therefore that if the Board of Health again favours the Profession with rules for its guidance, water ad libitum may be among its chief instructions. With respect to the efficacy of sulphuric acid, that observant Physician, Dr. Fuller, has already given valuable information, and I may take the liberty of adding to his testimony that of my own experience, not in cholera, but in almost all forms of diarrhoea, for the last thirty years, during which it has been given by me with the most remarkable success, to the nearly total exclusion of all other remedies, except small doses of calomel. I can readily imagine, therefore, its great and salutary influence in restoring the normal condition of the mucous membrane of the alimentary canal after the severe shock it had sustained during the existence of choleraic convulsions.

I am, &c.

RICHARD JONES, F.R.C.S.

Leamington.

[We have read the report referred to by Mr. Jones. It appears unnecessary to publish it, as Mr. Jones's statement that the treatment consisted of an emetic, followed by a large dose of warm water and dilute sulphuric acid, includes the important facts of the report. It is stated that 106 cases were treated, all of whom, without exception, recovered.—Ed.]

THE Fothergillian gold medal for the present year has been awarded by the Council of the Medical Society of London to Dr. Herbert Barker, of Bedford, for his essay on Malaria.

## REPORTS OF SOCIETIES.

## THE PATHOLOGICAL SOCIETY.

TUESDAY, FEBRUARY 16.

Mr. SIMON, Vice-President, in the chair.

(Continued from page 205).

Mr. BRYANT showed a specimen of

## FIBROUS TUMOUR DEVELOPED WITHIN THE LOWER JAW.

S. G., a healthy-looking boy, aged 9, was admitted into Guy's Hospital under the care of Mr. Cock, on Jan. 20, 1858. Two years previously he had received a blow upon the left side of his chin. The accident was followed by pain and tenderness when the part was touched, but by no swelling. Six months after the accident a tumour appeared over the spot, and this has since gradually increased. The tumour was unattended with pain, except when roughly manipulated. On January 23, Mr. Cock excised the growth, and found it emerging from the bone, but embedded in it. The bone over it had become absorbed, as there was no osseous shell, and the margins of the cavity were slightly raised and seemed bevelled off. Upon its removal the dental nerve was seen divided and lying low in its bony canal. The tumour during its excision was divided into two parts; it was about the size of a walnut, and firm to the touch; the dental nerve passed through the centre of the projecting portion, and could easily be dissected off; at the aperture its sheath seemed to be adherent to the growth. The small portion which was embedded in the bone was without nerve, but it had a passage through its centre, where the nerve had evidently passed, but which during the operation had been pulled out, and left hanging in the wound. Microscopically the tumour was seen to have been composed of delicate fibre tissue; it had evidently been developed in the dental cavity, and surrounded the nerve, absorbing the bone during its growth. The absence of pain is worthy of note, as from the relative position of the tumour and the nerve, together with the fact of its development in bone, severe pain might have been expected.

Dr. MARKHAM brought forward a specimen of

## SIMPLE HYPERTROPHY OF THE HEART, WITHOUT DILATATION OR VALVULAR DISEASE.

The man from whom it was taken died suddenly from apoplexy. The heart weighed 24 ounces; its muscular tissue was firm and healthy; the valves all competent. A large clot of blood was found in the brain. All other organs of the body were in perfect health, with the exception of the arteries. The cerebral vessels were all atheromatous, and so also was the aorta, but not in an advanced degree. Dr. Markham remarked that the condition of the cerebral vessels was probably the condition of the smaller arteries in all parts of the body, and that the obstruction which they must have caused to the circulation of the blood was the cause of the hypertrophy. Cases of hypertrophy of the heart are occasionally met with where no causes for the hypertrophy are found, and in these cases different hypothetical explanations of the hypertrophy have been given. In such cases, it is possible that a similar state of the smaller arteries would have been found had it been sought for. This case also shows that the state of the aorta is no index of the extent of the atheromatous degeneration in the smaller vessels.

Dr. MARKHAM also showed

## A HEART,

in which there was a distinct "bruise," as large as a crown-piece, on the inner surface of the septum in the left ventricle. The heart was taken from a man who fell from an omnibus, and in falling first struck his side, and then the back of his head. He died from effusion of blood over the brain. The bruise was, doubtless, caused by the violence of the blow on the thorax.

Dr. GIBB exhibited specimens of

## CIRRHOSIS OF THE LIVER WITH BILIARY CALCULI,

which he had taken from the body of a man 73 years of age, who had been long given to intemperance, but died appa-

rently from old age. The lungs were healthy, but some old pleuritic adhesions were present; the heart was enlarged, together with its large vessels, and its valves were studded with atheromatous deposits; both coronary arteries were also affected with atheroma. The liver was small, hard, and nodulated, in a state of cirrhosis of the hobnailed variety; the gall-bladder was almost completely imbedded in its surface and filled with four calculi. Three of these were uniform in size and colour, while the fourth, the size of a robin's egg, was white, and consisted of pure cholesterine. The surface of this calculus was crystalline, and this was due to an aggregation of flat and foliaceous crystals of cholesterine, as seen under the microscope, strongly resembling the well-known mineral selenite, or crystallised sulphate of lime. This calculus blocked up the cystic duct, and had become encysted, the gall-bladder being quite empty of bile. The spleen was enlarged, and covered with irregular hard white patches of a cartilaginous consistence, in size from a crown piece to a pea. One of the interesting features of this case was the presence of a distinct cyst around this oval calculus, which no doubt was the reason of its possessing such a beautifully crystalline surface.

Dr. GIBB also exhibited two specimens of

## INSPISSATED BILIARY CALCULI

removed from old women. One of them had died of old age, and nothing unusual was found, excepting two fibrous tumours growing from the walls of the uterus, the size of a walnut and a marble respectively. Both of these calculi had now crumbled into pieces, were of a blackish-brown colour, and weighed ten and seventeen grains.

## MULBERRY RENAL CALCULI FROM THE HORSE.

These were three most perfect specimens, shown to the Society by Dr. GIBB, taken from the kidney of three different horses dying of chronic disease: thus one died of pulmonary phthisis, another of abscess in the liver, and a third from renal abscess associated with pyelitis. All three had been pining away for some time before death. The weight of each was considerable, and all were composed of oxalate of lime. They were covered with minute crystals of the same substance, visible to the naked eye, and as they possessed a brown colour, they resembled in a striking degree fine crystals of ferruginous quarts. Dr. Gibb had reason to believe that the presence of crystals on the surface of calculi is rare, although they are described by Dr. Golding Bird and Dr. Owen Rees, and of those which do occur they are almost invariably the octahedral forms, both opaque and transparent, of the oxalate of lime.

## WESTERN MEDICAL AND SURGICAL SOCIETY.

FEBRUARY 5, 1858.

Dr. FULLER, Vice-President, in the Chair.

Dr. WM. OGLE read a paper

## ON THE REGISTRATION OF SICKNESS.

The paper was introductory to the subject rather than on the subject itself. In the course of his remarks, Dr. Ogle observed that though a comparatively few would be engaged in the special work of registering disease, the work must be in reality a combined work of the Profession, and viewed in this light it is a subject worthy of notice. Bearing in mind that we are members of one body, it must be that there are certain duties which cannot be performed by separate members without the simultaneous action of the whole body. But assuming that the body of the Profession will be willing to co-operate, there is still the special duty to be performed, and this duty is a more onerous one than appears at first sight. Uniformity is a final necessity, and inasmuch as many men have many minds, it seems almost essential that the record of the registrar should be a record of his own personal observations. The difficulty of allowing a medical man to collect his facts respecting a patient under the care of another may seem insuperable; but difficulties in a good cause are simply to be overcome; and when the duties of the registrar are more fully understood, and the necessity of such an officer for the public

advantage is more clearly seen even than at present, difficulties will be met with determination, and, like most imaginary difficulties, will vanish. It will be found that this second person will have no time to do his own work and that of another man, the family medical attendant. His province will be to assist; in his absence there is much for which the family medical attendant can find no time; for instance, the cognate sciences of chemistry and pathology cannot be systematically applied, (and without them registration is little worth,) so long as they are left to the leisure and inclination of separate individuals. It would be compatible with the duties of the young physician to perform such work, and provided that his mind was not directed to the acquirement of a livelihood by engaging in general practice, his education would point him out as specially fitted for the service. The payment for these services is no doubt a difficult subject. At present it is more easy to say who should not than who should pay. Dr. Ogle gave reasons against payment by the State and against payment by a compulsory local rate, and argued, that if, after all, the young physician did the work for nothing he would be doing good service without injury to any one, and it could not be urged against him as at present that his gratuitous work was to the prejudice of his Professional brethren. Dr. Ogle referred briefly to the attention that was being given by the public to Medical science, and hoped the day was not far distant when combined effort on the part of the Profession, in answer to more liberal and enlightened views of the public, would bring about an efficient system of registration of disease and other advantages which cannot be secured by Act of Parliament.

#### OIL IN THE RIGHT PLEURAL CAVITY.

Mr. HATFIELD then narrated the particulars of the post-mortem examination of a case of sudden death in which oil was found in the right pleural cavity. The autopsy, twenty-seven hours after death, discovered the body and all the various internal organs far advanced in decomposition. The latter, however, were all healthy, with the exception of the right lung, which was highly congested and adherent throughout to the pleura costalis, and the heart, which was pale and the walls attenuated. The oil gushed out upon making the first incision into the thoracic cavity. Some of it was collected in a phial, when it rapidly solidified. The serous surface of the intestines was also saturated with oil.

### PARLIAMENTARY INTELLIGENCE.

#### HOUSE OF COMMONS.

##### MEDICAL DEPARTMENT OF THE ARMY.

Mr. GREGAN asked when the warrant in reference to the Medical Department of the Army, in accordance with the recommendations of the Committee, would be issued.

Sir J. RAMSDEN said that the subject was at present under the consideration of the Government; but the recommendations referred to were so numerous and important that they would require very great deliberation before they could be finally adopted. It was impossible, therefore, to state any precise time when the warrant would be issued.

##### PETITION.

A petition was presented by Mr. H. A. Bruce, from guardians of Merthyr Tydvil, for introduction into the Lunatic Asylum Act of a clause authorising a committee of Guardians of each union to visit such asylum, and empowering them to discharge their own lunatics at their discretion.

### MEDICAL NEWS.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on February 18, 1868:—

BARNES, GEORGE, Milton Pewsey, Wilts.

LEWIS, HENRY

MANT, NEWTON, Wirksworth, Derbyshire.

MASON, BENJAMIN EARNSHAW, Calcutta.

PEMBERTON, CLARENCE LINDEN HENDERSON, Southsea.

#### DEATHS.

**CHATTERLEY.**—At Port Adelaide, suddenly, William M. F. Chatterley, M.R.C.S.E. Late of Hereford-square, Brompton.

**CLULEY.**—Feb. 17, aged 49, William Cluley, M.R.C.S. Eng. 1831; L.S.A. 1830. Ashton-under-Linc.

**COOKE.**—On the 11th inst., Mr. C. J. Cooke, M.R.C.S. Eng. 1840; L.S.A. 1839. Clay-next-the-Sea, Norfolk.

**DALTON.**—On the 12th inst., in Mecklenburgh-square, Joseph Dalton, M.R.C.S. Eng. 1818; L.S.A. 1817. Late of Doughty-street.

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY.**—The Annual General Meeting of the Royal Medical and Chirurgical Society, for the Election of Officers and other Members of the Council for the ensuing year, to receive the Auditor's Report, the Report of the Council, etc., will be held at the Society's House, 53, Berners-street, on Monday next, at 8 o'clock precisely. We append the list of officers proposed:—**President**—Sir Charles Locock, Bart. M.D. **Vice-Presidents**—\*James Arthur Wilson, M.D.; \*Alexander John Sutherland, M.D. F.R.S.; \*Charles Hawkins; James Dixon. **Treasurers**—George Cursham, M.D.; \*Alexander Shaw. **Secretaries**—Andrew Whyte Barclay, M.D.; Spencer Smith. **Librarians**—William Wegg, M.D.; \*Charles Hewitt Moore. **Other Members of Council**—\*George Burrows, M.D. F.R.S.; \*Charles Hutton, M.D.; \*Thomas William Jones, M.D.; \*Joseph Ridge, M.D.; John Snow, M.D.; \*Henry Thomas Chapman; \*William White Cooper; \*John Fosse Harding; \*William Augustus Hillman; \*James Luke, F.R.S.—Those gentlemen to whose names an asterisk is prefixed were not on the Council last year.

**MEDICAL LIFE IN INDIA.**—The following is an extract from a letter from an Assistant Surgeon in the Company's service, dated Cawnpore, December 14:—"During the six days we were in the intrenchments I had tremendous work; all the wounded in the two previous battles outside were brought in. The first day I amputated eight limbs, dressed more than eighty wounded men, scarcely knowing night from day, eating beef and biscuit and drinking tea and water whenever I could get a chance. Three round shot passed through my hospital roof, bringing down plenty of tiles and dirt, but injuring no one. The bullocks and camels suffered most, several being killed. Bullets continually pattered against my hospital walls, but all high up, as the earthworks protected the lower part. The hospital has been again removed to what was formerly the Dragoon barracks, nearer the intrenchments than the place I told you of last; we have now 800 sick and wounded, with only one surgeon, dressers, and eight assistant surgeons. The work I have done lately no man would believe; during the time we were in the fort six days were but as one of incessant toil; it had one good effect, that I cared but little what the enemy did, though towards the end I was nearly done up. Jaffer's (his man-servant) expression was, 'Sir, the work has dried you up; if Mem Sahib saw you, she would indeed cry.' However, thank God, I am all right again. All my clothes are spoilt with blood. I went about in my shirt-sleeves, bareheaded; my hair was matted with blood; my arms and hands covered. Blood spirted from arteries into my mouth and eyes; I was indeed all blood. How many bullets I extracted, how many wounds I probed and stanchd and dressed, how many operations I performed or assisted at, I cannot say; but, certainly, one thing is true, that in one week I saw more surgery than most surgeons see in a lifetime, and I trust I have improved myself."

**THE LATE DR. ROLPH, OF PORTSMOUTH.**—It is hardly three months since we commented on an inquest held on a woman attended by Dr. Rolph, and exposed the injustice of the verdict. The deceased gentleman, according to a correspondent, "had practised his profession in Portsmouth, with honour to himself and unbounded usefulness to a large circle of patients, during a period of fourteen years. He was a gentleman of high professional and literary attainments, and much beloved and esteemed by all who knew him." But his persecutors, not content with the odium they had thrown upon him, made a subscription, and "inserted in the Port-



mouth papers an advertisement to the effect, that the 'Committee of Subscribers' had erected to the memory of Mary Berry a tombstone, with a suitable inscription. This 'suitable inscription' was a copy of the verdict of the Jury, viz. 'The Jury find that Mary Berry died of child-bed fever, but they express their condemnation of Dr. Rolph's treatment and conduct, as they consider him chargeable with great neglect during child-birth!!!' Dr. Rolph was induced to visit the churchyard and inspect the tombstone. He returned home, after having paid some few professional visits, and shortly after his arrival expressed to Mrs. Rolph, 'I am extremely ill; my heart is broken; my brains appear to be on fire; I never can live to bear up against such fiendish torture.' He then talked occasionally for two or three hours, after which his intellect became confused; he talked incoherently, and at half-past nine o'clock on Wednesday morning he expired, a victim of the most cruel persecution. Mr. Wiblin, of Southampton, and Mr. Garrington, J.P., were in attendance upon the deceased gentleman during his short illness."

**ACTION ON THE SALE OF A PRACTICE.**—The case *Lovegrove v. Matthews* was tried in the Court of Exchequer last week. Both the parties are Surgeons, the plaintiff suing the defendant on his bond for £500, given on the purchase of his business at Horsham for £900, of which £400 was paid down at the date of the agreement, and the residue secured by the bond of the defendant and his father-in-law, payable at the end of a year. The defence was that the plaintiff had fraudulently misrepresented the business to be worth £900 a-year, whereas it was of far less value, as testified by the business done during the six months after the agreement, at which time the defendant proposed to rescind the bargain. The Chief Baron, however, expressed it to be his opinion that, inasmuch as the defendant could not reinstate the plaintiff *in statu quo*, he having succeeded to certain appointments and having enjoyed the business, such as it was, according to his statement for six months, the alleged misrepresentation afforded no answer to this action. The remedy of the defendant was by a cross action, but on the bond he was liable. After much discussion, the learned Judge directed a verdict for the plaintiff for £528 2s. 6d., principal and interest.—**MATTHEWS v. LOVEGROVE.**—This case was the cross action alluded to by the Chief Baron in the last. The cause resolved itself into the question whether the defendant, when he represented that his business had produced on an average of the last five years a gross receipt of £600, had made a true or false representation; and, as that question could only be solved by the laborious process of dissecting his books, it was agreed on all hands that the case was a proper one to be "inquired into elsewhere." The cause was accordingly referred to Mr. Dasent.

**ROYAL LONDON OPHTHALMIC HOSPITAL.**—The annual meeting of the governors of this noble charity was held at the Hospital on the 23rd February last, Mr. Labouchere the Treasurer and Vice-President in the chair. A tribute of respect was paid to the memory of their late President the Earl Fitzwilliam. William Cotton, Esq., D.C.L., was chosen as the new President. The Bishop of London, Sir Charles Rugeley Price, Bart., J. G. Barclay, G. H. Barnett, and G. H. Foster, Esq., were chosen Vice-Presidents. The Report stated that 12,577 patients had been admitted during the past year, and that such was the pressure upon the Committee for more wards for in-patients, that they intend, when the funds will permit, to build a new wing in addition to the extensive accommodation for out-patients already recently effected. It appears, notwithstanding the increase of its supporters, that the expenditure had exceeded the income nearly £1200. Thanks were voted to the Medical Staff, and to several gentlemen who had made valuable contributions to the library. The usual resolutions having been agreed to, the meeting separated.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, February 20, 1858.

### BIRTHS.

Births of Boys, 1031; Girls, 942; Total, 1963.

Average of 10 corresponding weeks, 1843-57, 1903.

## DEATHS.

	Males.	Females.	Total.
Deaths during the week ...	628	652	1275
Average of the ten years 1848-57 ...	584.6	579.5	1164
Average corrected to increased population ...	...	...	1280
Deaths of people above 90 ...	1	2	3
Deaths in 15 General Hospitals ...	31	15	46

## DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Whooping-Cough.	Dysentery.	Typhus.
West ....	376,427	1	3	6	4	5	4
North ....	490,856	2	5	12	19	..	8
Central ..	393,255	..	8	5	7	2	3
East ....	485,522	1	14	4	16	2	11
South ....	616,685	..	9	11	8	3	8
Total..	1,962,296	4	34	30	58	11	34

## METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer ...	...	...	...	...	...	...	29.872 in.
Mean temperature ...	...	...	...	...	...	...	34°
Highest point of thermometer ...	...	...	...	...	...	...	47.0
Lowest point of thermometer ...	...	...	...	...	...	...	34.0
Mean dew-point temperature ...	...	...	...	...	...	...	52.9
General direction of wind ...	...	...	...	...	...	...	N.E.
Whole amount of rain in the week ...	...	...	...	...	...	...	0.97 in.
Amount of horizontal movement of air in the week ...	...	...	...	...	...	...	470 miles.

## BOOKS RECEIVED.

- The Cause of the Coagulation of the Blood. By E. W. Richardson, M.D. London: 1858.
- On Dislocations and Fractures. Fasciculus II. By J. Maclellan, F.R.C.S. London: 1858.
- A Dictionary of Medical Science. By R. Dunglison, M.D. LL.D. Fifteenth Edition. Philadelphia and London: 1858.
- The Principles and Practice of Obstetrics. By H. Miller, M.D. Philadelphia: 1858.
- On the Mechanical Appliances necessary for the Treatment of Deformities. By H. Heather Bigg. Part I.: The Lower Limbs. London: 1858.
- On the Painless Extirpation of Cancerous Growths by Congelation and Caustic. By J. Arnott, M.D. London: 1858.
- The Reorganisation of our Power in India. By an Old Resident. London: 1858.
- Marriage and Prostitution. Oxford: 1858.
- The Record of Pharmacy and Therapeutics. No. III. London: January, 1858.
- The Necessity for some Legalised Arrangements for the Treatment of Dipomania. By A. Peddie, M.D. Edinburgh: 1858.
- The American Journal of Dental Science. New Series, No. I. Philadelphia and London: January, 1858.
- On some Modern Doctrines concerning Syphilis. By Langston Parker, F.R.C.S. [A reprint from the Midland Quarterly Journal.]
- Improvements suggested in the Medical Service of the Army. By George Redford. London: 1858.
- An Antiseptic. By B. Raikabona. London: 1858.
- Amputations and Artificial Limbs. By W. R. Grossmith. London: 1857.
- Report of Cases in the Calcutta Eye Infirmary. Return of the Principal Operations on the Eye, performed 1848-51 in the Calcutta Eye Infirmary. Notes on the Cape of Good Hope. By W. Martin, F.R.C.S. Calcutta: 1857.
- The Use and Abuse of Tobacco. By John Lissas. Seventh Edition. Edinburgh: 1857.
- The Ganglionic Nervous System. By J. G. Davey, M.D. London: 1858.
- Cholera. By J. M. Honigberger. Calcutta: 1857.
- Practical Chemistry. By J. E. Bowman, F.R.S. Third Edition. London: 1858.
- A Catechism of the Physiology and Philosophy of Body, Sense, and Mind. By T. Wharton Jones, F.R.S. London: 1858.
- The Nature of Inflammation, and the Principles on which it should be treated. By Thomas Inman, M.D. Liverpool: 1858.
- A Treatise on the Employment of the Speculum in the Diagnosis and Treatment of Uterine Diseases. By Robert Lee, M.D., F.R.S. London: 1858.

## TO CORRESPONDENTS.

DR. CONOLLY'S Fourth Paper will appear next week, with a Photographic Portrait as usual, and two Woodcuts.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I have been excessively amused to read in your Notices to Correspondents of the 20th ult., lines "borrowed" from the Edinburgh Medical Journal, and I fancy the author of the lines so "borrowed," is as much

amused as I am to learn that he contributed them to your celebrated contemporary. Surely the editor of the northern light—which professes to lighten all our darkness—where his light falls, has not ventured to give them as "original." Pray enlighten your readers who do not read the "Edinburgh," upon this point. Every one will recognise the lines in question as "borrowed" from your own paper, who like me is

A CONSTANT READER.

[OUR MONTHLY CONTEMPORARY certainly had not the grace to acknowledge the source of his inspiration.—Ed.]

#### CHLORODYNE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In justice I beg you to insert these few lines in reply to Dr. Medlock on the analysis of chlorodyne, as published in your Journal of last week, the 20th inst.

I do so that the Profession may not be misled by so erroneous a statement, or overlook the evasive manner in which his analysis is dictated, "inasmuch" as his observations foreshadow certain constituents, reserving this most extraordinary condition to his analysis, that it is what he states, or something else.

I beg to assure your readers in all truth and sincerity, that Dr. Medlock's statement is untrue, and that it is the something else which his chemistry cannot detect, and moreover that it is what I have ever stated to the Profession to be, an alkaloid, which to my knowledge has never been used in medicine prior to the introduction of Chlorodyne. I have never disguised from the Profession that this alkaloid is compounded with other organic products, and for the expressed object of preventing detection, and misleading the analyser. Several analyses of Chlorodyne have appeared, each entirely differing from the other. In this case I am quite sure the good sense of the Profession will receive with considerable distrust a statement, arising as it does from the Assistant to a rival establishment of recent origin; if otherwise, it will only be necessary to prepare the compound suggested, to confirm how essentially it differs in its therapeutic action and physical appearance from Chlorodyne as introduced by Dr. J. Collis Brown, which is acknowledged throughout the Profession to differ entirely in its action from any Medicine ever used in this country. I leave the subject in the hands of the Profession to say how far it is justifiable on the part of any one to publish erroneous statements in so important a matter as where life is concerned.

I am, etc.

J. T. DAVENPORT.

Feb. 22, 1858, 33, Great Russell-street, Bloomsbury.

#### THE COLLEGE MUSEUM ASSISTANT.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Though I am one of the rejected candidates for the appointment of Assistant in the Museum of the College of Surgeons, I should not have troubled you or the Profession on the subject, had it not been broached in your number of this day by Mr. George W. Lawrence. As it has been started, I will ask for space in your Journal to say a few words on the matter. Having devoted a very long period to the study of my Profession, having been engaged as House-Surgeon and as Assistant-Surgeon in several Hospitals, and having for years past devoted great attention to morbid anatomy in the dead-house and by the systematic examination of specimens in Museums, many of my professional friends considered that my qualifications rendered me very suitable for the office.

I was myself ignorant enough to suppose that holding the diploma of Fellowship of the College, I should be considered by the gentlemen in whom was vested the recommendation of a candidate to the Council of the College to have a prior claim, *ceteris paribus*, to any person not holding the same diploma. But although there is a tolerably searching preliminary examination in classics, mathematics, etc., and after that a professional examination lasting three days, and including dissections of the dead body, it does not appear that when obtained the testimonial is of much utility; and lest any one should hereafter think that it would avail him in the event of his applying for an appointment at the establishment in Lincoln's-in-fields, I desire to place my own case on record. Mr. George W. Lawrence complains of not having received official information; yet, judging from what he states, he is in possession of the opinions of the members of the Museum Committee to a much greater extent than has been vouchsafed to me.

With apologies for troubling you,

I am, &c.

JAMES J. RUDALL, F.R.C.S. (by exam.)

Rochester-square, Camden-town, Feb. 20.

*Students*.—See a paragraph on the subject in our leading columns.

*erratum*.—The important omission of the word NOT completely altered the sense of an answer to Mr. Brentwood last week. It should have read, "It is not usual for gentlemen who have passed the first M.B. examination of the University of London to use the letters M.B. after their names." It is neither usual nor right to do so.

Dr. Hamilton Roe's paper on Flourel Effusion shall appear in an early number.

Dr. Sylvester.—The letter shall appear next week, if possible.

Assistant might find his friend's address by writing to the office of the Army Medical Department.

F.T.H. can only obtain the information he requires from works on each Colony.

A Liverpool Correspondent.—The account given by John Corrin of the death of his wife, if correct, is calculated to throw great discredit on the Surgeons implicated, but we trust they will be able to offer some explanation of their conduct.

Dr. C.—We do not obtain a very clear idea of the case from the report sent, but it is evident that if a Medical man find the visits of a clergyman injurious to a patient he should not allow them to be continued without remonstrance.

Mr. Shillitoe's letter on the treatment of Boils shall appear next week.

Dr. Taylor.—Many thanks. The comments were most unfair.

Mr. Field's paper shall appear as soon as possible.

A Friend (Maldstone).—It was quite unnecessary to notice the remarks. The son's diploma does not make the father a qualified practitioner.

*Inquirer*.—The receipts of the Commissioners of Lunacy during 1857 were £14,137, of which £12,971 were expended for the purposes of the commission. The salaries of the Commissioners amount to £2970, and of the Secretary to £800 per annum.

#### COMMUNICATIONS have been received from—

Dr. ANDREW SMITH; Dr. CONOLLY; Mr. CESAR HAWKINS; Dr. G. JOHNSON; Dr. MARCET; Dr. ROBERT LEE; Mr. WHARTON JONES; Dr. PRINCE, Edinburgh; Dr. HALDANE; Dr. GRAILY HEWITT; Dr. IMMAN, Liverpool; Mr. H. SMITH; Mr. J. Z. LAURENCE; Mr. W. MARTIN; Mr. BROWNFIELD; Mr. F. HOLMAN; Mr. LEAK; Dr. WHITE; Mr. GODFREY; Mr. J. WILSON; Mr. R. TIFPEN; Mr. T. E. LANDER; Mr. J. BARROW; Mr. T. BLATHERWICK; Mr. IRVINE; Mr. WARWICK; Mr. R. TOMKINS; Mr. R. BRADSHAW; Dr. GRAY; Mr. FARR; Mr. J. PATTERSON; Mr. STRETTON; M.A.; Dr. HAMILTON ROE; REGISTRAR GENERAL; Dr. HALLFORD; Dr. BROWN-SQUARD; SECRETARY GENERAL, BOARD OF HEALTH; Mr. BARLOW; Mr. McDERMOTT; Mr. WHEATSTONE; Dr. ALLEN; Mr. SANSON; Dr. SYLVESTER; Mr. BAINBRIDGE; Mr. CORNISH; Mr. ADAMS; Mr. JONES; Mr. SHILLITOE; Dr. TAYLOR; Mr. FIELD, Brighton; Mr. GORDENIER; Dr. CROCKEN; Mr. VALE; Dr. McWILLIAM.

## APPOINTMENTS FOR THE WEEK.

### Feb. 27. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m. Charing Cross, 1 p.m.  
ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8 p.m.: Anniversary.  
ROYAL INSTITUTION, 3 p.m.: Professor Bloxam, "On the Chemistry of the Elements which circulate in Nature."  
MEDICAL SOCIETY, 8 p.m.: Dr. Rogers, "On some of the inflammatory and obstructive Diseases of the Cæcum, with remarks on the use of Violent Purgatives."

### March 1. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopædic Hospital, 3 p.m.  
ROYAL INSTITUTION, 2 p.m.: General Monthly Meeting.  
EPIDEMIOLOGICAL SOCIETY, 8 p.m.: Dr. Richardson, "On the Investigation of Epidemic Diseases by Experiment."  
ENTOMOLOGICAL SOCIETY, 8 p.m.

### 2. Tuesday.

Operations at Gny's, 1 p.m. Westminster, 2 p.m.  
ROYAL INSTITUTION, 3 p.m.: Professor Huxley, "On Biology."  
PATHOLOGICAL SOCIETY, 8 p.m.

### 3. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopædic Hospital, 3 p.m.  
ROYAL COLLEGE OF PHYSICIANS, 4 p.m.; Croonian Lectures—Dr. Sutherland: "The Pathology, the Morbid Anatomy, and the Treatment of Insanity."  
PHARMACEUTICAL SOCIETY, 8 p.m.

### 4. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.  
ROYAL SOCIETY, 8½ p.m.  
ROYAL INSTITUTION, 3 p.m.: Professor Tyndall, "On Heat."  
MEDICAL SOCIETY OF UNIVERSITY COLLEGE, 8 p.m.: Mr. Balmanno Squire: "Volcanos, Earthquakes, Hot Springs, etc., their causes and mode of action."  
HARVEIAN SOCIETY: Haity Lobb, Esq., "On Galvanism as a Therapeutic Agent."  
MEDICAL SOCIETY OF KING'S COLLEGE: Dr. H. Hyde Salter, V.P., "On Asthma."  
GROSVENOR PLACE SCHOOL MEDICAL SOCIETY, 7½ p.m.: General Meeting.  
LINNEAN SOCIETY, 8 p.m.  
CHEMICAL SOCIETY, 8 p.m.

### 5. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.; Great Northern, 2½ p.m.  
ROYAL INSTITUTION, 8½ p.m.; Professor C. Piazzi Smyth: "Account of the Astronomical Experiments on the Peak of Tenerife in 1836, illustrated by Photographs."  
ROYAL COLLEGE OF PHYSICIANS, 4 p.m.; Croonian Lectures—Dr. Sutherland: "The Pathology, the Morbid Anatomy, and the Treatment of Insanity."  
WESTERN MEDICAL AND SURGICAL SOCIETY, 8 p.m.: Mr. Martyn, "On Cases of Disease of the Oesophagus, one involving the operation of Tracheotomy."

## EXPECTED OPERATIONS.

King's College Hospital.—The following operations are expected at this Hospital to-day (Saturday) at 2 o'clock:—  
Amputation of foot (Perigord); removal of bursa patellæ; removal of growth from head; division of ham-string tendons; by Mr. Fergusson.  
Ligature of common carotid artery; by Mr. Bowman.

## ORIGINAL LECTURES.

## LECTURES

ON

THE ANATOMY, INJURIES, AND DISEASES  
OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,

Professor of Anatomy and Surgery to the College.

## ON FRACTURES OF THE SKULL.

## LECTURE II.

IN Dr. Gull's (a) valuable contribution contained in the *Medico-Chirurgical Transactions*, we find a case in which there was tenderness over the mastoid process and down the neck, behind the ramus of the jaw, on the right side, with deafness on the same side; but the external auditory canal and the surface of the membrana tympani appeared to be free from disease. The patient stated that four years ago, when working in a coal-mine in Staffordshire, he had received a blow on the right side of the head, which was followed by deafness and discharge from the ear. At the time of his admission into Guy's Hospital, the prominent symptoms, which were reported to have existed about a week, after exposure to cold, were those of irritative fever, with severe rigors and pains in the head. In the course of three or four days came symptoms of pleurisy, and then of lobular pneumonia, with perforation of the pleura-pulmonalis, and the patient died in nine days. The right lateral sinus, at its commencement in the torcular Herophili, contained an adherent clot; further on in its course, the contents of this sinus were fibrin, partly softened into a greyish puriform fluid and pus. The internal jugular vein was filled with the same at the upper part, and obstructed by an adherent clot, as far down as its junction with the subclavian. Over the petrous portion of the temporal bone, and continuous with the descending portion of the lateral sinus, the dura-mater was sloughy. Pus lay between it and the bone, and was infiltrated along the coats, and into the sheath of the jugular vein. The external auditory canal was healthy; the membrana tympani intact, and the malleus *in situ* upon it; but the other portions of the chain of bones were loosened from their connexions. The lining membrane of the tympanum was thickened and vascular. There was caries of the posterior and superior wall of the tympanum, and of the adjacent mastoid cells, extending to the dura-mater at two points; in one, as this membrane lies upon the superior part of the petrous bone, and in the other, as it covers the floor of the lateral sinus. There was no change in texture of the brain substance, which was quite healthy, excepting a slight discolouration of the cerebellum in contact with the diseased dura-mater. There was extensive pleurisy, with lobular pneumonia on the right side, and perforation of the lung in two places. The left lung was universally affected with acute recent pneumonia, and a small amount of plastic exudation existed on the pleura. The other organs presented nothing remarkable.

There is, I think, but very little doubt that the disease, in this case, originated in the accident. The history and the appearances observed about the ossicula of the ear certainly tend to show that the blow on the head was a very severe one, and gave rise to disease in the petrous bone, which went on smouldering for years, and ultimately led to the inflammation of the sinus, and jugular vein, and thence to the secondary affections noticed in the chest.

In the three cases which I have just brought before your notice, we can trace, in its various stages and consequences, inflammation of the lateral sinus dependant upon an injury done to the bone. In the first, we find the sinus simply blocked up by fibrinous deposit; in the second, there is extensive suppuration of this sinus; and in the third, not only is there suppuration of this sinus, but there are also inflammation and suppuration spreading to the jugular vein, with a secondary affection of the lungs and pleurae.

And this leads me to refer once more to secondary deposits in connexion with injuries of the head. This I shall, however, do but very briefly, as I have already fully examined the subject when I spoke of scalp wounds and contusions of the bones. By some it may perhaps have been thought that it would have been better had I kept altogether this subject of purulent infection until after I had fully considered all the various injuries of head. Being anxious, however, to trace out uninterruptedly the numerous evils which might arise from a scalp wound or a contusion of the bone, purulent infection naturally fell in as one of the greatest evils of these accidents in hospital practice. And then again I was led to follow the plan which I did, having much more frequently met with purulent infection in connexion with these accidents, than with fractures or other injuries of the head.

Thus in twenty-three cases of simple scalp wound, or contusion of the bone, which ended fatally at St. George's Hospital within the space of ten years, purulent infection was noticed in fourteen instances; whereas, in seventy-eight cases of fracture terminating fatally within the same period, it was noticed in six cases only, and even of these, five were compound fractures. Such a statement as this may, at first sight, appear strange; but it is explained by the fact that, in far the greater number of fractures, the patient died long before the period at which purulent infection usually sets in. In the vast majority of these cases, it was an extensive extravasation of blood, or some serious lesion of the brain, which led to the death of the patient, and there was no suppuration either about the fracture, or other parts of the cranial region.

Purulent infection deserves, then, to be especially and most prominently noticed in connexion with the simpler forms of injuries of the head, that is, with scalp wounds and contusion of the bones.

I do not think it necessary to tabulate these six cases of purulent infection which occurred in connexion with fractures. These cases simply point out the same broad facts. The lungs were more or less affected in all the six cases; the liver once only; and in three cases the hip-joint contained large quantities of matter.

In speaking of operative interference, you will have observed that I have not, as yet, said a word about the fact that fractures with depression are not attended with so much danger in the child as in the adult. The well-known fact that a depressed piece of bone may be allowed to remain in a child without producing the serious results commonly noticed in an adult, must, however, be taken fairly into consideration whenever we have to deal with such injuries in children. In children, let us ever bear in mind that we may safely leave much more to nature, and consequently that we may, in a child, postpone the elevation or removal of the broken bone, which in an adult we should proceed to operate upon at once.

Again, in speaking of operative interference in fractures with depression, you will also, doubtless, have observed that I have not yet distinctly mentioned the different modes of proceeding in such cases. In operating for a fracture with depression, we must recollect that our only object is to elevate or remove the fragments which are driven down. Now, if the form of the fracture is such as to admit of our doing this solely by means of the elevator, so much the better; and most carefully ought we to examine every fracture with depression, to see if we cannot, by any possibility, get the bone up by means of the elevator before we resort to any other operation. If the elevator cannot be thus used, our next duty is to see if the fracture is such as to allow of our gaining sufficient room by the removal of a narrow piece of the sound bone overhanging the depressed fragment. This mode of operating, so strongly recommended by Hey of Leeds, is much more practised in this country than on the Continent; in fact, so much so that Hey's saw, as it is commonly called, is always used by English Surgeons in preference to the trephine when the case is a suitable one. The use of the trephine, as far as depressed bone is concerned, is then, in the present day, restricted to those cases in which the edge of the fracture is regular, and without corners. And in using this instrument it behoves us to remove as little bone as we possibly can with due safety to our patient; but, on the other hand, let us bear in mind that in being over-cautious as to the removal of bone, we may leave a piece of the inner plate driven down, and sticking into the brain, and thus lose the good which might have arisen from the operation, had it been

(a) Vol. xxxviii. p. 138.

well performed. In looking over the skulls in our different museums, it is curious and most instructive to observe how frequently a sharp edge of the inner plate of the bone has been left depressed. Such a fact as this ought certainly to teach us most carefully to examine the state of the inner plate at the margins of the trephine-hole; and, if need be, to proceed at once to apply another crown of the trephine; for, assuredly, if we operate at all, it would be better to run the risk of removing too much, than to leave a piece of bone driven down, and injuring the dura-mater.

After the removal of parts of the skull, it was the custom in former times to protect, by plates of silver or lead, or by some other means, the portion of brain thus left exposed. Of late years, however, this practice has been abandoned; and now the only protection one usually sees is that afforded by the thickened dura-mater and integuments, as it happens but very rarely that ossification takes place sufficiently to fill up the gap. It stands to reason that where the brain is thus exposed, there must always be some risk of its being injured; still we may not unfrequently meet with patients who, under such circumstances, have gone on unharmed for years and years. Now and then it happens that matters do not go on so prosperously. You will all doubtless recollect the oft-quoted case of the poor girl, who lost her life by the giving way of such a cicatrix during a violent fit of coughing: hernia cerebri followed; then paralysis of the limbs, and death within five days after the occurrence.

And this reminds me of a case which I saw some years back. It was that of a man who had adopted a singular mode of making good a deficiency in the bones of his skull, caused by the removal of some depressed fragments. When he came under my observation the depression, of the size and shape of the bowl of a common dessert-spoon was filled up by a very hard and yellowish-coloured substance, the margins of which were exactly fitted to those of the depressed surface. In fact, such were the appearances that I, at first, took the case to be one of necrosis of the skull. From the man's account it appeared, however, that many years back he had had several pieces of bone removed after a compound fracture of the skull with depression. Having recovered, and being fearful as to the consequences which might arise from a large portion of his brain being thus exposed, he ultimately bethought himself of allowing the secretions and the dirt to accumulate in this spot so as to form a mass, which gradually increasing, had in the course of years formed a hard cake exactly moulded, by a little management, to the depression, which it completely filled up. Such was the history of this hard yellowish-looking substance, of which this man appeared to be not a little proud.

It is time, however, that I should proceed to the subject of fractures of the base of the skull.

Fractures of the base of the skull are either direct or indirect. That is, the bones either give way at the spot which was actually struck, or at a point more or less remote from the original seat of the injury.

In the vault, we found that fractures were, for the most part, direct; in the base, direct fractures are, comparatively speaking, very rare.

Hidden and protected as the base of the skull is by all the parts which are placed around it, rarely do we find that any force can be brought to bear directly upon the bones of this region.

Let us bear in mind, however, that at certain parts of the base of the skull, the bones are remarkably thin and brittle, for instance, the orbital plates of the frontal bone, the upper part of the ethmoid, that part of the middle fossa immediately corresponding to the articulation of the lower jaw, the cerebellar fossæ of the occipital, in all these different regions you will find that the bones are so thin that they are all but diaphanous. These bones are well protected by the parts which surround them; but, if direct pressure should be brought to bear upon these fragile structures, they may readily give way. Thus, scissors, slate-pencils, tobacco-pipes, bayonets have been thrust into the skull through the orbits, the nostrils, and the occipital bone, and the condyle of the lower jaw has even been driven into the middle fossa of the skull.

Thrust wounds in these regions, and especially those of the orbits and of the nostrils, become then of great importance

from the readiness with which the brain may be injured, through these thin bones at the base. No class of cases demands more vigilance on the part of the Surgeon, and by no class of cases does he run a greater risk of being put off his guard. Oftentimes has it happened that the brain-symptoms have not made their appearance for several days, the wound itself, to all appearance of the most trifling nature, having been scarcely, or not at all, noticed.

Injuries of this kind occur most commonly about the orbit.

In a case mentioned by Morgagni, a man, 30 years old, who had been struck over the right eye with a sharp pointed instrument, passed three days without sensible symptoms. On the fourth day, however, he went, of his own accord, to the Hospital, and there he died, much to the surprise of the Medical men, as all that had happened was simply a contusion on the right eye. At the examination of the head, the instrument was found to have passed through the upper wall of the orbit, and into the brain, reaching to within a finger's breadth of the ventricle.

In Sir Astley Cooper's case, the upper eyelid of a girl, 12 years old, was wounded by her falling upon a pair of scissors. Nothing to cause alarm occurred until the fifth day, when she was seized with convulsions, and subsequently complained of intense head-ache. These symptoms continued at intervals, and she died on the seventh day. A hole, large enough to admit the point of the finger, was found in the upper wall of the orbit, and corresponding to this, there was a wound in the brain, the surrounding parts of which were inflamed.

Mr. Guthrie mentions two cases of a similar nature. One, that of a boy, who was struck by a playfellow with a thick iron-wire on the right eye. He was seen, for the first time, two days after the accident. No external wound could be detected; but, as there was some bloody chemosis at the upper part and inner side, there was a probability of the wire having penetrated deeply, although no opening could be discovered with the probe. Shortly after the accident, it appeared that he had vomited, had eaten but little since then, but did not think himself ill. On the fourth day he began to complain of sickness, headache, and pain over the brow. On the evening of the fifth day he became restless and delirious, with some convulsive twitches of the face and arms. He died during the sixth night. The iron wire was found to have passed under the upper eyelid, between it and the eye, through the back part of the orbital plate of the frontal, and into the anterior lobe of the brain, which was here softened, and bedewed with matter.

The other case was that of a woman who was struck on the left eye with a tobacco-pipe. She had pulled a piece of the pipe out which was sticking in the orbit; the eye itself was uninjured: the wound was under the lid, between it, and the upper and inner side of the eye. A probe was passed some distance along the course of the wound. She had no symptoms for a week, when nausea, headache, and shiverings made their appearance, with paralysis of the upper eyelid. That night she became delirious, and died two days afterwards. Half an inch of the red-waxed end of the pipe had gone through the sphenoid bone, by the side of the sella Turcica, and lodged in the brain, from which it was removed bedewed with pus, the brain around being yellow and softened.

Mr. Guthrie states also that he had seen two other cases in children, of a nearly similar nature, and terminating in the same way.

In the winter of 1814, (b) a lieutenant in a Highland Regiment, when running on a dark night to escape from a shower of rain, came rather violently in contact with an irritable old man, who made a thrust at him with an umbrella, the point of which struck him immediately beneath the left eyebrow. The injury was attended with so little pain, or shock to the system, that this gentleman was able to walk at least half a mile to Sir P. Crampton's house, to show him the eyelid. The wound was three-quarters of an inch in length; the conjunctiva was not injured, neither was the eyeball. Two points of suture were put into the wound, and the patient walked to his lodgings. When seen on the following morning, this gentleman was at breakfast, and made no complaint, save of some stiffness in the eyelid. The next morning, however, Sir P. Crampton was called to him in a hurry, and found

(b) Dublin Journal 1851, p. 352.

him in strong convulsions, so strong that two persons were with difficulty able to keep him in bed. The convulsions continued with short intervals of coma, until the evening, when he died. At the examination of the head, it was found that the brass ferule of the umbrella, nearly two inches in length, had penetrated through the orbital plate of the frontal bone, and was lodged in the substance of the left hemisphere of the brain: it was imbedded in a thin coagulum of blood, which extended into the left lateral ventricle. Both ventricles contained a small quantity of bloody serum.

A soldier of the 77th Regiment, (c) being drunk, was put in the guard room, and the following morning was sent to the Hospital with some slight complaint, but nothing which appeared to call for particular attention. He was in the Hospital one or two days, and was walking about, when on a sudden he was attacked with symptoms resembling apoplexy, and died in a few minutes. No external appearance had been observed to indicate that any injury had taken place. On raising up the brain a collection of puriform fluid was found in the left anterior lobe, where it rests upon the left orbital plate of the frontal, and into this abscess was seen penetrating a piece of a tobacco-pipe about two inches in length. The piece of clay-pipe was supported by the left eyeball, having also as a support a circular hole in the left orbital plate. On further examination an ecchymosed spot was detected in the upper eyelid, which proved to be a wound made by the piece of pipe, which having entered the orbit, had passed through the orbital plate of the frontal, and thence into the brain. The inference drawn from the post-mortem examination was that the man, going home drunk, with a pipe in his hand, must have fallen, and thrust the tobacco-pipe into the orbit.

The cases of thrust wounds into the orbit which we have just been considering, were all difficult of diagnosis, most insidious in their course, and fatal in their issue. Such unfortunate results do not, however, always follow these thrust-wounds, even when the brain itself is seriously injured.

A child, (d) four years old, fell, and a common cheese knife, with a blade about four inches and a quarter long, and three-quarters of an inch wide, entered the orbit nearly horizontally, to the depth of three inches and a quarter, immediately beneath the superciliary ridge, and wounded the brain, injuring in its course the optic nerve, and probably also the levator palpebre muscle or its nerve. The father of the child stated that it required all his force to dislodge the knife from its situation. The bleeding was very slight, but the protrusion of some brain-substance followed the removal of the knife, and about eight days afterwards some more came away; notwithstanding which the child gradually recovered, without any exfoliation of bone, and he was known to be alive and well seventeen years afterwards.

Again, Morgagni quotes from Nebelius another case of a young man, who, on being wounded through the left orbit, was immediately attacked with paralysis on the same side, and convulsive motions on the opposite side: he became speechless, and soon afterwards was delirious. Then came pain in the right ear, followed in about three weeks by a slight discharge, which went on for some days, and, in about six weeks from the receipt of the injury, the patient was quite well again.

And here let me call your attention to a case which, for many years past, has been quoted as one of extraordinary recovery after a severe thrust-wound through the orbit. The case is that of François de Lorraine, Duc de Guise, who was wounded before Boulogne by a lance, which, as quoted by Boyer and many other surgeons, from Ambroise Paré, is represented as having struck the Duke above the right eye, inclining towards the nose, and entering, passed through on the other side, between the neck and the ear, with such violence that the head of the lance and a great part of the wood were broken and remained in, and could not be removed without the aid of a farrier's pincers, and yet, notwithstanding all this violence, the patient recovered.

On referring to Boyer (e) you will, I say, find the case placed under the head of "*Lésions du cerveau et des membranes par des instrumens piquans*;" and such, no doubt, would have been the nature of the injury, had the wound really been above the eye; but, in truth, the wound was not

above, but below the eye, and the lance therefore never penetrated the skull, but merely passed under it. In M. Malgaigne's (f) edition of the works of Ambroise Paré, the case is given in the very words used by this celebrated Surgeon himself, who instead of "*au-dessus de l'œil*," states the wound to have been "*au-dessous de l'œil*." The mistake, you will perceive, is one which might readily occur in French, so nearly alike are the words "*au-dessus*" and "*au-dessous*." Hennen, I see, also mentions the wound in this case to have been above the eye.

The error into which Boyer has fallen is clearly pointed out by M. Vidal de Cassis.

A thrust wound through the nostrils may also easily reach the brain, and that too with little or no outward mark to indicate that any severe injury has been received; and here we shall again have the same difficulty as to diagnosis, and oftentimes the sudden appearance of severe brain-symptoms, with nothing to lead us even to guess at the cause of all the mischief.

A trumpeter (g) of the 12th Lancers, aged 30, was admitted into the Hospital in February 1851, and was seen by the Assistant-Surgeon at the morning visit, who found him in bed, and considered that his ideas were somewhat confused, but attributed this, in part, to indulgence in drink the previous night. The patient on being questioned as to what was the matter with him, stated that on the previous evening he had been fencing with a walking-cane with some of his companions, and that he had received a blow on the nose, or a thrust from the cane in the face; but the only appearance of anything like an injury was a small puncture on the left ala of the nose, which did not appear larger than the wound from a leech-bite. He was somewhat taciturn, but was perfectly sensible, and answered readily the questions put to him. On the following morning there were still no alarming head symptoms, and consequently no particular examination was made of the parts where the wound existed. It was evident, however, that the man was labouring under a considerable degree of stupor. Towards the afternoon he became violent, and struggled with the attendants, who were obliged to use force to keep him in bed; his breathing was stertorous, and he puffed with his lips; the right eye was staring, and its pupil greatly contracted; the left pupil was widely dilated, and there was ptosis of the lid. He had passed everything under him; still, on calling him sharply by name, he sat up, threw his arms about, and struck at, or took hold of, any object within reach. In the evening he was suddenly seized with violent convulsions, attended with great discoloration of the face, and he died. No suspicion ever arose in the minds of the Surgeons who attended this man, as to the brain having been injured by a foreign body penetrating through any of the thin bones at the base of the skull; but at the examination of the head, the scalpel suddenly struck against a metallic body, just as the optic nerves were being divided. This proved to be the brass ferule of a small walking-cane, which, projecting into the skull, upwards and backwards, was lying close to the left side of the sella Turcica, and pressing upon the left optic nerve. Further dissection showed that this brass point belonged to the broken end of a cane, which had pierced the left ala of the nose, at the junction of the cartilage with the bone; and, taking a direction upwards, backwards, and a little inwards, it had grazed the inferior and middle turbinated bones, passed through the sphenoidal sinus, and thence into the skull, breaking off, and carrying before it the posterior clinoid process, but not rupturing the visceral membranes, which were, however, extensively inflamed.

But, if we find so much difficulty in recognising these direct fractures of the base, even in cases where there is a history of a thrust-wound, which might at any rate awaken our suspicions, what are we to say about those cases of direct fracture of the base produced by the condyle of the lower jaw being forcibly driven against its fossa? Such an injury, it is true, occurs very rarely; but we must not forget that the almost diaphanous state of the middle fossa of the skull, at the spot corresponding to the articulation of the lower jaw, renders this bone liable to an accident of this kind.

A boy, aged 12, was admitted into St. George's Hospital in February 1853, having fallen from the top of a house into an area. He was perfectly insensible, never rallied, and died

(c) Dublin Journal, 1851, p. 358. Josh. Painter. Surg. 13th Light Dragoons.

(d) Lancet, 1827-28, vol. ii.

(e) Boyer, 4th edit. tom. v. p. 88.

(f) Œuvres de Paré. Edit. Malgaigne. Paris, 1840, ii. p. 25.

(g) Dub. Jour. 1851, p. 347. Dr. G. Anderson, 12th Lancers.

about four hours after his admission into the Hospital. There was general contusion of the brain, but that to which I would more particularly draw your attention at present is the peculiar fracture of the middle fossa of the base of the skull, exhibited in this preparation, belonging to the museum of St. George's Hospital. In this preparation may be seen a hole in the base of the skull corresponding to the bottom of the left glenoid fossa, and through this hole you may perceive the condyle of the jaw, projecting slightly into the cavity of the skull. There were several other very severe injuries in various parts of the body, which I need not describe.

In this case we have then a direct fracture of the base produced by the condyle of the lower jaw being forcibly driven against its fossa.

There is, however, on record, a still more singular case, in which the condyle of the lower jaw was driven right into the skull, where it was found at the death of the patient, which took place six months after the accident.

A French sailor, Brochard by name (h), whilst drunk, was thrown out of a second-storey window, on the 22nd of December, 1833. He fell upon his chin, and was immediately conveyed to the Naval Hospital. The most prominent symptoms were those connected with the mouth, which it was all but impossible for the patient to open, the jaws being closely set, and the lower one driven backwards and to the left; the under part of the chin was bruised. The temporomaxillary region was painful, and particularly so on the right side, where there was a slight bruise. Antiphlogistic remedies were resorted to, and the condition of the patient soon began to improve; the motions of the lower jaw gradually became easier. He was discharged from the Hospital in January 1834, still feeling some difficulty in moving the jaw, and in swallowing. It had been noticed, however, that ever since his fall this man had been subject to head-aches, and that his disposition was very much altered—from active and light-hearted, he had become indolent and taciturn. Still complaining of his head, he was shortly afterwards re-admitted into the Hospital, whence he was soon discharged again. In this state poor Brochard was sent on board the Triton, where he was placed under the care of the Surgeon, and carefully watched, as it was thought that he was shamming in order that he might be dismissed from the service. Violent pain in the head was still complained of, and there was great difficulty in swallowing. In the month of May he was sent to the fever-ward, where he was bled, after which the pain in the head became less, and he was again discharged. On the following morning he was once more sent to the Hospital to have the state of his mind carefully inquired into. By some mistake or other he was unfortunately again passed on to the fever-ward, where the Surgeon, who had but just sent him out, not being able to detect anything materially wrong about him, again discharged him on the following day. He then returned on board, and there he remained until the 31st of May, when he was seized with violent convulsions. On the 1st of June he was once more sent to the Hospital, and there he created such a disturbance in the ward, that it was found necessary to put him under restraint. On the following day the convulsions had become more violent, with great congestion of the face; he was bled largely. Matters went on from bad to worse, and the poor fellow died on the morning of the 3rd. At the examination of the head, the right condyle of the lower jaw was found projecting into the middle fossa of the skull, into which it had been driven through a starred fracture of the glenoid cavity of the temporal bone. The neck of the condyloid process was partially destroyed. Some spicula of bone had wounded the dura-mater, which was extensively inflamed and thickened. There was also a large abscess at the under part of the middle lobe of the brain. The post-mortem was done in a hurry, and the condition of the lower jaw on the left side was not thought of.

This in-driving of the condyle of the lower jaw into the skull through the thin diaphanous plate of bone forming the bottom of the articular portion of the glenoid cavity, certainly reminds one very strongly of a somewhat similar accident which has been known to occur, now and then, about the hip-joint. I refer to those cases in which the head of the femur has been driven into the pelvis through the thin plate of bone at the bottom of the acetabulum.

(h) Chapaignac, *Plais de Tête*, p. 153. Journ. Hebdom. tom. iii. No. 37, Sept. 1834.

## ORIGINAL COMMUNICATIONS.

### THE PHYSIOGNOMY OF INSANITY.

By JOHN CONOLLY, M.D. D.C.L.

Consulting Physician to the Hanwell Asylum.

#### NO. 4.—MELANCHOLIA PASSING ON TO MANIA.

In the engraving from the photograph accompanying the present paper, there will be found certain modifications of action of the muscles of the face differing from those in the three preceding ones; as in the present instance the patient, after being insane some months, and then falling into utter despondency, and continuing in that state for a month, was in a transition state towards mania. Her story is but one in a large chapter of such which London furnishes. She gained a small livelihood by the occupation of a sorter and folder of paper, and lived but poorly. After a confinement she had an attack of puerperal mania, lasting about six months; her conversation was generally incoherent, and her actions were sometimes impulsive and violent. She repudiated her infant, declaring that it did not belong to her, and on one occasion she leaped out of a window fourteen feet from the ground. About a month after being received into the Surrey Asylum the excitement left her, and great despondency supervened. She then sat all day in one position, or else stood up covering her face with her hands. She never employed herself, and would not reply when spoken to. For many months she remained in this state, and then what at first appeared to be recovery took place, and her faculties seemed to revive. The melancholia, however, soon returned, and continued six months more. Then, a sudden renewal of bodily and mental energy occurred, and she became maniacal; began to dress herself fantastically, sung songs, and indulged in various ideas connected with wealth and pleasure, in which state she at present remains. The photograph, taken when the state of melancholy was passing into that of excitement, retains something of the fixedness of attitude and expression in the first state; as in the arms held close to the body, and the position of the lower extremities, and in the downward tension of the cheek. The body is thin, and the hair is lank and heavy. But the eyes are not lost in vacancy; they seem to discern some person or object which excites displeasure or suspicion. The forehead is wrinkled with some strong emotion, and the eyebrows, although corrugated, have not the tense contraction toward the nose which is observable in many cases of melancholia. The lips are not drawn down at the angles, but, although well shaped, are somewhat compressed, and the lower jaw indicates some half-formed determination. The maniacal condition of this patient has been accompanied with such an increase of stoutness that subsequent photographs are scarcely to be recognised as being likenesses of the same patient. Her face has become broad; the angles of the mouth are a little drawn up, giving it an expression of merriment; her forehead is smooth, the hair is well arranged, and the eyes and eyebrows are significant of animated observation, whilst the whole attitude is perfectly free from constraint.

These changes are not only curious and amusing, and highly characteristic of the various moods of disordered mind, but lead to reflections of wide extent on the profound relations even of facial expression with anatomical arrangements peculiar to man, and with some of his highest social endowments.

It is probable that among those who have honoured these fragmentary contributions to the science of Medical observation, as it relates to the facial expression of mental maladies, there are some whose attention to the subject of physiognomical peculiarities may previously have been merely occasional and very general, and to whom the relations discoverable by minuter observations will be as novel as they are interesting. In the papers and engravings already presented to the reader, the various facial character that is independent of conformation of the bony and immoveable parts of the face has been sufficiently dwelt upon, and shown to lead the reflection to the elaborate muscular arrangements, apparently designed by the Creator for the expression of all human emotions and passions.



Among the peculiarities of the melancholic face, the drawing down of the angles of the mouth has been seen to be constant; and the corrugation of the eyebrows, their traction especially toward the nose, has been shown to be almost general. In an exhilarated state of mind, and as we shall hereafter see, in maniacal excitement, the angles of the mouth are usually elevated, and the eyebrows assume a different character. But it might be forgotten that these peculiar facial changes, these peculiar depressions or elevations, and the frowning its opposites, are effected by muscles which man alone possesses; and that animals are incapable of the wide range of man's highest facial indications in consequence of their absence; the anatomical peculiarity being in accordance, doubtless, with their incapability of the higher emotions; all their expression being limited to the characteristic passions or emotions of animal existence; to which not only their nervous structure but their muscular arrangements are exactly adapted.

The extraordinary strength of expression in the human lips, arising not only from the action of the angular depressors and elevators, but of the orbicularis muscle, is never seen in the lower animals. These muscles are in them wanting; and their absence accords with their want, if it may so be called, of the various human emotions which are among the endowments of man, and to which the power of facial expression is accorded. The infinite variety of facial expression is, in fact, given by the anatomical relations of the numerous muscles of the human face with moveable integuments. In looking at an engraving of the muscles, the integuments being removed, their great number, and the circumstance that all of them, except the two which move the lower jaw, are cutaneous muscles, cannot but impress the observer with the extent of the provision made for facial expression. Some of the muscular fibres are even so delicate, and so interwoven with the fat and cellular membrane, as to make their demonstration by the anatomist very difficult. It curiously illustrates the relation between the minutest arrangements of the great Author of life and His higher designs, to find how intimate seems to be the connexion of these and other anatomical facts and the superiority of man over animals.

Some observations in relation to this subject may perhaps be ventured upon in subsequent papers.

After a somewhat careful examination of the few published illustrations of Insanity of former years, representing cases of several varieties of the malady, copied from patients then living in asylums, I am disappointed to find that, with some exceptions, I cannot confidently recommend them to the student who is desirous of becoming acquainted with the modifications of face now generally seen in instances of mental disorder, or with the wider impress of the malady on the gesture, attitude, figure, and dress of the patients; all of which combine to complete the external characters of disordered mind. It is observable that nearly every one of the subjects is represented, in former illustrated works on this malady, as being in some form of mechanical restraint. That mode of treatment excited irritable patients to violent muscular exertions, accompanied with ferocious distortion of the features, and plunged the melancholic into deeper woe, aggravating their delusive fears, and perpetuating the silence and immobility of sorrow or of dread. The figures which the artist or the physician could then select from the crowd of the mad, in the terrible abodes of such affliction, were but figures particularly representative of the general objects abounding in the wards, and of which the memory dwelt in the casual visitor's mind long after visiting them. I could yet point out galleries and wards at Hanwell where, on opening the door, the visitor's eyes and ears were at once subjected to the most distressing impressions, and where, after the abolition of the practice of mechanical restraint, any disturbance or outrage became rare and exceptional. When no terrific patient was seen walking up and down with hurried steps, his chest and arms bound up in leather and strong cloth; and none any longer were beheld fastened with leg-locks, or degraded by handcuffs, hobbling about helplessly, or sitting silent and sullen, or muttering and cursing, by the gloomy walls, to which some of them were chained,—a change came over the faces of all the rest of the patients; and the characters of terror, or of compassion mingled with anger, were seldom displayed by their companions. With the departure of these indications of helpless and indignant feeling, angry and hateful words ceased also. In some of the wards, which it was scarcely safe

to pass through before that time, except with some especial precautions, the change was so extraordinary that on looking back upon it, after the flight of nearly twenty years, it might seem as if some illusion had become entwined with the memory of those past days, if the change had not been recorded and printed at the time, and the story laid before those who had opportunities of witnessing it, and of verifying it themselves. The very descriptions of madness in the older writers, and even in Sir Charles Bell's work on the "Anatomy of Expression," with its beautiful illustrative drawings, would appear to the more modern observer as exaggerated.

Such transformations have followed wherever such modifications of treatment have been introduced. Among many gratifying proofs of it, in establishments from time to time visited by me when the changes were in progress, not quite without anxiety, an indelible impression remains of what I saw in two visits, made within an interval of two or more years, to the asylum for naval lunatics, attached to the fine hospital of Haslar. When first seen, that small asylum was a condensation of the worst parts of the old treatment. Close to the sea, where all the patients had served, and some of them had been distinguished, the view of it was entirely shut out by high walls. There were pleasant plots of grass here and there within those gloomy boundaries, but there were also strict injunctions that no patient, of whatever rank, should walk upon them. To a large proportion of beds some apparatus or other of restraint was affixed for nightly use; and assuredly calculated to keep sleep and rest and peace afar off. Every arrangement was, of course, conformable to the same system, then thought indispensable; and to reflect on which excited in official persons an evident suspicion of some disaffection to the Government itself, of which the official orders were solemnly quoted as sanctioning what long custom had almost sanctified in their eyes. I well remember the proud and morose expression then prevalent among the officers immured there; and the tumultuous actions and violence of the commoner sort of sailors—maniacs. One of them who was handcuffed exultingly told me that he had worn the handcuffs twenty years, because he had murdered a man. I saw no arrangements for the employment of the patients, nor any contrivances for their amusement; and every face wore the expression of listlessness and apathy, or of anger, or a ferocity only overmastered by fear.

At my second visit all was changed. Every instrument of restraint had disappeared. The high walls had been lowered, and pleasant seats placed in look-outs from which the eyes of the old sailors beheld the sea, and the harbour of Portsmouth, and ships innumerable, and the Isle of Wight; with the hourly changes of light and shadow on the fresh waters and the lovely land. Nor were the effects unreadable in the hardy faces of the veterans in the asylum. Several of them now conversed cheerfully, and were allowed to go out to sea on fishing excursions with their excellent physician, Dr. Anderson—now no more—but who had effected all this good. Among a variety of gratifying results from this change of influences on disordered minds, some patients began to speak after many years of obstinate silence; and my old acquaintance of the handcuffs, no longer handcuffed, had become a reasonable man; talked no more of murder, but chiefly devoted himself to making balls, covered with gay pieces of leather, for little children. Ferocious passions had died away; and endearing feelings, long buried, were resuscitated and flourished as they might have done in this poor man's boyhood.

The readers of these reminiscences will, I trust, pardon my too evident inability to dissociate from the subject of physiological indications the photographs, if they may be so called, left in the brain, and frequently recurring reflections on the circumstances which cause the modern portraits of insane persons to form so strong a contrast with those collected merely by vision in the olden time, but which are fixed indelibly in the recesses of the mind; repositing where nothing in reality seems quite to die, among the records of imperishable and mysterious memory.

We may still occasionally see, in all asylums, the recent maniac walking energetically, fiercely, perhaps, up and down whatever space is allotted to him, and defying gods and men; but we feel almost a certainty that, before even many weeks have elapsed, those fierce eyes will be more mitigated in expression, and the strained facial muscles will be nearer to a state of repose, and the violent movements of the arms and

legs will subside, and even the upstarting hair will be less wild and irritable-looking. In former times we should, perhaps, have found him, after many months, chained to a pillar, or a post, or the floor, or his bed; still frantic; pale; sinking into melancholy sullenness, or debility, and death; but still wasting his heart in morbid violence of words and manner, and, as far as his bonds permitted, in revengeful action. So also we may still see the victim of melancholia sitting motionless, and wrapped in gloom, the eyes fixed, the angles of the mouth drawn tensely downward, or laterally so as to make the mouth a line between the compressed lips; giving, with the unobservant dreamy eye, the general expression which we recognise as the *suicidal look*; and which look warns the experienced attendant that the most unremitting care continues necessary. But still, no unkind measures being resorted to, and no bonds superadded, and cheering and compassionate words being daily addressed to the desponding or terrified sufferer, sometimes the eyes become for a moment irradiated, as if with hope; the muscles of the cheeks relax into an encouraging or grateful smile, and the mouth re-assumes its natural expression. And such slight physiognomical changes, evanescent it may be, are still the precursors of coming recovery.

I must again refer the student interested in the general subject of physiognomy in relation to the various forms of insanity, to the plates already mentioned as having been published by Esquirol, and accompanying the last edition of his great work "*Des Maladies Mentales*," 1838. There are in the first volume of that valuable work (p. 408 et seq.) descriptions of two cases of melancholia which, with the portraits (No. II. and III., of which wood-cuts are



given with this paper), may well occupy careful perusal and inspection. The first of these relates to a young woman, twenty-three years of age, who is represented sitting on a bench which she always occupied when obliged to quit her bed. Her arms are crossed, and her feet. Her look is averted, and her eyes are fixed on the ground; her arched brows seem drawn strongly towards the top of the nose; her lower lip is depressed, and the upper appears elevated. Her dark hair is neglected. This young woman scarcely ever spoke or moved, and she took food with extreme reluctance; sometimes only overcome by a cold affusion. From that face all comfort and hope have fled, and from her figure all signs of activity or animation. Some single thought, or some train of torturing thoughts, or some fixed and fearful impression, would seem wholly to possess her mind. She had

lived in the country in the stirring years of the Imperial conquests, and had been terrified by the soldiers passing through retired villages, with little regard for the inhabitants. The portrait is evidently faithful; and it also curiously represents a large class of melancholy cases; so strongly do the fixed positions of the mind govern facial character and attitude, and exclusive expression.



In the next engraving in Esquirol's collection we find a different representation of a life-long melancholy; fixed and intense, but without the immobility represented in that just spoken of. A female figure is seated on a bed; the lower limbs drawn up, one hand grasping a knee, the other arm on the pillow, and the hand supporting the head. The features of the face are striking, and show that once that face must not only have been handsome, but characterised by forms usually associated in the mind with high birth, although by no means constant in that rank. The mouth and chin, after years of sorrow, or of hope deferred, retain much of their delicate beauty, and the well-formed nose may be pronounced as remarkably consonant with the firm and faithful affections of the original. The eyes, which were blue, are large, and widely opened; the eyebrows are arched, and, with the muscles of the forehead, strongly drawn downward and toward the nose. The hair, once beautiful, now whitened with grief more than years, is copious, and curls in wild disorder. The arms, although thin, retain much of their delicate and symmetrical outline. The body is wasted, and the lower limbs, rigidly drawn up to the trunk, have long lost their power. The whole countenance has an intense and grieved expression; and the eyes, yet expressive, seem intently to regard or to expect the appearance of some object ever present to the mind.

The history of this patient was, in truth, one long and melancholy grief,—a real romance in a woman of high rank. She was a princess of one of the noblest of the French families, and brought up in splendour, and in all childish happiness. She grew tall and strong, and all the illusions of youth, and beauty, and high station were gathering round her. The time had scarcely gone by when, in the careless days of childhood, the young Duke d'Enghien was often her playmate in the splendid gardens of the Château of Chantilly. Soon afterward, the great French Revolution shook at once from rank, and power and wealth all the princes and nobles of the land.

The young princess was transferred to the obscure care of a private governess. She became acquainted with poverty, and disappointment and fear agitated her daily existence. Her education was neglected. The Duke d'Enghien unhappily re-entered France, and his life was the immediate forfeit. His murder filled Europe with grief and horror. To the princess, then sixteen or seventeen years old, it brought despair. She fell by degrees into profound melancholy, and, young as she was, the springs of her life being poisoned, her hair became almost suddenly grey. She was taken to the Salpêtrière, of which asylum she remained an inmate until, after many years, death came to her relief. Long before that release her lower limbs, partly from inaction and partly from habitual position, had become contracted, so that when she moved about it was on the hands and ossa ischia, like a cripple. In all those years she seldom spoke, and then only in murmurs. Her usual position was that represented in the wood engraving. She sat on her bed, her head leaning on her hand, and her large eyes fixed all the day long, and every day, on a window opposite to her,—as if looking for some one on whom those eyes were never more to gaze, or listening for some loved voice, never more to be heard by mortal ears.

## NAVY MEDICAL REPORTS.

### TWO MEN POISONED BY THE HERB ENANTHE CROCATI OR WILD CELERY.

By ROBERT GRAHAME, M.D.

Surgeon, H.M.S. Wellington.

On the morning of Saturday, the 13th of February, the barge of H.M.S. Wellington was ordered ashore at Cambelltown at 8 a.m. for the purpose of being scrubbed and the gear cleaned by the boat's crew. Close to the spot selected for their operation ran a small stream or burn, as they term it hereabouts, and along its banks grew in abundance the plant in question. The men had strayed along the stream and some of them had pulled up the plant, washed the roots or tubers and eaten them, their example being quickly followed by the rest, as is usual in such cases. They afterwards collected a further quantity, washed it, and brought it on board for their messmates, to the amount of perhaps as much as would have filled a ship's wash-deck bucket. For some time after the arrival of the men with the boat (about 10 a.m.), nothing occurred to induce any suspicion of the danger their imprudence had subjected them to, and unhappily four of the ship's company had partaken of the root in the meantime, among whom was William Walsh, ship's corporal, who ate four good-sized tubers.

About 10.20 a.m. I was summoned to the aid of Owen Gaffney, who was labouring under severe epileptic accession on the lower deck, having just recovered from an attack of the same nature, Mr. Ironson, my assistant, having allayed its intensity by the cold affusion. On my arrival the man was in a state of almost immovable rigidity, insensible, moaning and breathing stertorously; countenance livid; eyes fixed, pupils dilated; sanguineous foam issuing from the mouth; intense action of the dorsal and lumbar muscles, or opisthotonos; the pulse very feeble, and the heart's action even scarcely perceptible; lower jaws firmly locked, the tongue much injured and slightly protruding. The cold douche to the head was freely administered. My instant impression was that he was labouring under the effects of some deleterious matter taken while on shore; and having given utterance to my suspicion, one of the men said, "Yes, Sir, he has been eating a good deal of this root," producing a mess basin half full of the plant and root. Having no doubt whatever of the nature of the case, I had him at once moved into the sick bay, and with some difficulty forced him to swallow a little brandy. This appeared to relieve him somewhat, or the violence of the spasms relaxed spontaneously, and I at once gave him an emetic of the sulphate of zinc, there was, however, not the slightest return of consciousness; he lay gasping and foaming at the mouth; the pulse, which had improved a little, becoming again imperceptible, I gave him a liberal dose of the sesquicarbonate of ammonia, but to no purpose, for in eight

or ten minutes from my first seeing him he expired gently and without a struggle.

By this time alarm had seized on the majority of those who had eaten, both ashore and on board, and more than sufficiently alive to the necessities of their case, they came rushing tumultuously into the sick bay for assistance, complaining of feeling uneasy, although, in some cases, without prominent symptoms. To all I administered the zinc emetic instantaneously, followed by copious draughts of tepid water, and, subsequently, brandy and ammonia, as seemed requisite; in most the stomach did not respond readily to the emetic, and in others not at all, although they used every effort to induce vomiting, by means of draughts of tepid water, tickling the fauces with feathers, and pushing the fingers into the pharynx. In five of the cases, including the man who died, the spasmodic accessions were severe and successive; in one the more prominent symptom was extreme restlessness, approaching to mania; in almost all there was semi-delirium and jactitation, if not convulsion; and in one or two prostration, requiring repeated small doses of brandy and ammonia. In two of the cases the men had said nothing, expecting I suppose to brave it out, when they suddenly fell down in convulsive fits on the fore-castle, and were carried into the sick bay.

William Walsh, ship's corporal, who had been assisting in bringing men into the sick-bay, and had actually reported Gaffney's death on deck, came back again to the bay to offer his assistance. He then smilingly, and seemingly without any fear of the consequences, told me that he had also eaten some of the root, but did not feel in the least unwell. I was preparing for him an emetic draught, when he said that he was beginning to feel giddy. I immediately gave him the draught, which proved most effective. He vomited copiously, and for some time kept up the action by feathers and warm water. His countenance improved, and in other respects he seemed to be much relieved; but, when about to be removed to his hammock, convulsions came on, and for two hours one fit followed another, until they terminated in his decease. He latterly required ammonia, brandy, sinapisms to the lower extremities, and assiduous friction.

In all the cases in which there were convulsions, opisthotonos was the form assumed. As we were hourly expecting to proceed to sea, the Procurator Fiscal came on board at once, and held a precognition, and Mr. Ironson opened the body of Gaffney. The surface was slightly livid; the stomach empty,—tough, viscid, tenacious mucus adhering to its mucous lining, which was highly congested. In the ileum small portions of the root were found. On opening the abdomen, and previous to examining the stomach, an overpowering and pungent odour of the plant at once became diffused, resembling that of celery seed; and in all the cases the patient complained of constant and continued eructations strongly flavoured by the plant, tendency to cramps in lower extremities; pain along the course of crural and sciatic nerves, commencing in the spinal column, more especially the lumbar region; vertigo, griping, or severe tormina; debility, and total loss of appetite for food.

### ON GUNSHOT WOUNDS OF THE EYE.

By W. WHITE COOPER, F.R.C.S.

Ophthalmic Surgeon to St. Mary's Hospital, &c.

Of the various injuries affecting the eye, wounds from shot and fragments of copper caps are among the most serious; the foreign body is driven with great force, and even if the elasticity of the tunics causes it to glance off, the concussion may seriously affect the globe. The destruction of eyes from accidents of this description is more common than is imagined; M. Boissonneau states that of 939 persons between the ages of 6 and 15 whom he fitted with artificial eyes, 341 had lost an eye either from the effect of firearms or the explosion of copper caps.

The immediate effect on the system of a shot striking the eye varies according to the idiosyncrasy of the individual; in some instances the person becomes sick and faint, though the injury may be trifling; others, whose nervous systems are less impressionable, treat the accident with indifference, though the eye may be seriously damaged. Our judgment as

to the severity of the injury must therefore be formed irrespective of the opinion of the patient.

A shot striking the eye may cause simple bruising and concussion; or it may glance off, cutting a groove without penetrating; it may pierce through the tunics and lodge in the globe; or, lastly, it may traverse the eye and bury itself in the orbit.

The first accident is usually the effect of a spent shot; in the others the shot retains its velocity. In the large majority of cases it has glanced from a stone or tree, and is flattened, angular, or jagged. It is remarkable how frequently, when one shot strikes a person, the eye is the seat of the injury.

*Concussion of the eye from spent shot.*—Major M., aged 42, consulted me in January 1856. The previous day, while shooting with a party, he was struck by a glancing shot on the left eye. He felt a smart stroke, and the sight was extinguished. No blood flowed, though much became effused under the conjunctiva. Six leeches were applied the same evening, and the eye was frequently bathed; during the journey to town, which occupied four hours, it had been covered with a handkerchief.

Its condition was as follows when examined by me:—Pupil dilated and motionless; the whole surface of the sclerótica covered with effused blood, but no breach of surface could be discovered; humours of the eye clear.

The treatment was, repose in bed in a darkened room, cold-water dressings to the eye, a brisk purgative, and strict abstinence.

On the third day large objects became visible to the injured eye, and day by day the sight improved; the severity of the discipline was gradually relaxed, and when the Major left town at the end of ten days, the eye, though still weak, had nearly recovered its power of vision.

*Wound from glancing shot.*—*Concussion.*—On February 16, 1854, Mr. M., aged 60, was rabbit-shooting with a friend in Hampshire, when a shot glanced and struck his right eye, the sensation being similar to that caused by a blow from a twig. The sight was not immediately extinguished, but speedily became so. He went home, and a surgeon happening to be in the house, attended to the eye; he washed it, cleansing away some blood, ordered a poultice, and advised Mr. M. to proceed at once to London. This he did, reaching town at 10 p.m., having suffered severe pain during his long journey. At 11 p.m. I saw him. The upper lid was red, and swelled at the margin; there was little congestion of the eye, but he could only discern light from darkness. As it was undesirable to expose the eye to candlelight, my full examination was deferred till the morrow, cold applications being ordered.

At 9 a.m. on the following day the condition of the eye was ascertained to be as follows:—The inner side of the cornea presented an abrasion, extending from an ecchymosed spot on the sclerotic just beyond the junction; beyond this there was no wound; there was little redness, and the pain had gradually subsided. The pupil was dilated and motionless—no sight. This gentleman was of spare frame, and very temperate. He was desired to keep perfectly quiet in a darkened room, on low diet, and to continue cold applications to the eye.

On the 20th, perception of large objects returned, and the eye was progressing favourably. On the 22nd, finding an increase of congestion, six ounces of blood were taken by cupping from the right temple, with marked benefit. By the 26th the eye was clear from inflammatory action, and the strict regimen which had hitherto been enforced was relaxed; the sight was greatly improved.

Mr. M. returned home on the 28th. The eye bore no trace of the accident, and the only difference between the sight of the two eyes was a slight haziness in that of the right.

*Eye lid pierced by shot.*—*Eye grazed.*—Lord C. was cover-shooting with a party, December 29, 1856. Two shots struck him: one just grazed the upper lid of the right eye; the second passed through the lower lid close to the outer canthus, and impinged upon the eye half a line below the cornea. There was free bleeding from the lid, and much ecchymosis of the eye; the sight was confused, but not seriously impaired. I saw him the following day. The ecchymosis was considerable, and an abrasion of the conjunctiva distinctly indicated the stroke of the shot on the eye. The sight was

still confused, and there were many *muscae volitantes*. Pupil sluggish. The treatment recommended was leeches, purging, abstinence, with cold applications to the eye; and at the expiration of a week the patient returned to his country seat with merely a little weakness of the eye remaining.

Considerable ecchymosis frequently attends bruising or grazing shot injuries, rendering it difficult to decide at the first glance whether the coats of the eye have been pierced or not. If the sclerotic be shot through, the wound will be indicated by its ragged edges, and by a dark mark showing the choroid; in some instances this appears as a distinct projection. If the anterior chamber has been opened, the aqueous humour will escape and the iris fall forward, obliterating the cavity and adhering to the wound. In one case I remember the cornea was just sufficiently ruptured to permit the fluid to escape; but there was no persistent gap, and the anterior chamber refilled in a few hours, the iris recovering its plane, and the pupil remaining circular. Nevertheless, as adhesion generally takes place, an irregular or elongated pupil is to be expected after gunshot wounds which have ruptured the cornea.

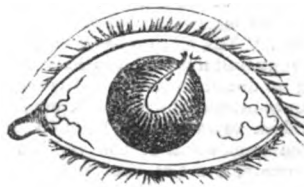
A shot or fragment of copper cap (for the observation is applicable to both) may lacerate the sclerotic, and yet by its elasticity be thrown off. The late Marquis of Anglesea had a fortunate escape of this sort. He was shooting from his pony in company with his private medical attendant, when, after a shot fired by the marquis, blood was seen on his eyelid and cheek. On examination the surgeon found that a piece of copper cap had cleanly cut through the outer side of the sclerotic of the right eye, the choroid projecting through the wound, resembling the head of a fly. Gentle pressure was made on this with a probe; it slipped back and did not reappear. Simple treatment only was used to the eye, and no ill effects followed.

After accidents to the eye from shot, the surgeon will be closely and anxiously questioned as to the probable result. A guarded answer is at all times proper. A slight graze may possibly by its concussion render the eye amaurotic, but when a shot has fairly penetrated the coats of the eye, the risk to sight is always most grave. In two cases within my knowledge (one in the practice of Mr. G. D. Fonnock, the other a patient of my own), the shot simply pierced the cornea and dropped into the anterior chamber, whence it was extracted without difficulty, the eyes receiving no permanent injury; but when the shot penetrates behind the iris, it either lodges in the interior of the globe, where it is sure to set up such irritation as to destroy sight—such, at least, has been my experience—or it tears its way through the eye, generally blinding, though not materially disfiguring it.

I regard the following as an instance of a shot passing through the eye:—

*Penetrating wound of eye.*—*Rapid recovery.*—In January 1856, Mr. V. S. aged 52, was woodcock-shooting in Ireland. He happened to be in a ravine when a shot from the gun of the keeper, who was above him on the opposite bank, struck his left eye, instantly extinguishing the sight. The following morning Mr. S. proceeded to Dublin, and placed himself under the care of Sir Philip Crampton. Singular to say, scarcely any inflammation arose, and though the eye was blinded, this gentleman speedily recovered from the wound.

He consulted me in November 1857, and the condition of the eye was then as follows:—Globe natural in size and consistence; iris natural in colour, but bulged forward by the lens, so that the black uvea at the margin of the pupil is strongly marked; the pupil is drawn upwards and slightly



outwards to a cicatrix at the margin of the cornea; the lens densely opaque, and the capsule slightly spotted with pigment, the conjunctiva somewhat vascular. With the exception of loss of sight, and some uneasiness at changes of weather, this gentleman suffers no inconvenience from his eye.

In determining the question as to whether a shot has penetrated or not, the following points have to be considered:—The weight of the shot, the distance from which it was dis-

charged, the position of the eye, and the direction whence the shot came. A heavy shot will plunge into the eye at a hundred yards, when a light shot would glance, or fail to enter at fifty. There is far more risk of a shot penetrating when it strikes the inner half of the eye than when the outer half is struck; and when the direction is very oblique, the angle of incidence will favour the escape of the eye. The elasticity of the tunics is such that a round pellet will be thrown off when an angular or jagged shot will pierce through them, and the laceration within the eye will depend on the size, shape, and force of the shot. An eye may present two wounds, marking the entrance and exit of a shot. The exit wound will be largest, the edges most ragged and everted, and will almost certainly be on the inner side of the eye.

If a small foreign body be driven with great force through the crystalline, it will make a minute opening in the anterior capsule, and a larger at its point of exit through the posterior. The first may be instantly closed by the elasticity of the membrane, in which case opacity will commence in the posterior layers of the lens, and gradually progress from behind forwards. The puncture, if in the pupil, may be recognised by a faint cloudiness in one spot; the rapidity with which the crystalline opacifies depends on the rent in the anterior capsule; if large, so that the aqueous humour be freely admitted, the lens soon becomes infiltrated and opaque. I have seen this occur one hour after injury.

When a heavy shot passes through the lens it ploughs it up; fragments may be thrown into the anterior chamber, and the whole body displaced, tilted against the iris or into the pupil; if, as is often the case, the iris is involved in the wound, a portion of it disappears altogether, the remainder being stretched by the opaque lens. As absorption of this progresses, more and more of the iris will appear, until there may ultimately be merely a displaced pear-shaped pupil, the extremity adhering to the wound as in the first woodcut. If the wound be at the margin of the cornea (as is singularly often the case), the aqueous humour may drain through it for some time, and the iris will lie against the cornea; but when the aperture has closed, the anterior chamber will refill, and the iris fall back to an extent depending on the adhesions which have formed, and the pressure caused by the lens.

When a shot passes completely through the eye, vision may be destroyed; but there is far less suffering than when it lodges. Considerable and protracted torture then attends its presence; yet in time this subsides, for nature does her best to relieve the irritation by enveloping the foreign body in lymph, and fixing it to one spot. Tolerant though the eye may be under such circumstances, a case is mentioned by Sir Charles Bell, in his "System of Operative Surgery" (a), which taxes our credulity. Speaking of the influence elastic tissues exert in arresting the progress of a ball, he says that a soldier received a musket-ball in the globe of the eye, where it remained. It was in that situation too valuable for him to consent to have it extracted! This man must have been much-enduring, or blessed with a singularly obtuse nervous system.

The amount and duration of suffering caused by a shot in the eyeball will much depend on its position. If it lodges in the firmer tunics, so as to be motionless, little suffering may arise; but when rolling about in the vitreous humour, it will be a source of great torment. If I were to name any special indication of the lodgement of a shot in the interior of the globe, it would be the colour of the iris. I have invariably found that this undergoes a striking change. A blue or grey iris will become olive, or even green; a hazel iris will assume a red hue. When the iris retains its natural colour and aspect, we may conclude that the shot is not in the eye; for the ultimate condition of an eye in which a shot has lodged is commonly as follows:—The globe will be soft, and diminished in size, from disorganization and absorption of the vitreous humour; the sclerotic puckered towards the wound, and of a brownish or yellowish tint; conjunctiva traversed by many dull red vessels; iris discoloured, and its fibres converging towards the distorted pupil, which is generally filled with tough whitish lymph. No perception of light, but occasional flashes are seen, and the eye is irritable at changes of weather.

(To be concluded.)

(a) Vol. ii. p. 452.

## ON THE MORTALITY OF THE METROPOLIS IN THE SUMMER OF 1857,

INCLUDING A NOTICE OF THE DIARRHŒA EPIDEMIC.

By J. J. FOX, Esq.  
Fellow of the Statistical Society.

### I. TOTAL MORTALITY OF THE SUMMER.

THE deaths registered in the thirteen weeks ending September 26 were 14,259. Making the usual assumption for increase of population, this amounts to a mortality of 534 to 100,000. But the average mortality of the past 17 summers (omitting those of 1849 and 1854 as exceptional) is 555. The summer that has just elapsed is therefore about 4 per cent. below the average, or may be said to have a "general salubrity" of 4 per cent. The summers of 1845, 50, 53, and 55, had a general salubrity greater than the present, i.e. their mortality was lower; in the other 13 summers of the series the mortality was greater.

### II. DISTRIBUTION OF THE MORTALITY AMONG VARIOUS DISEASES AND CLASSES OF DISEASE.

We may in the case of this summer divide the principal causes that together make up the total mortality into two heads, according as their mortality is above or below the average of former summers.

#### A. Causes of death *above* the average of former summers.

Diarrhœa . . . . .	41 per cent. above.
Whooping-cough . . . . .	18 " "
Croup . . . . .	6½ " "
Zymotic diseases (a) . . . . .	5 " "
Premature births and debility . . . . .	5 " "
Teething . . . . .	5 " "
Diseases of kidneys . . . . .	3½ " "

#### B. Causes of death *below* the average of former summers.

Bronchitis . . . . .	6 per cent. below.
Rheumatic diseases . . . . .	8½ " "
Typhus . . . . .	9 " "
Diseases of digestive organs . . . . .	9 " "
Phthisis . . . . .	10 " "
Paralysis . . . . .	11½ " "
Diseases of uncertain seat . . . . .	11½ " "
Apoplexy . . . . .	13 " "
Hydrocephalus, cephalitis, & convulsions . . . . .	14 " "
Diseases of the heart . . . . .	14½ " "
Diseases of respiratory organs . . . . .	14½ " "
Diseases of nervous system . . . . .	15 " "
Pneumonia . . . . .	19 " "
Measles . . . . .	20 " "
Erysipelas . . . . .	36 " "
Scarlatina . . . . .	44 " "
Small-pox . . . . .	82 " "

These numbers suggest the following remarks:—1. With regard to small-pox the per-centage below the average, though very great, is less than it was in the previous quarter (b), indicating, probably, that the disease has reached the minimum of its cycle, and is now beginning slowly to increase. The next one or two quarters will show whether this is really the case, or whether the slight increase may be only a minor fluctuation on the surface of the great wave, due, perhaps, to the excessive heat, or some other atmospheric peculiarity of the summer. It is remarkable that not a single death from small-pox is returned in the western division, and very few in the southern; the eastern division has little more than its share, proportioned to its population; while 36 per cent. of the deaths from small-pox occurred in the central division, the population of which forms only about 15 per cent. of the total metropolis. The proportion in the northern division was also high, but as it contains the Small-pox Hospital, no fair inference can be drawn.

2. A second striking feature in the morbid character of the season, as expressed in the above numbers, is the concurrence of a large number of important diseases, *considerably below* the

(a) The average with which the mortality from zymotic diseases is compared, is derived from the previous 12 summers, omitting the deaths from cholera in 1849 and 1854.

(b) The corresponding numbers for the six previous quarters, beginning with the commencement of 1856, are 18, 38, 52, 73, 78, and 89.

average, with some others as *greatly* above; in other words, there are few or none which are only *slightly* affected by the season, and but for the large prevalence of two causes, diarrhoea and hooping-cough, the quarter would have been a particularly healthy one. This may be shown by comparing the mortalities of the five largest causes of summer death, in this and former summers. The *usual* order is as follows; the numbers expressing the number of deaths per 100,000 of population, caused by each:—

Phthisis	.	.	.	.	.	68
Diarrhœa	.	.	.	.	.	62
Hydrocephalus	}	.	.	.	.	41
Cephalitis and						
Convulsions						
Typhus	.	.	.	.	.	23
Scarlatina	.	.	.	.	.	23

making a total (with omitted decimals) of 219, which is just 40 per cent. of the total mortality. Now the same five causes, arranged in their order of occurrence this summer, are—

Diarrhoea . . . . .	88	
Phthisis . . . . .	61	
Hydrocephalus	}	35
Cephalitis and		
Convulsions . . . . .		
Typhus . . . . .	21	
Scarlatina . . . . .	13	

These are still the five most important causes of death, except that bronchitis, hooping-cough, and pneumonia, all usually below scarlatina, have risen above it. It is curious that the sum of the 5 is still just 219, as it was in the average of former summers, but how differently is this large fraction of the total mortality constituted! Omitting diarrhoea, the four others, phthisis, hydrocephalus, etc., typhus and scarlatina, *generally* make a sum of 156 deaths in 100,000; *this year* they amount to 131, while diarrhoea has risen from 62 to 88 deaths, outtopping phthisis, and becoming the first cause in importance. We may therefore consider the inference substantiated, that but for the very large increase of diarrhoea, this might have been placed among the very healthy summers. It becomes an interesting problem to determine the character of this invasion of diarrhoea. Is it epidemic, in the sense of belonging to the cycle of former diarrhoea and cholera invasions, and coming perhaps from abroad, or is it an accidental increase of our regular summer disease, due to the very remarkable meteorological character of the season?

### III. METEOROLOGY OF THE SEASON.

The summer of 1857 was a peculiar one. Although the summing-up of meteorological elements, as registered by observers, is but a very imperfect expression of the "weather" of a period; yet it is the best we can get, and it is worth while to notice how the season we are considering stands, when compared with the same season of former years. June, July, and August are the three months, the character of which must have most influence on the deaths registered in the summer quarter.

1. The *mean temperature* was 64°, being 3½° above the average of the previous 16 summers, and only exceeded by that of 1846, which was three-tenths of a degree higher. June and July were each of them considerably above the average; August was higher than it has ever been during the 86 years of which we have trustworthy records.

Moreover, these three months are part of a warm period, extending from May to October; of the 26 weeks from the beginning of May to the end of October, only 4 were colder than the average of former years, while 22 were warmer.

2. The mean reading of the *barometer* was in each month above the average, but not to any great degree. Its range in the month was about the average in June and July, but much less than usual in August.

3. The amount of *rain* was slightly less than usual, being pretty much *above* the average in June, *below* it in July, and at its average value in August.

4. The *humidity* of the air was in each month less than usual, especially in July.

5. The amount of *wind*, as measured by Whewell's anemometer, was below the average in June, very much below in July, but in August rather greater than usual. As compared with the same months in 1856, the *distribution* of the wind is not very different in July and August, but June is marked by a much larger prevalence of east wind in this

year, which was also the character of the previous months, April and May.

### IV. THE DIARRHOEA EPIDEMIC.

So large a fraction of the mortality this summer was caused by diarrhoea, that it calls for a few remarks. Were speculation safe, one might be tempted to theorize as to the influence exerted by the various atmospheric circumstances with which it was attended. Facts, however, with all their fallacies, are safer than speculation, and I will present here the cycle of years, commencing with 1846, arranged in the order of their mortality from diarrhoea in the summer quarter. The number annexed to each represents the proportion of deaths to 100,000 of the population. These numbers, of course, have no pretension to be received as absolutely correct, but only as approximations. (a) I have also added to each year the mean temperature of the period, consisting of the four months from June to September:—

	Mortality from diarrhoea.	Mean temperature of June to Sept.
1849 . . . . .	108 . . . . .	60.4
1857 . . . . .	88 . . . . .	62.9
1854 . . . . .	82 . . . . .	58.7
1846 . . . . .	73 . . . . .	63.2
1856 . . . . .	62 . . . . .	59.6
1851 . . . . .	61 . . . . .	59.5
1852 . . . . .	59 . . . . .	60.4
1847 . . . . .	64 . . . . .	59.9
1850 . . . . .	60 . . . . .	60.9
1853 . . . . .	60 . . . . .	58.4
1855 . . . . .	49 . . . . .	59.5
1848 . . . . .	47 . . . . .	58.5

The average of these numbers, expressing the mortality, is 65, and only 4 out of the 12 summers are above the average, viz., the two cholera seasons, the present one and that of 1846. The cholera summers may be regarded as exceptional, though one of them is exceeded in its diarrhoea mortality by 1857. 1846 and 1857, therefore, stand out distinctly from the group as years in which the diarrhoea mortality was very considerable; and they are also remarkable and exceptional in the high temperature of their summer. It is worth noticing that 1849 was a summer above the average warmth; while 1854, in which the diarrhoea mortality was *less* than the present year, although cholera prevailed, had a summer of very low mean temperature.

The diarrhoea epidemic of this year may be regarded as having lasted 16 weeks, from the third week in June to the first in October, during which interval it caused 2490 deaths. Increasing slowly at first, it mounted rapidly in the early weeks of July, and reached its maximum at the end of that month, that is to say, in the week ending the 1st of August. From its maximum, the decline was gradual, taking nine weeks to subside into a quiescent state, while in ascending to the summit it had only occupied six weeks. A similar feature marks the curve formed by the averages of corresponding weeks in the previous 10 years, in which the course of the usual summer diarrhoea belonging to each year is blended with other years; the deaths increased slowly in June, rapidly in July, reach a maximum in the second week of August, and decline more gradually than they rose, until about the end of November they have sunk to about the same number that they were in the beginning of June. The maximum of the deaths from diarrhoea in 1857 was thus about two weeks earlier than the average maximum of former years; but it did not occur to the whole of the metropolis at the same time, for in the western division, taken alone, the week containing the maximum preceded, and in the southern succeeded the week which contained the maximum for the metropolis taken entire. It is probable that different parts of London differ not only in the relative amount of deaths caused by an epidemic, but also in its course, or the period during which it manifests its ravages. These and many other interesting points of like nature remain for future investigation. It should be noticed as bearing on the difficult subject of the connexion of meteorology with disease, that the maximum occurred in the week that followed the two hottest weeks of

(a) The error introduced by the estimate for population may be regarded as *nil* in 1851; whatever it be, it increases with each year after that epoch; yet its amount is always slight, and for the present year, 1857, does not probably exceed 1.7 per cent., or about a sixtieth part.



the season, when the mean weekly temperature reached the great height of 68°. For two consecutive weeks to present so high a mean temperature is a very unusual phenomenon in this country.

(To be continued.)

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### THE HOSPITAL FOR DISEASES OF THE SKIN.

#### REPORT ON THE NATURAL HISTORY, DIAGNOSIS, AND TREATMENT OF ALOPÆCIA CIRCUMSCRIPTA.

(Concluded from page 219.)

**PROPOSITION X.**—*That its anatomical characters are Wasting of the hair bulbs and Thinning of the affected parts of the scalp.*

If the scalp in a case of Alopecia circumscripta be shaved its thinned condition at the affected parts is remarkably well seen. Supposing the case a well marked one, the patches appear smooth, glossy, and somewhat tense, while the skin in other parts is much thicker and studded over with the cut ends of the hairs. If the hair be dark the healthy parts of the scalp look more or less blackened by the remaining portions of hairs within their follicles, while the diseased patches are of pale pink colour. To the finger the greater thickness of the healthy tracts is very perceptible. The thinning is no doubt due chiefly to the removal of the hair bulbs, but probably also in some measure to a general atrophy of the deeper layers of the skin itself with its secreting glands, and to the absorption of its adipose tissue. If a few hairs be drawn out from close to the border of the bald patch, it will generally be noticed that they come out much more easily than usual. The tapering condition of their extremities, which should be somewhat bulbous, is easily seen, without assistance, by a good eye. Under the microscope it is very apparent indeed. The extremity often tapers off to a mere point, and little or no pigment is seen near it. This tapering is often very gradual indeed, and extends to some length along the hair shaft after its escape from its follicle. It is thus clear that a certain amount of longitudinal growth proceeds subsequent to the commencement of the wasting process. The hairs are seldom brittle, and never show any tendency to split into filaments. Not unfrequently, however, they look as if broken off close to their bulbs, a result no doubt due to their extreme slenderness at that part. The writer has never in any single instance seen any appearances at all resembling those produced by fungoid developments, either within or upon the hair. On the contrary, the hairs have always seemed perfectly healthy, excepting the wasting of their bulbs. He believes that he has examined the hairs in nearly fifty cases.

The characters above described are for an obvious reason the best seen in cases in which the disease is advancing. The appended woodcuts show the condition of the hairs in Cases 2 and 3 in our series. For the sake of contrast, a hair with healthy bulb, pulled from an unaffected part of the same scalp, has in each instance been placed by the side of those which are wasted.

**PROPOSITION XI.**—*That it is not of parasitic origin, and that there is reason for believing that it generally acknowledges a constitutional cause.*

Our experience as to the absence of any parasite in the hairs is stated above. Dr. Jenner, in an excellent clinical lecture on the Diseases of the scalp having a parasitic origin, recently published in this Journal, includes in that class Alopecia circumscripta. He states, however, that he does so in deference to other writers (chiefly Continental), and avers that he has himself never once succeeded in finding the fungus in question. Now, supported as our own conclusion is by that of so careful an observer as Dr. Jenner, we are, we think, justified in asserting that the disease has no parasitic element. As far as we are aware, no English observer has ever been able to demonstrate it; and such is the confusion in the nomenclature of skin diseases on the Continent as well as here, that we cannot help suspecting that the cases in which German microscopists have noticed it, although styled by them by the same name, were not really cases which would have met our definition of Alopecia circumscripta. Very possibly they were cases of true ringworm in a stage much modified by treatment. M. Robin (a), adopting the statements of Gruby (b), has described two different fungi, the *Trychophyton tonsurans* and the *Microsporon Audouini*, as the causes respectively of *Tinea tonsurans* (true ringworm) and *Porrigio decalvans*, or, as he also terms it, *Alopecie idiopathique*. We believe that in English practice these two affections are but varieties of the same, and ought both of them to be classed as true ringworm (*Tinea tonsurans*). Whoever will read M. Gruby's description of them will at any rate feel certain that neither is the Alopecia circumscripta of this report. He describes (as rendered by Robin, page 428) the hairs as becoming brittle, breaking off, and leaving the affected portions of the scalp "d'un gris blanchâtre, à cause du cryptogame qui couvre ces surfaces." The great difference in the mode of attack between the two fungi is asserted by M. Gruby to be, that the one, *Trichoph. tons.*, develops itself only in the interior of the hair-bulbs, whilst the other, *Tric. Audouini*, eats into the hair-shaft after it has emerged from the scalp; yet the former only causes the hairs to break short off, whilst the latter makes them fall out—the very reverse of what might have been expected. The utter confusion of M. Robin's own ideas in the matter is evident from the fact that he endorses on one page the description of M. Gruby, who gives the exact measurement of the crust caused, and on the next that of M. Bazin, who asserts that the disease is "sans squames, sans croutes, sans décoloration des parties malades." The truth probably is, that whilst Bazin is describing the disease which is the subject of this report, Gruby was writing of a form of true ringworm. We need hardly point out that the proof we have afforded of the non-contagiousness of Alopecia circumscripta tends also to support the conclusion that it is non-parasitic. Most (but not all) phyto-parasitic affections are very contagious.

And now to turn to the evidence that the disease is one of constitutional origin. Out of the 42 cases in our series, the patients in 20 stated that they had experienced no indications of deranged health whatever prior to the occurrence of the baldness, and that they had also remained in good health during its advancement. In 10 instances a certain degree of languor had been noticed as a premonitory symptom, and in 6 there had been symptoms of indigestion. Eight had been getting thinner before the hair began to fall, and 4 had suffered from severe headaches. Two were just recovering from severe illnesses at the time. These statements are of course based upon the information given by the patients themselves as to their previous history. We have described the health at the time they first came under our notice as being in 13 cases excellent, in 15 good, in 8 moderate, in 2 the patients looked decidedly delicate, and in 2 a markedly cachectic state



B, healthy bulb.

A, wasted bulb.

(a) *Histoire Naturelle des Végétaux Parasites*, &c., pp. 408, 427. 1853.  
(b) *Recherches sur la Nature et Développement du Porrigio decalvans en Phyto-alopœcia*. 1843.

existed. In 15 of the cases the patients appeared to have been well fed in every respect, in 9 moderately, and in 12 badly. We must leave these facts to the reader, as the best we have to offer. Although a considerable proportion of the patients showed one or other manifestation of disordered health, yet we must admit that in many they were as well as could have been wished, and that we are quite unable to connect this singular disease with any particular group of constitutional symptoms, or special form of cachexia. We do not recollect ever to have seen it in fat persons, and most of its subjects have certainly been lean beyond the average. Speaking from memory, we should have said that headache had been a common premonitory symptom, but our notes do not prove that it was so. It was certainly of very marked character in one or two of the cases, and had been particularly noticed by the patients themselves as a thing they were not accustomed to. M. Bazin, whose description of the disease is the fullest that we know, states only respecting constitutional symptoms, "Le malade éprouve parfois d'assez vives démangeaisons."

**PROPOSITION XII.**—*That it is not met with, however, sufficiently often in connexion with any particular group of constitutional symptoms to justify us in considering it as consequent on any peculiar form of cachexia.*

We have above discussed the evidence on this point at sufficient length.

**PROPOSITION XIII.**—*That it is occasionally liable to relapse after cure, but that the bald patches rarely show any disposition to change of place.*

All the facts respecting the tendency to relapse, to change its place, etc., are in close accordance with our assertion respecting its nature, namely, that it is not parasitic. Unlike those of ringworm, its patches rarely change the place on the scalp which they have once assumed (Case 22), and with the most extreme rarity is there seen any tendency for the hair to grow in the centre (Case 29). Usually the hair falls rather quickly, and bare surfaces having been produced, they either remain *in statu quo*, or gradually extend at their borders. From the junction of several patches a large, irregular, bald surface is often produced. It is not to be imagined probable, had the disease a cryptogamic origin, that it would ever get quite well for a time, and then, after a prolonged interval, rapidly relapse. Yet when once the reproduction of hair has commenced, it usually proceeds quickly, and on all the patches simultaneously, just as it ought, admitting the affection to be a constitutional one. In the case of William Blanshard (No. 2) we have seen that he had been liable to the disease for six years, but that out of that period he had been quite well for several successive ones. In that of George Smethwaite, aged 12 (Case 10), repeated relapses had taken place during a period of five years, the scalp having several times been well covered with hair. He had noticed that the hair usually fell in spring. This history is exactly that of a constitutional eruption such as eczema or psoriasis, but not at all that of favus, ringworm, or pityriasis versicolor. In Case 17, likewise, the boy had been cured at the Hospital two years before, and had remained well until within eight months of his second admission. The man who was the subject of Case 34 had likewise experienced a relapse after a complete cure. In Case 23 many relapses had occurred. With these exceptions, in almost the whole of the cases in our series, the disease had, up to the time of the note, either continued steadily to spread, or had remained at least without tendency to recovery.

**PROPOSITION XIV.**—*That it is of extremely chronic nature.*

To be convinced of this it is but necessary to run the eye down column 8 of the table. In almost all the disease had existed despite much treatment for many months, and in not a few its duration was measured by years. Thus in Case 5 it had existed three years; in Case 6, five years; in Case 10, five years; in Case 23, seven years; in Case 28, sixteen years; in Case 30, six years; and in Case 34, eight years.

#### TREATMENT AND PROGNOSIS.

We regret that we have not been able to add a column to the table of cases, stating in each the ultimate result, and the means of cure. This is owing to the great chronicity of the cases, and to the fact that most of the patients ceased attending as soon as improvement was well established. Mr. Startin's plan is to treat the disease by local stimulants, with constitutional alteratives, and tonics. Blistering the affected parts with Bullen's vesicating fluid was practised in all the

cases, usually at intervals of about a fortnight or three weeks for several months together. In all also a lotion, containing the tincture of cantharides, and some other irritants, was ordered for use when the blister had healed. A common formula was two ounces of the compound sulphur lotion, half an ounce of tincture of cantharides, and four of water. The mixture ordered for internal use usually contained small doses of bichloride and of arsenic. There does not appear any reason to place faith in mere tonics and good diet; alteratives, and remedies having specific influence over the cutaneous system, are evidently more requisite. Nearly all the patients had been under other treatment before coming to this Hospital, and many had taken cod-liver oil, tonics, etc., freely. Dorothy Quick, the patient in Case 22, had, for instance, been a whole year under treatment at the Children's Hospital, during five months of which she was an in-patient, having meat daily, and taking cod-liver oil, yet without, as her mother stated, any permanent benefit. We mention this merely as proof that liberal regimen will not always cure the disease. The case was a very obstinate one, and but little advantage was obtained while it remained under our observation.

The prognosis given in this troublesome affection may be fairly confident as to final result, but must be very cautious as to time. If the case have lasted already over several years, a much more guarded opinion must of course be offered; but even in these an ultimate recovery usually takes place. Those seen within a month or two of their origin, and treated by the blistering and alterative plan, usually get well in the course of a few months. The first appearance indicative of recovery is the growth of down over the patches, simultaneously with which the skin usually becomes thicker and more unctuous. The microscope is of the greatest use in arriving at an opinion as to the probable duration of the disease. If the hairs at the margins of the patches are found to have wasted bulbs, it is evident that the disease is spreading; whilst, on the contrary, if their bulbs are plump, and more especially if the bulbs of what down is found on the patches themselves are well developed, there is every hope of speedy improvement. The effect of blisters also furnishes another criterion. If very slight vesication is caused, but, on the contrary, much pain and irritation, the prognosis is much worse than if the blister rises well, since it indicates a more advanced state of atrophy of the integument. With the same view, the effect of scratching the bald patches should be tried. If a sharp scratch leaves only a whitish line, instead of causing a broadish streak of redness, it is evident that the vascularity, innervation, etc. of the part is very much below par.

JONATHAN HUTCHINSON.

#### POPLAR HOSPITAL.

##### COMPOUND FRACTURE OF THE SKULL WITH DEPRESSION.—OPERATION.—DEATH.

(Reported by Mr. BROWNFIELD, House Surgeon.)

Magnus —, aged 36, a seaman, tall and muscular, having fallen from his ship to the bottom of a dry dock, a distance of twenty feet, was brought to the Poplar Hospital, and admitted under the care of Mr. Webb, Jan. 5, 1858, 4 p.m.

He is profoundly insensible; pulse 60, small and weak; surface pale, cold, and wet, there having been a little water near to where he fell. Pupils act; breathing stertorous. There is a wound of the scalp on the anterior and lateral part of the left side of head, about four inches long crossing the coronal suture, and immediately beneath it can be felt a large piece of depressed bone, (about two square inches.) Mr. Webb, who saw the patient soon after his admission, determined to elevate the depressed portion immediately, to remove the pressure on the brain, and thus endeavour to relieve his most urgent symptom, the stertorous breathing. He, therefore, made another incision from the wound, which then represented an inverted  $\lambda$ , and by carefully dissecting forwards a little, laid bare the depressed portion and sufficient sound bone to pierce with the trephine, which was very carefully done, and then two triangular pieces elevated and removed, exposing a large clot of blood on the dura-mater. One piece of parietal bone, not wholly detached, was forcibly lifted into its place; the flaps were then adjusted and brought together with one suture, and the wound dressed with



MELANCHOLY PASSING INTO MANIA.

From a Photograph by Dr Diamond.

Engraved on Stone by W. Dugg

Printed by Tallman & Co.



water dressing. During the operation the patient did not evince the slightest sign of pain.

Ordered—Cal. c. jalap. ʒi. stat. sumend.; milk diet and beef tea.

7th, 3 a.m.—Breathing less stertorous; grunts when called to; lying quiet.

10 a.m.—Breathing quite natural; perfectly sensible; tells his name, where he belongs to, and answers any questions; and says he is quite free from pain; pulse 72, soft; tongue clean; skin cool and moist; wound looks well; has taken some bread and milk for breakfast; bowels not relieved, nor has he passed any water. Hyd. chlorid. gr. v. stat. sumend; Mist. salin. cath. 6tis horis, ʒi.

8 p.m.—Is rolling about in bed uneasily, but states quite free from pain; no symptoms of hemiplegia; passed urine, smelling very strongly; pulse 108, small. Haust. aperiens, stat. sumend.

January 8, 10 a.m.—Bowels freely relieved during the night, and he is now sleepy, answering questions, and then goes off again to sleep; pulse 100, soft and small; skin rather hotter; tongue clean; wound healing by the first intention, except the top, where it is opened a little.

10 p.m.—Has become much more restless, the last hour rolling about, passing his hands frequently up to his head; complains now of pain there, and talks about his ship.

9th, 10 a.m.—Not so restless, nor does he complain of so much pain this morning; quite sensible; not so sleepy; takes his food well; passed a large quantity of urine through the night; pulse 80, full; tongue coated with a thick whitish brown fur, but moist.

10th.—Much the same. Pulse 84.

11th.—Passed a restless night, and is now very uneasy. Wound more opened; discharge unhealthy, bloody, and offensive; head hot. Pulse 92, small. Haust. domest. ʒi. stat.

10 p.m.—Is now more quiet; has taken milk and bread only through the day.

12th.—Not so well. Signs of hemiplegia begin to manifest themselves this morning in the right arm and leg. Is not nearly so sensible; will not put out his tongue. Pulse 80, soft and small. Skin covered with perspiration; scalp puffy; bowels not relieved; respiration quickened.

10 p.m.—Scalp and right side of face swollen. Matter evidently burrowing. Made an opening into the most depending part of the scalp, and let out about ʒi. of very offensive pus. Respiration more quickened, and complete paralysis of the whole right side. C. c. j. gr. x. stat.

13th.—Lying perfectly helpless, and insensible to everything. Skin covered with a profuse offensive perspiration. Pulse 120, very small and weak; respiration 16. Discharge from wound abundant and unhealthy; scalp hotter; bowels not relieved. Enema tereb. stat.

This not relieving the bowels, ordered—Ol. croton. ʒj., lin. sapon. ʒj.: ft. lin. abdom. perfic.; dec. cinchon. ʒj., acid. sulph. dil. m.v.; ʒi. 6tis horis.

2 p.m.—Sinking fast; covered with a profuse and very offensive perspiration. Pulse very small, and so frequent that I cannot count it. Eye peculiarly bright; respiration hurried, short, and feeble; and in this state he continued till 4 p.m., when he expired.

No post-mortem.

## HOSPITAL NOTES.

### TREATMENT OF APHONIA BY ELECTRICITY.

A case of aphonia was observed at the Samaritan Free Hospital, under the care of Dr. Savage. A woman, aged 21, lost her voice a month ago; she thought it was brought on by her having caught a cold. The movements of the tongue were not in the least impaired. There were no signs of inflammation nor of ulceration of the larynx; very little cough, and some little pain in the larynx, as well as in the chest. No tubercular deposits in the lungs. She has always been regular. Purposely no medicine was given, but Dr. Savage asked Dr. Althaus to try what Faradisation might do for her. Dr. Althaus applied the current of the first order of his apparatus of induction by means of solid metallic excitors covered with wet fingers of gloves, localising the electric stimulus in the inferior laryngeal nerve, which animates all the muscles

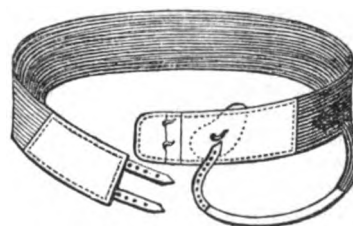
of the larynx concurring to the formation of the voice. The day after the first sitting, which only lasted two minutes, the speech seemed to be not materially improved; but in the course of whispering sometimes the normal sound of voice returned. After the second sitting of the same duration as above, the improvement was striking; the day after the third *séance* the patient spoke almost quite naturally, and the treatment was discontinued after another sitting, as now the speech is going on perfectly well. We know of no other case of aphonia in which the effect of the electric treatment was so quick and manifest, without having been connected with any inconvenience whatever. Professor Sédillot applied electricity in a case of aphonia, one pole being placed alternately on different parts of the tongue, and the other one on the mastoid bone, the posterior and superior part of the neck and various points of the face. The application was useful, but could not be repeated until one week afterwards owing to severe headache, which had followed the application of electricity. By localising the electric stimulus in the inferior laryngeal nerve no such inconveniences were produced.

### INJECTION OF THE KNEE-JOINT WITH TINCTURE OF IODINE.

Mr. Erichsen adopted, in a case of chronic effusion into the knee-joint, under his care in University College Hospital, a few months ago, the treatment by injection of iodine. Although so highly praised by Velpeau and other French surgeons, this practice has not hitherto found many English Medical men bold enough to pursue it. Mr. Callaway, of Guy's, we know entertained, from what he had seen of it in Paris, a very favourable opinion of its merits; but he did not, we believe, ever actually do it. Mr. Erichsen's patient was very well suited for it, the hydrarthrosis having existed for a considerable period, and the general health being good. Much treatment had also been previously adopted, with only very transient benefit. The injection was performed on December 2, about six ounces of amber-coloured fluid having been previously withdrawn by the canula. Only a drachm of the compound tincture was thrown in, but the whole of it was allowed to remain. A certain degree of pain, etc., was present in the joint for about a week afterwards, but it was not at any time excessive. The man left the Hospital, very much benefited, six weeks after the injection.

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# Medical Times & Gazette.

SATURDAY, MARCH 6.

## PROSTITUTION.

## THE VISIONS OF PHILANTHROPY.

THERE is nothing like letting enthusiastic philanthropists have their full swing at talking. They are certain before they finish their oration to furnish weapons for their own annihilation. The *reductio ad absurdum* is sure to crop out at some point or other of their argumentation. Such gentlemen spoil the very best of grievances, through their unfortunate manner of handling it. And this is just what some of them are now endeavouring to do in the matter of Prostitution. The subject is of course one upon which eloquence may disport itself with great satisfaction, about which indignation may effectively proclaim its justly excited anger, and pity breathe forth its gentle suppliant notes. And all this is very desirable and very good. Every one is most anxious to see the miseries of the world expelled from it, but unfortunately the enthusiast does not stop here. He is not contented with merely arousing the emotions of his auditory. He wants to do more than excite men to deeds of goodness. He would show them *how* to be good, and here it is that he so often consummates a failure. The listening crowd is delighted with his theoretical eloquence; but the moment he descends from the empyreal region of imaginary philanthropy into the beaten track of common sense, his wings fall off and down he comes, a sorry spectacle, shriveled up, like that unfortunate Icarus of old.

This is surely the case with some of the writers who have been trying their hand at tinkering up Prostitution. They have attacked the authorities right and left for their gross supineness, for their *laissez-faire* of the vice; and then, in order to leave the careless powers without excuse, they tell them what there is to do and how to do it. And their advice is the very justification of do-nothingism; its utter absurdity, without a word of refutation, becomes patent at once to every living soul except the concoctors of it. And then Authority sits placid, and smilingly suggests: "Now, really, gentlemen, if this is the only scheme your deep knowledge of the subject enables you to elaborate and propose for our acceptance, you have been sadly wasting your time and much fine eloquence; if this is the only remedy you can invent, you must excuse me for saying that I do not think there is much left for authority to do which it has not already done in this matter."

Let us now consider for a moment, as illustrative of the above remarks, one or two of the schemes for the suppression of the vice which have been propounded by the high apostles of philanthropy in reference to Prostitution.

One of our contemporaries has pleaded eloquently in the good cause where Virtue and Pity are pitted against Vice and Hard-heartedness, and all goes well with him until he comes to the most interesting point in his discourse, and lets out the nature of his succedaneum for the cure of the distemper.

When this is out, then, indeed, it is sad to see how he comes down with a run, as T. P. Cooke would say, from his sublime position!

"It now remains that we briefly indicate the plan which seems most fitted to cope with the evil in its every stage, with its causes and its effects. We propose that there shall be established in London a Board of Moral Health, whose object shall be the control, either directly or through local authorities, of all evils which are injurious to society, either by their existence, or by the excess to which they are carried." The moral duties of the Board, by the way, are here put rather in imbroglia: we would just remind the writer that an evil could not be an evil or anything else unless it had an existence, and that all evils which have an existence are injurious to society; evils, also, are *always* in excess, though some of them are excessively great. But to return. The duties of the Board, as thus defined, are tolerably extensive. "All evils which injure society." This is, indeed, a Board wherewith the most swelling breast of philanthropy may dilate without fear of exhausting its sympathies.

Its powers are to be unlimited. "Whatever is injurious to the moral welfare of society," one stroke of its pen shall instantly remove. So that if, by accident, Puritanism presided over its councils, at one stroke of the said pen down would go Drury Lane, Willis' Rooms, Epsom's gay Derby-day, Robson, Buckstone, and Punch, and every other exciter of merriment and laughter! Our Venuses and Erolo Farneses would have to put on chemises and inexpressibles! Milliners would have to learn from authority how high below and how low above their draperies were to mount and descend in accordance with "the moral welfare of society." But we would more particularly point to the Board's efficacy as controlling prostitution. And under this head our literary brother relates a variety of nuisances, which he would quickly have shoved out of the way. Now he will be greatly gratified to hear, that at this present moment, as regards the items he specifies, the police have all the requisite power to abate the nuisances. Our philanthropic schemer has evidently not studied the Metropolitan Police Act, or we should not have had occasion to tell him this. We cannot say anything about the "thousand things like them" which foment the evil, and which he tells us might be readily repressed, because we are not told what they are.

But this Board is to be more than a mere repressor and punisher. It shall not only put down "the harlot who solicits and takes possession of the *παρῆς*," but it shall also be a House of Call, where the outcast may make her appeal. It shall be a positive reformatory for our modern Magdalenes!

Let us see, again, what another philanthropist has to say on the matter—one, who as author, and orator, and healer, has made his name conspicuous in the modern annals of Prostitution. He has well studied the question in all its evil bearings, moral and physical, and will help us in our difficulties. His writings, moreover, as we see from the daily advertisements, have received the imprimatur and approbation of my Lord-ex-Chancellor Brougham. Here, at all events, we shall find good precepts to guide us to sensible views of this dark side of human nature. We have already reviewed the book, and found many a good old truth well told, and excellent advice in general administered. But the special succedaneum: Our readers shall hear it.

Special police, with powers of domiciliary visitation, or, in other words, legalization of Prostitution. We have already demonstrated the immorality and inutility of such a proceeding, and its utter incompatibility with the free spirit of this country's laws. Our author has, we fear, got rid of some of the more respectable of our insular prejudices—a love for liberty of the subject, for example—whilst imbibing a knowledge of his speciality as a Parisian Externe. Together with the science of his particular branch of the craft, he seems to have



acquired in foreign parts an admiration for Bureaucratic Autocracy, Sergens de ville, Inscriptions, and the perfected paraphernalia of Red Tapism. For instance, if Prostitution too flauntingly proclaims itself in open day in the midst of respectable fashion, he gives us a remedy, which never could have been invented in an English brain. Lay on "a service of constables, numerous, and not secret, but flagrant in their uniforms." Let them "follow industriously the *troupe* complained of up and down, until they (the *troupe*) extend their radius from 200 yards to two miles. I am convinced they would be soon starved into capitulation, because no customer at all likely to be profitable would accost them under such surveillance."

Now, in the name of common sense, how can we wonder if responsible legislators show a cold shoulder to the eagerness of gentlemen whose propositions involve such scheming as this, who would regulate prostitution by a system of low bullying and trickery worthy only of the lowest mouchards attached to the service of Sig. Pietri, Chef de Police de S. M. l'Empereur Napoleon III. We really, as public monitors, feel bound to hold up before the light these dreamy phantoms of philanthropic minds, that our readers may view their poor and threadbare character. Infinite mischief is done to the best of causes by the indiscretion of its supporters. Its warmest friends are thus often its worst enemies; when they seek for sympathy, they only bring down ridicule upon it.

Such, then, being the police supervision recommended by our author, let us look at one or two of his sanitary arrangements, and see if he is more successful. Syphilis being an infectious disease, demands unusual facilities for its cure; and our Hospital accommodation runs disgracefully short. Let us, therefore, he says, establish a "London Female Sanitary Society,"—a benefit-club for prostitutes. "Lay and professional persons of good repute" shall manage it, but district doctors are to be the mainstays of the work. They are to be the visiting agents in the scheme, bringing healing in the one hand, and moral good tidings in the other. All the machinery of this plan of course we cannot display, but we will give a sample or two of its nature:—"One of the most important of his duties in connexion with the Society would be the inculcation of prophylactics upon women in health." . . . "The value, proper times, and proper method of ablution should be first dwelt upon." "Most scrupulous use of soap and water immediately after connexion should be insisted upon, and micturition at the same time;" daily injections "of one ounce of solution of chlorinated soda to one pint of water, applied with a proper elastic syringe, the ordinary pewter ones being of little use." But we must stop, for our pen hesitates in describing these details of the "most important duties" of our sanitary confrères.

We have surely said enough. Principles which lead to such practices as these bear with them their own condemnation. Does the author of the scheme really believe that he will ever find a body of Medical men who will assist him in carrying out such things as these? Does he really think that he is diminishing vice by the fostering of such a system as this?

We feel compelled to ask attention to what we cannot help calling these aberrations of philanthropic intelligence; because we see how ridiculous they make us in the eyes of a moral, a common-sense, and practical community; and because the ridicule unfortunately involves alike, and so renders impotent, that which might be done effectively towards diminishing the evils of Prostitution, and assisting the victims of it to rise from their low and degraded estate.

#### THE WEEK.

THE following General Order, just issued from the Horse Guards, is one of the first-fruits of the labours of the Royal

Commissioners on the Sanitary Condition of the Army. It gives to the Medical officers the substantive rank they have so long demanded in vain:—

"His Royal Highness the General Commanding-in-Chief directs that when officers of the regimental staff or of the civil departments are called upon to attend as members of courts-martial, courts of inquiry, and boards of investigation or survey, they shall sit and vote by seniority according to their relative rank, as set forth in pages 6 and 7 of the 'Queen's Regulations' and Orders for the Army, except as presidents, which post will always be filled by the senior commanding officer."

"By command,  
"G. A. WITHERALL, Adjutant-General."

In a minute upon the reformation of the Indian army Medical service, written shortly before leaving India, the late Governor-General Lord Dalhousie makes the following remarks upon the most unmeaning and purposeless regulation, by which a sense of inferiority was imposed upon Medical officers, by the refusal to them of substantive rank.

"The surgeon and assistant-surgeon rank invariably with the captain and lieutenant, but the rank is only nominal wherever medical officers and others are brought together on public duty; the former has no rank at all, and the oldest surgeon on the list must, in such case, range himself below the youngest ensign last posted to a corps. It is impossible to conceive how such a system as this can have been maintained so long, on the strength of no better argument than that 'it has been,' therefore 'it ought to be.' It is impossible to imagine what serious justification can be offered for a system which in respect of external position postpones service to inexperience, cunning to ignorance, age to youth; a system which gives a subaltern who is hardly free from his drill precedence over his elder, who, perhaps, has served through every campaign for thirty years; a system which treats a member of a learned profession, a man of ability, skill, and experience, as inferior in position to a cornet of cavalry just entering on the study of the pay and audit regulations; a system, in fine, which thrusts down grey-headed veterans below beardless boys."

What Lord Dalhousie did for the Indian Medical Service, the Royal Commissioners have done for the Army. Army Medical officers have now the substantive rank so long denied them, and one of the most galling regulations as to their position is removed. The result upon the service must be most beneficial.

The *Morning Post* takes a curious view of the late appointment of Mr. Charles Hawkins as Inspector of Anatomy. In a leading article it is said:—

"We did not know anything for or against this gentleman, till, upon making inquiry in several quarters, we received the uniform reply that he is generally recommended by Sir Benjamin Brodie, an eminent surgeon, intimately acquainted with the Anatomy Act difficulties under the Somervillian reign. This is, doubtless, a good recommendation of Mr. Charles Hawkins, but it is not good enough to obliterate the history of his appointment as unfolded in the Medical Journals. He is, we are there told, appointed at the unanimous request of the anatomical teachers, and for their purposes. This, as a sequel to the disclosures regarding the transactions between Guy's Anatomical School and Newington Workhouse, is really too bad. How is it possible for Mr. Charles Hawkins, under such circumstances, to have the prestige of independence, without which the difficulties of a difficult office will be increased a thousandfold? The idea of the anatomists appointing the Government officer whose duty it is to inspect their establishments and watch their conduct is highly original. We may next expect to hear of landlords surrendering the nomination of their gamekeepers to the poachers of their neighbourhoods; or (to take a still more applicable example) of Government allowing each distiller to nominate the Exciseman to visit his premises for the purpose of checking infringements of the law."

Then follow quotations from our pages to prove that the teachers really made the appointment; and the article concludes thus:—

"It is very natural for the teachers to wish for a good purveyor, but the statute contemplates the appointment of an impartial inspector. Such an officer is urgently required. Under cover of the present very imperfect Anatomy Act it has been seen that great misdemeanours have been committed and connived at by officials. Our firm conviction is, that from the high price to which the undertakers have been allowed to raise bodies, there arise at the present moment dangerous temptations to much worse crimes than have yet been revealed. In former articles we have shown that the interests of science—which are truly the interests of humanity—and the cause of social order, imperatively demand that the law should be so amended as to reduce the commercial value of a dead body to zero. This reform might easily be accomplished; but our fear is that Parliament will not interfere till the schools are deserted from being without supplies, or till the public mind is shocked with the disclosure of horrible crimes."

Putting aside, as unworthy of reply, the insinuation that the teachers have any other object in view than the public good, we are very glad to see our own arguments as to the necessity of lowering the price of subjects so ably reproduced by our political contemporary.

The report of the Annual Meeting of the Medico-Chirurgical Society on Monday will be found in another column. Sir Charles Locock's address was earnest and effective, and his biographical notice of deceased Fellows, though brief, evinced intimate knowledge of, or careful inquiry into, the characters of our departed brethren. This part of the address will appear at length in the "Proceedings." The other portions will be found in our report.

The following extract from Dr. Gibbon's last weekly Report on the Sanitary Condition of the Holborn District, alludes to a fact which may not have been generally observed, but which may be observed, *if looked for*, in all badly-sewered streets.

"My attention has been called to the blackening of the newly-painted doors and houses in some of the streets of the district, especially in Hatton-garden. There can be no doubt that such discoloration is effected by the action of sulphuretted hydrogen gas on the lead paint, forming a sulphide of lead. This sulphuretted hydrogen gas escapes from the untrapped gullyholes of the sewers. When it is emitted in such large quantities, it is a clear indication that the sewers are defective in their construction, and therefore do not properly perform their office, which is to carry off not to contain decaying animal matter, and vegetable refuse."

Dr. Olympios, a Greek physician, has just made known a curious fact relating to the history of lithotripsy, showing that this operation was practised as early as the commencement of the ninth century. It appears that a certain Theophanes, once a monk, now a saint of the Greek Church, wrote under the title of "Chronography" a work which has since formed part of a collection of the works of Byzantine historians. The biography of Theophanes, by a contemporary Greek author, is prefixed to his work, and in this biography Dr. Olympios has found a remarkable passage. It is preceded by an account of the Emperor Leon the Armenian sending for Theophanes, "not by employing tyranny and violence, but attracting him by customary caresses and flatteries." Then it goes on, as will be seen by reference to the original which we quote below, to state that Theophanes reflected upon the habitual bad temper of the emperor, and seeing that he was tormented by dysuria and chronic disease of the kidneys, introduced instruments into the bladder by the natural passage, and after having crushed the stones, extracted them, and permitted the urine to flow as freely as possible. The emperor, although he kept his bed, then embarked for the capital. It should be noticed that the word *διαβρίσκοντα*, which we have rendered by *crush* (as has been well observed by Dr. René Brian, in the

*Gazette Hebdomadaire*), leads to the suggestion that the terms lithotripsy or lithotripsy are etymologically incorrect. The Greek word *τριβω* signifies, I rub, or rub away, while *θρόνω*, the verb used in the text, expresses the exact action of the crushing instruments. Thus, *lithothripsis* would be the true orthography, and this is that adopted by the modern Greeks. We merely allude to this as interesting to scholars, not with any wish to supersede the well-understood term lithotripsy. We now append the text:—

Ὁ δὲ (Θεοφάνης) τὸ τῶν τῶν κακὸν ἐπιστάμενος νεφρῶ πολυχρονίῃ καὶ δυσουρίᾳ τρυχόμενος· ὄργισα γὰρ διὰ τοῦ φυσικοῦ ὁνομήνῃ τῇ κύστῃ παραπεμπόμενος καὶ τοὺς ἐγκειμένους ἐν ταύτῃ διαβρίσκοντα λίθους τοῖς ἐκτὸς παρεπέμποντο, τὴν ἔξοδον τῇ ὑγρῇ περιττώματι, ὡς δυνατόν, ἀκόλυτον μηχανώμενα. Τοῖς οὖν τρυχόμενος καὶ κλιθήρης διὰ βίον ὑπάρχων, ἀκατίῃ περαιωθεὶς πρὸς τὴν βασιλίδαν πόλιν ἐγκαταβρίσκεται.

If the following statement in the *North American Medical-Chirurgical Review* be a correct representation of the facts in respect to the Jenner monument, it must be admitted that it is very humiliating to our country as the birthplace of this great benefactor of mankind:—"It will be remembered that several years ago subscriptions were made in this country for the purpose of erecting a monument to Jenner, the illustrious discoverer of vaccination. The history of the accumulation of funds wherewith to defray the expenses of this merited tribute is interesting to us as Americans. When it was proposed in England to erect a monument to this distinguished physician and philanthropist, it was suggested that, as it might be an object of universal interest, the people of all nations would gladly contribute. Aid was accordingly solicited from the United States, and the appeal was so much more cordially responded to in this country than in the one in which the movement originated, that it may be truly said that the Jenner monument in London is essentially an American tribute, which the English people have assisted in paying, to an English celebrity. Of the whole sum collected some time ago \$340 were transmitted from America—£112 from the Philadelphia Committee; while, in the country of his birth but \$196, including \$26 from the Prince-Consort, were subscribed."

A card, of which we now give an exact copy, has been forwarded to us from Liverpool this week:—

"PRIVATE MEDICAL ADVICE.

DR. EVERED, F.R.C.S.

Physician to the Portland Dispensary,  
17, UPPER PITT-STREET,

Two doors below Great George-square, Liverpool.  
Continues to be consulted on all cases of a private nature, comprising Gonorrhœa, Gleet, Strictures, Eruptions on the Body, Bubo, Secondary Symptoms, etc., and guarantees a perfect cure of slight cases in two or three days without the use of Mercury or hindrance from business. Those who are labouring under the effects of Early Excesses, causing Incapacity, Impotency, Trembling of the hands, Emissions during Sleep, Weakness in the Loins, Loss of Memory, Pimples on the Face, Depression of Spirits, Involuntary Blushing, Incapacity for Study or Business, Confusion, Dislike of Society, Giddiness, Fulness after Meals, Noises in the Head or Ears, should immediately apply for relief, as Dr. Evered's successful treatment is based on thirty-five years practical experience, which is a sufficient guarantee for his promptitude and skill.

Extract from the *Medical Times*, July 26, 1856.—"We should advise those of our medical friends who have serious, or what may be considered incurable, cases of the Venereal Disease to hand them over to Dr. Evered, as in no instance do they leave his treatment without a perfect Cure being effected."

The utmost secrecy may be relied on. Consulting hours from nine in the morning till nine in the evening. On Sundays till three o'clock.

Observe.—17, Upper Pitt-street, two doors below Great George-square."

It must be quite unnecessary for us to inform our readers that the pretended extract from our pages is an impudent forgery. Surely some amendment in the law is necessary to render punishment easy and severe in cases of such deceit practised on the public.

When Mr. Urquhart was lecturing last year in London on the Turkish bath, and endeavouring to teach the British people that 140° of Fahrenheit was the proper temperature for a warm bath, and that baths of this temperature might be taken with impunity, we ventured to hint that a layman was not the most fit apostle of hygiene, and that very sad results would probably follow should Mr. Urquhart's advice be generally adopted. We little thought that his own child would be one of the first sufferers under his system; yet his son, thirteen months old, has died, and a coroner's jury, while returning a verdict "that the evidence is unsatisfactory as to the cause of death," highly censured the treatment of the deceased. This treatment is thus described by a servant:—"Mr. Urquhart has a bath or room at River-side, heated with pipes, in which the deceased has been put, the temperature being from 100° to 140°. He has been in this bath some days as much as six or seven hours, being taken out at times to cool. Sometimes he had cold water poured on his head, and sometimes put under the pump and pumped on, which he seemed to enjoy. Sometimes he was laid out on the verandah on his cot-bed. He generally had on a light dress, which was the only clothes he was allowed to wear." Mr. Codd, the surgeon who made a post-mortem examination, deposed: "On the surface and cavity of the brain there was a quantity of serum, otherwise the brain was in a healthy state. This was of very recent date. The stomach was very healthy, and nearly full of food. I attributed the death to congestion of the brain, but I do not know how brought on. I cannot say if brought on by the treatment described. I consider the treatment might bring on congestion of the brain." This treatment of a feeble child by a combination of hot vapour baths and scanty clothing in an English winter certainly shows the extraordinary tenacity of life in our species, but we trust it will also teach the lesson so much needed just now to avoid the dangerous quackeries of half-educated enthusiasts, and to trust in all matters of life and health to those who can give some guarantee of their knowledge of the laws of physiology and pathology.

## REVIEWS.

*The Medical and Legal Relations of Madness; showing a Cellular Theory of Mind and of Nerve-force, and also of a Vegetative Vital-force.* By JOSHUA BURGESS, M.D. Pp. 283. London: 1858.

It is often far more easy to write a long book than a short one; because in the former case the author puts down at once all that comes into his own head, as well as much that is extracted from the works of others, without discrimination or selection; while in the latter case he weighs in his mind what he ought to insert and what to reject, whether of his own thoughts or the thoughts of other people. Now, although Dr. Burgess's book is not a very long one, we cannot avoid coming to the conclusion that he has adopted the easier alternative of giving us the somewhat crude outpourings of his own ideas, with very copious, and not always very apposite, quotations from the works of others. Although this tendency is very manifest in the whole of Dr. Burgess's volume, it is most especially remarkable in the section devoted to the treatment of Madness; for out of sixty-two pages appropriated to this part of the subject, no less than forty-five are filled with matters which have no relation at all to the therapeutics of insanity—such as the nature of physical and chemical forces, the treatment of cholera and typhus fever, the epidemics of the middle ages, miasm and hypermiasm, the siege of Sebastopol, the medical hypotheses of Cullen and Stahl, and a

multitude of other heterogeneous subjects, thrown together almost at random. The other seventeen pages contain all that the author has to tell us of the treatment of mental disorders, and this really does not amount to much; the chief novelties which have struck us being the recommendation of *the cobweb of the black spider* as an excellent sedative, and the laudation of good home-brewed ale combined with spices. As for the rest, insanity is considered as being generally a disease characterised by irritation and depression, and therefore to be combated by tonic and sedative treatment, together with such moral management and mild physical restraint as are practised at our modern asylums for the insane.

The cellular theory of mind and of nerve-force is expressed by Dr. Burgess in terms somewhat similar to the following:—The *apparatus or source of mental power* resides in the vesicular cells of the nerve-matrix. These cells are passive or dormant in early life, until they are excited by the senses, but the more the senses become used, the more ideas are generated, and the apparatus or source of power becomes increased both in volume and development, the more it is exercised and excited by the senses, and the force will be proportionate to the ratio of the excitants, which are the senses and ideas, and to the number and volume of the vesicular cells. The *conductors of mental power* are the medullary bundles of filamentous, or fibro-cellular tubes, ganglia or medullary coils; and the *excitants of mental power* are the senses and ideas which are derived from the impression of external objects. The senses commence the circle at one extremity of the fibro-filamentous tubes, which becoming impelled or passed through the vesicular cells, ideas are originated, and the circuit is completed at the other end by induction of will, memory, and understanding, in the cerebral mass or nerve-matrix.

After this exposition of the theory of mind, which, though ingeniously devised, is not very logically or clearly explained by the author, we come next to the pathology of the mind, or, in other words, to its morbid manifestations. Here we find a pretty good classification of the different forms of insanity, together with the details of several cases more or less illustrative of the principles and theories laid down; but we fail to discover any direct connexion between the cellular theory of mind and of nerve-force and the pathology of insanity. We gather, however, that Dr. Burgess agrees with Müller in considering the brain to act as a whole, although we are unable to determine the laws by which the different parts of the organ participate in the affections of each other; the results of pathological anatomy being often at variance with the phenomena presented by the living.

Some portion of Dr. Burgess's work is devoted to the exposition of the varying and often conflicting definitions of insanity and delusions, delivered at different periods by some of our greatest legal luminaries, as for instance, Hale, Lyttleton, Coke, Blackstone, Mansfield, Erskine, and, in later times, Lyndhurst, Brougham and Pollock; but these diversities of opinion are not to be wondered at, when we consider that however acute the mental powers of certain distinguished lawyers may be, they have no especial training in psychology.

*On Cough: its Causes, Varieties, and Treatment; with some Practical Remarks on the Use of the Stethoscope as an aid to Diagnosis.* By ROBERT HUNTER SEMPLE, M.D. Pp. 174. London: 1858.

To write well on a symptom of disease is more difficult than may be supposed. More especially is this the case when that symptom is common to a great number of pathological conditions. Dr. Semple, taking cough as his text, has traced it in connexion with the various affections of which it forms part, describing its various forms, its diagnostic value, and its appropriate treatment. In this we are bound to admit that our author has acquitted himself well. No speculative views are introduced, and in the style itself there is an earnestness which bespeaks attention.

Dr. Semple does battle valiantly with the Homœopaths, and his own practice is certainly anything but homœopathic. Speaking of the treatment of laryngitis, he says, p. 53:—

"I cannot help denouncing, with all the force which I possess, the inefficiency, and, I might add, the knavery of the so-called homœopathic system, in the management of such a disease as acute laryngitis, in which it may be said, 'Horrè

momento aut cita mors venit, aut victoria laeta, and in which the delay of efficient measures may entail the worst results.

"To mock the sufferings of a dying patient by the administration of inert and useless globules, while the adoption of a rational and vigorous plan of treatment might restore him to life, appears to me to be nothing less than to ridicule human misery, and to welcome the approach of the angel of death. I can only hope that if any honest homœopath (if there be such a person) should meet with a case of acute laryngitis, he would at least for the occasion renounce his creed, and prefer the sacrifice of a dogma to the destruction of a fellow-creature.

"Nor can I omit to observe, that I by no means coincide in the views of those who believe that, because diseases in the present day have changed their type, and because bleeding is not generally so well borne as it was formerly, *therefore* all bleeding and all depletion are injurious. I believe, on the contrary, that in certain cases the abstraction of blood is not only justifiable, but is imperatively demanded, and I believe that acute laryngitis is a case in point."

We find the following spoken of as the remedies in croup, p. 70:—

"After mentioning *tartar emetic*, *bloodletting* and *calomel* in the treatment of croup, there is not much more to be written on the subject; because these three powerful instruments in the hands of the Medical practitioner are sufficient to control the disease. The use of the warm bath, however, in the early stages may be recommended, as tending to divert vascular fulness to the extremities from the interior; and when the acute symptoms have subsided, the application of blisters to the upper part of the chest, or to the nape of the neck, *but not to the throat*, may be recommended."

There is another treatment not mentioned by the author, originally recommended by Dr. Lehman, highly praised by Graves, and one in which we have considerable faith in the first stage of the disease. It consists in the application of hot water to the throat, by means of a sponge squeezed half dry, and repeatedly applied, until a vivid redness of the skin is produced—the heat appears to be of much service topically—while a general perspiration, usually attended with amelioration of all the symptoms, occurs.

Although we have quoted Dr. Semple's views on the treatment of laryngitis and croup, as a specimen of the anti-phlogistic course which he advises in those diseases, we find that his remarks on blood-letting in other affections are particularly cautious, and even in pleurisy and pneumonia the abstraction of blood is recommended only in special circumstances and in the absence of diathetic complications. In all the convulsive diseases giving rise to cough he strongly denounces blood-letting and all other depletory measures. In laryngismus stridulus, for example, which may be, and often has been, mistaken for croup, he says:—"I cannot too strongly denounce the application of leeches, or any other measure having a lowering tendency;" and in the case of hooping-cough, "in the first place, it should be remarked, that as hooping-cough is not an inflammation it is useless, or worse than useless, to employ active depletory measures, either by blood-letting or purging."

We might take exception that the author has not dwelt on the diathesis productive of cough. There is a cough not alluded to, but which we have often met with. It seems to depend on the plethoric habit, associated with laxity of fibre. It is unattended by physical signs, and is peculiarly obstinate as regards treatment, but the mineral acids appear to be useful.

We repeat, in conclusion, that Dr. Semple's work will be found practical and useful, and as such we recommend it.

*The Principles and Practice of Obstetrics; including the Treatment of Chronic Inflammation of the Uterus considered as a frequent Cause of Abortion.* By HENRY MILLER, M.D. Professor of Obstetric Medicine in the Medical Department of the University of Louisville. Philadelphia: 1858.

"Of making many books there is no end."—Surely Dr. Miller might have found among the numerous text-books on Midwifery some one suitable to his alumni at Louisville. His book, as a class-book, is in many respects commendable, but in our judgment it most certainly was not wanted. One point upon which he insists, however, deserves attention—the alleged frequency of inflammation and ulceration of the "neck and body" of the uterus during pregnancy, which Dr. Miller says

he is persuaded "is among the most frequent causes of abortion;" thus supporting the views and practice made known here by Dr. Bennet.

*On Dislocations and Fractures.* By JOSEPH MACLISE, F.R.C.S. Fasciculus II. London: 1858.

Fractures of the ribs, humerus and clavicle, are represented in the four plates of this second fasciculus. They completely fulfil the expectations raised by the first, and justify the hope that the work will be a most successful one.

*Projectile Weapons of War and Explosive Compounds.* By J. SCOFFERN, M.B. Third Edition, revised. Pp. 306. London: 1858.

THIS work appears to have had considerable success, and to have attracted the attention of many persons connected with military affairs. The author tells us in one of his Prefaces that the brochure constituting the first edition was bought up wholesale by the agent of a foreign power. It is an amusing and readable book, and will no doubt prove useful to all military men, for whom, no doubt, it is chiefly intended; but civilians, to which class Dr. Scoffern himself belongs, will find much interesting information upon a subject which, in these warlike times forces itself upon the minds of the whole community.

*An Introduction to Practical Chemistry, including Analysis.* By JOHN E. BOYMAN, F.C.S., late Professor of Practical Chemistry in King's College, London. Edited by CHARLES L. BLOXHAM, Professor of Practical Chemistry in King's College, London. Third Edition. Pp. 288. London: 1853.

WE have on former occasions expressed our approbation of this useful work, and we find that it has lost none of its value under the hands of its present editor. It is exceedingly well calculated for the use of students, as the language is very perspicuous, and is rendered still more so by the introduction of a great number of well-executed wood-engravings, representing many of the ordinary operations of Chemistry and the apparatus employed.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### ON THE ARCUS SENILIS.

By M. CASTORINI.

M. Castorini, in a paper communicated to the Académie des Sciences, states that his experiments and researches upon the subject lead him to the conclusions:—1. That the arcus senilis is the result of an immediate imbibition of the circumference of the cornea by the more or less abundant secretions of the conjunctiva. 2. That the more or less permanent contact of the eyelids with the cornea is an indispensable condition of this imbibition. 3. That the process of imbibition is in inverse proportion to the resistance of the cornea and the density of the secreted fluids.

After detailing some of the experiments he has made in illustration of these points, he passes on to the arcus senilis as observed in man, remarking that aged persons combine the three conditions favourable to its production, viz., an increase of the conjunctival secretion, a less moveability of the eyelids, and a diminution of the resistance of the cornea. Every body must have observed that the secretions are increased as age advances. The eyelids also are contracted and less moveable. So also the fat of the orbit becomes absorbed, and the globe recedes; the eyelids being more closely applied to the eye, and covering the cornea more than ordinary, especially at its upper part. The arcus is oftenest found at the upper part of the cornea, because the corresponding eyelid being larger keeps this part constantly covered, and protected from evaporation. The form of the arcus is that of the edge of the eyelid, closely applied against the periphery of the cornea. The arcus is sometimes completed by the union of the superior and inferior semicircles. The resistance of the cornea in the aged becomes less through

the diminution of the current of the aqueous humour. The anterior chamber is in fact smaller, the iris having become slightly convex in front, while the cornea has lost somewhat of its convexity.

It has been said that the arcus senilis is a kind of atrophy of the cornea. This could only be brought about by a defect in its nutrition, in which case its opacity would commence in the centre rather than at the periphery, it being admitted by almost every one that the cornea derives its nutrition at the expense of the surrounding membranes.

*Gazette Méd.* 1857, No. 46.

## ON THE APPLICATION OF THE FORCEPS WITH ONE HAND.

By M. HATIN.

The author presented a memoir upon this subject to the Académie de Médecine in 1851, and in this second paper confirms by additional testimony the account he then gave of the advantages attendant upon this mode of applying the forceps, and replies to the objections which were made to his first paper.

His plan implies the introduction of the entire hand, when the object is to apply the forceps either at the superior aperture, or within the cavity of the pelvis; and this has been stigmatised as a both "useless and painful procedure." It however gives a facility and security during the application which is not to be attained by the ordinary procedure, in which the fingers scarcely reach the os uteri. There is then great danger of the blade guided by them slipping, and after it is fixed, when any obstacle presents itself to the delivery, all becomes doubt and hesitation in ascertaining the nature of the obstacle. When the entire hand is introduced the fingers are able to accurately fix or correct the position of the blade, and prevent the danger of an inefficient application leading to slipping and the perforation of the soft parts. The pain of the introduction of the entire hand is considerable, but it is only momentary, and the distension of the vulvar ring over is not reproduced during the various movements of the hand, which can be carried in all directions, without the employment of farther efforts to maintain its position. When the fingers only are introduced, the portion of the hand detained externally inflicts considerable contusion on the vulvar ring during the various efforts made to advance the fingers, or only to retain them *in situ*. The pain in the one case is momentary, but in the other may be extended over a very long period.

By the ordinary procedure, the left blade of the forceps is guided along the fingers of the right hand introduced into the vagina, while the right blade is guided by those of the left hand; so that after fixing one blade the fingers have to be withdrawn, and those of the other hand introduced. By M. Hatin's plan, after the fixing of one blade, guided by either hand, in place of withdrawing this hand it is carried round to the other side of the pelvis, and the other blade slid along it. The application can in this way be more certainly and more regularly made; and the second blade can be almost as easily fixed as the first. By the usual plan, after having fixed the first blade, and confided it to an assistant, the accoucheur, withdrawing his hand, possesses no means of controlling the relations of this blade with the head, nor of immediately re-establishing them when they become changed, either by the assistant or by some movement of the patient. The force he is obliged to use to pass the vulvar ring, already occupied by the first blade, while introducing the second, may readily lead to the displacement of the former, especially when conjoined with the movements of the patient, induced by the pain thus caused. The fixing the second blade is always difficult, and sometimes, when the head is at the upper orifice, may be impossible. In M. Hatin's procedure, the hand having fixed the first blade, does not abandon the head, but passes around it when free, or below it when fixed, and is enabled at once to ascertain and rectify any displacements that may occur, and is ready for the direction and application of the second blade. No agitation or movement of the patient need take place, as this is easily slipped in along the wrist and palmar surface. This is a much shorter process than when the hand is taken out and re-introduced. For the purpose of bringing the left hand, introduced in a state of semi-supination, from the right to the opposite side of the pelvis, it is only necessary to execute a simple movement of rotation, which causes it to pass into a state of almost complete supination. The movement is accompanied by no contortion of

the trunk or limbs; and at most an inclination of the hand towards the ulnar edge of the forearm would be required, if it were desired to carry it to the neighbouring cotyloidean region, which is rarely the case. The author's practice has been adopted by M. Chailly and other accoucheurs with success.—*Gazette Méd.* 1857, Nos. 48 and 51.

## EXCERPTA MINORA.

*Typhoid Fever in Algeria.*—M. Cordier states that in Algeria typhoid fever is never met with among the Arabs, nor among acclimatised Europeans, emigrants, indeed, only being liable to its attacks during the first year of their residence. According to M. Boudin's ideas this would be explained by the antagonism between typhoid fever and malarial diseases which are there prevalent. M. Cordier, however, believes that although some relation may exist between the two facts, no law on the subject can be laid down.—*Union Méd.* 1857, No. 105.

*Syphilitic Enteritis.*—M. Cullerier in 1854 called attention to this form of secondary syphilis, and recently one of his pupils, M. Pilon has published a thesis upon the subject. It manifests itself in the form of submucous gummy deposits, which do not go on to ulceration, but induce obstinate diarrhoea, and other symptoms of enteritis. It is by far most often observed in children, but it is also met with in the adult. It is a case that calls for delicate appreciation, as the mercurial treatment so far from being contraindicated constitutes the means of cure.—*Gaz. des Hôp.* 1857, No. 66.

*Laceration of the Lung without Injury to the Thorax.*—An example of this lesion, which has been well described by M. Gosselin at length in the *Mémoires de la Société de Chirurgie*, tome i. occurred recently to M. Dalmemesche, a provincial practitioner. A strong man, aged 24, was crushed between two railway waggons while in the act of coupling them, the compression taking place at the middle of the thorax. He died in a few hours, and at the autopsy considerable emphysema of the trunk and face was found, as well as a laceration of the middle lobe of the right lung, to the extent of about ten centimetres. There was no fracture whatever of the sternum, the ribs, or their cartilages; and the most minute examination failed to detect any laceration whatever in the pleura. No other organ was injured.—*Ibid.* No. 61.

*Diabetes in relation to Gangrene.*—As the conclusions of an interesting review of recent writings upon this subject, M. Fritz states:—1. That inflammatory and gangrenous affections of the skin and spontaneous gangrene are sometimes developed in persons who have suffered from diabetes for a greater or less time. An intimate relation exists between the two facts, but no theory at present satisfactorily explains such connexion. 2. By curing or palliating the diabetes, the cause of these affections, we may hope for the cure of the latter. 3. When these affections pursue their habitual course in non-diabetic subjects, they do not seem to be accompanied by sugar in the urine. 4. Nevertheless, in some rare cases diabetes seems sometimes to appear in the acute form, in persons to all appearance in previous good health, during the course of extensive anthracoid inflammations, having a rapid course, and accompanied by severe septic symptoms.—*Archives Gén.* Feb. p. 215.

*Facial Paralysis as a sign of Cerebral Hemorrhage.*—M. Trousseau observed that in facial paralysis properly so called, that in which the seventh pair is alone concerned, the loss of motor power is ordinarily complete and absolute, while when it depends upon cerebral hæmorrhage it is never complete. There may be some difficulty in the movements of the mouth, but nothing comparable to that seen in paralysis of the seventh pair; and we never find the paralysis of the orbicularis palpebrum carried to the same extent. The patient is always enabled to cover a portion of the eyeball, which is not the case in facial paralysis. M. Trousseau, in fact, has never once witnessed paralysis of the seventh pair which was not complete at least at its commencement, nor, on the other hand has he seen a single case of facial paralysis, dependent on cerebral lesion, and accompanied by general hemiplegia, in which the paralysis of the orbicularis was carried thus far. It is therefore a diagnostic sign of importance.—*Gaz. des Hôp.* 1857, No. 84.

*Treatment of Apoplexy.*—Regarding the cerebral hæmorrhage when once produced as a "fait accompli," M. Trousseau adopts no treatment, resolution of the effused blood taking place as well or better when nothing is done. In place

of bleeding such a patient, keeping him in bed and starving him, he makes him sit up, allows him to eat, and abstains from medication. Since he has adopted this plan of procedure he feels convinced that his patients have recovered better and more rapidly than when he was in the habit of keeping them in bed, and resorting to medicinal treatment.—*Ibid.*

## GENERAL CORRESPONDENCE.

### OPIMUM IN UTERINE HÆMORRHAGE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I quite coincide with the views expressed by Mr. Gabb in the *Medical Times* of February 13th, as to the value of opium in producing uterine contraction during labour in cases of deficient power from exhaustion or fatigue.

The stimulating effect of a moderate dose of this drug is well shown in a case which has recently occurred in my practice, and as one instance amongst others I relate it.

I was summoned, February 27th, at midnight to attend Mrs. P. I found that the liq. amnii had escaped without any pain, at 3 p.m., on the 25th; in about eight or ten hours she suffered considerably from spurious pain, which she recognised, and did not in consequence send for me. Owing to this pain she obtained very little sleep or rest from the time of the escape of the waters; and when I saw her she was much wearied from sleeplessness and fruitless pain. I found the os uteri dilated to the size of a five-shilling piece, and very dilatable, and the vagina in a favourable condition for a speedy termination of the labour. After waiting a time and finding the pains decrease in strength and frequency, I gave her a full dose of secale: the effect was *negative*. Another hour having elapsed, and the pains less satisfactory, I gave her twenty-five drops of laudanum in a little water. In ten minutes, a vigorous pain occurred; this was rapidly followed by three others, and the child was born. Another pain expelled the placenta, and the uterus contracted firmly. Mrs. P. has had no pain since; she is, in fact, quite well.

I am, &c.

R. F. SNARE.

Bolton-le-Moors, March 1st, 1888.

### TREATMENT OF BOILS AND CARBUNCLES.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have lately, in common with every one else, had a great many cases of boils and carbuncles. I have tried almost all the ordinary methods of treatment, and find that if a carbuncle or boil be seen in its earliest stage, it may almost always be dispersed, or prevented from acquiring any great size. My plan is to order a thick solution of the aqueous extract of opium, of the consistence of treacle, to be painted on and around any suspicious spot that may arise. This soon dries, forming a coating, which requires renewing three or four times a day. Generally twenty-four hours' application is sufficient to arrest the further spread of the inflamed spot. I then order a plaster of equal parts of soap, mercury, and opium, spread on thick leather, to be placed on the spot. If there is a pustule, I evacuate it, and leave a small hole in the centre of the plaster to allow of the escape of any matter, or if painful, for the application of the opium and poultice. When it is desirable to poultice, I take care that the plaster is large enough to protect the surrounding skin, and I discontinue the poultice as early as possible. In this way, with early attention to small spots and a limited amount of poulticing, combined with ordinary care in diet, occasional aperients and tonics, of which last I prefer bark and nitric acid, I seldom find any difficulty in preventing the successive crops of boils now so common.

When called in at a later period, or if in spite of treatment a boil or carbuncle will have its course, I think strong nitric acid to be the best application, using it freely two or three times, removing the dead tough slough before each application, supporting the margins with the plaster, and poulticing freely. The beneficial action of the opium depends upon the local influence which it exerts upon the capillaries, small arteries and nerves, lessening pain, favouring exudation from the engorged vessels around the central spot, while nearer the

circumference it hinders the spread of the zone of active congestion, counteracting the stimulating effect of the inflamed spot upon the surrounding nerves and blood-vessels. This is shown by its lessening the throbbing, heat and redness, limiting it to the spot alone from which a small deep core has frequently to be removed, the surrounding parts soon recovering, if supported by the plaster.

The use of the plaster is obviously to give support to the inflamed vessels, and to protect the surface from the atmosphere, and is useful in all cases, and in all stages.

I am, &c.

BUXTON SHILLITON.

34, Finsbury-circus.

## REPORTS OF SOCIETIES.

### THE PATHOLOGICAL SOCIETY.

TUESDAY, MARCH 2.

Dr. WATSON, President, in the chair.

Dr. FULLER showed an

#### OVARIAN CYST OF UNUSUAL FORM.

The woman had been tapped four years before her death for ovarian dropsy, and the cyst had never afterwards refilled. She died of disease of the liver. At the autopsy a cyst of the left ovary was found, containing about a quart of fluid. The interest of the specimen consisted in its having a prolongation downwards, which passed upon the bladder and rectum. She had during life suffered much from irritation of those viscera. The ureters were much dilated, apparently from the pressure of the cyst upon them.

Dr. HARLEY next showed specimens of

#### DISEASED SUPRA-RENAL CAPSULES.

The subject of the case was a woman, aged 33, who had been treated by Dr. Sanderson for more than a year for dyspeptic symptoms, and anæmia. All treatment had been unavailing, and during the last six months a peculiar kind of "sallowiness" had been present and led to a diagnosis of supra-renal capsular disease. Both capsules were found disorganised. The bowels were matted together by adhesions. The liver was large and congested, and contained some miliary tubercles.

In answer to a question from the President as to the exact character of the change in colour of the skin, Dr. Harley stated he supposed it must have been more than mere sallowness to have led to a diagnosis of "bronzing." Dr. Mackenzie's notes, however, did not state more than that peculiar sallowness existed.

Dr. HARLEY next showed

#### DISEASED SUPRA-RENAL CAPSULES FROM A RAT.

The animal had seemed in good health when it was submitted to the operation of extirpation of the bodies in question. The capsule selected was found infiltrated with tubercle. The animal died two days after, and on examining afterwards the other capsule was also found diseased.

Mr. HENRY THOMPSON showed a

#### DISEASED SUPRA-RENAL CAPSULE, WITH BRONZED SKIN.

A woman, aged 81, had died of bronchitis in the Marylebone Infirmary, after having been an inmate of it for about a month. Her skin had been noticed to be remarkably bronzed during life, and she had stated that she had been getting darker for a year past. One supra-renal capsule was found disorganised, the other being healthy. The bronzing had been very marked in almost all parts of the body. The portion of skin shown to the Society was taken from beneath the axilla, and was a fair average specimen. It was very dark, and under the microscope showed a thick layer of pigment. Respecting the constitutional symptoms the history was imperfect.

Dr. HARLEY stated he did not feel certain on looking at the specimen that the destruction was so complete as Mr. Thompson thought. He had often seen the supra-renal bodies fatty and much changed in elderly people.



Mr. JOHNSON brought before the Society a specimen of  
**NECROSIS OF THE TIBIA IN AN INFANT.**

The infant was a twin. The other was born dead, and somewhat decomposed. The patient herself was a feeble, puny baby from the first. An abscess formed over one tibia at the age of three weeks and broke. Severe ulceration and stomatitis preceded death. Its father had had secondary syphilis before marriage. The mother was very delicate, but showed no specific symptoms. It was her first confinement. The specimen showed a loose portion of dead bone in the tibia.

Dr. LEARED showed

**THE HEART FROM A CASE OF DEATH FROM ANÆMIA.**

A girl, aged 11, had died in the "Great Northern" Hospital after a six months' illness. Her family all appeared healthy, and she had been well fed. She was emaciated, and very pale. The stomach was irritable, and frequent vomiting occurred. She sank the day after admission into the Hospital. At the autopsy all the organs were found bloodless, but no structural disease was discoverable on the most careful examination. Large fibrinous coagula were found in the heart and large vessels, but the blood, which was exceedingly poor, did not coagulate. Dr. Leared had visited the house in which the girl had lived, and had been unable to detect any unhealthy conditions. He was inclined to refer the fatal event to the coagula in the heart.

Dr. BRISTOWE could not but differ from Dr. Leared as to the connexion of the coagula with death. He thought it had been generally acknowledged that these coagula formed during the act of dying. They were very common indeed.

Mr. HOLMES showed a

**SOFT POLYPUS FROM THE RECTUM OF A CHILD.**

The patient was a little boy, the son of a surgeon. He had passed blood by the rectum, the cause of which for some time could not be explained. At length the polypus was detected extruded, but it passed out of sight again before it could be secured. At a subsequent time, however, it was ligatured, but broke down during the operation, and came away. All symptoms had since disappeared. Mr. Holmes remarked upon the rarity of this form of polypus, and stated that authorities differed as to whether it was more frequent in children or in adults.

Mr. CURLING thought they were not so rare as Mr. Holmes supposed. He had seen several, and removed one only three weeks ago. He thought there could be no doubt that they were more common in children than in grown-up persons.

Mr. CHALK next brought before the Society a specimen of  
**DISEASED HIP-JOINT FROM AN INFANT.**

There was an abscess at the upper and outer aspect of the thigh, communicating with the cavity of the joint through a small aperture in the capsular ligament. Caries of the head and neck of the femur existed, with total destruction of the ligamentum teres, and synovial appendages; incipient caries of the cotyloid cavity. The cerebral symptoms, which were occasioned by a slight contusion from a fall, and the infliction of a small wound on the side of the head by means of a steel fork which the child held in her hand at the time of the accident, terminated fatally in nine weeks, previous to which the hip disease had progressed favourably.

The case derived its interest principally from the comparatively rare occurrence of hip disease at such an early period of life, (as shown by the tabular results of 129 cases among females distributed over quinquennial periods, up to the age of 55, of which there were three cases only prior to the fifth year), and from the slight local injury by which the cerebral disorder was excited, a result, however, by no means uncommon among the scrofulous where, as in this instance, a pre-disposition to the disease had existed. The child was only three years old at the date of death, and the disease of the hip had then existed seventeen months.

Dr. OGLE showed a specimen of

**MELANOTIC CARCINOMA OF THE BRAIN.**

Preparation showed two large masses of reddish-brown solid material, occupying the superficial part of the cerebral hemisphere. These had much the appearance of masses of extravasated blood, except that in one place a small part of the growth was of a light colour, much like the appearance of

ordinary encephaloid growth. Examined microscopically, the mass showed multitudes of large nucleated cells, many of them containing pigment, mixed with much of the remains of extravasated blood. The preparation was removed from a man affected by hemiplegia, and from whom during life enlarged carcinomatous glands in the groin had been removed by Mr. P. Hewett and Mr. Lawrence. The chain of symptoms calling for special attention were during life as follows:—Loss of power and sensibility down the side of the body opposite to that in which the deposit in the brain existed; partial facial paralysis; vomiting; intense pain in the head, at times accompanied by double vision; peculiar grasping and clenching of the paralysed fingers on yawning, and a peculiar agitation of the affected limbs when the patient's mind was affected by emotion. There had been "no fit" and "no loss of consciousness." The patient died from sudden apnoea, apparently from affection of the pneumo-gastric nerves. Melanotic deposit also existed in several of the abdominal viscera.

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY.**

THE Annual Meeting was held at the rooms of the Society, Berners-street, on Monday evening, the 1st inst. Sir James Locock, President, in the chair.

The abstract of receipts and payments showed a balance of £93 15s. in the hands of the Society.

The report stated that during the past year, the admissions have been more numerous than in the preceding one, seventeen resident and four non-resident fellows having been elected. During the same period, one foreign honorary fellow, five resident, and nine non-resident fellows have been removed by death. The President and Council congratulated the Society upon having established their claim to the non-payment of parochial rates upon the premises. The sum of £73 had been incurred in prosecuting an appeal to the Court of Queen's Bench. The Librarians reported that 321 new works, exclusive of journals, had been added to the Library, of which 114 were donations, and 207 were purchased. They also reported the completion of the various alterations and improvements in the catalogue, which have been in progress during the last three years.

Dr. TODD moved that the report be adopted, and circulated among the fellows. The report, he need scarcely remark, showed that the Society was in a highly prosperous condition, perhaps the most prosperous condition it had ever been in. He was sure all would gladly join in wishing that the Society would continue for many years to flourish, and to be a sort of centre for the union of all branches of the Profession.

Mr. PAGE seconded the adoption of the report.

The motion was carried unanimously.

The PRESIDENT then delivered the annual address, in which he gave the customary biographical sketch of those Fellows who had been removed by death since the last annual meeting. During the thirty-five years, he said, that he had had the honour and the advantage of belonging to this Society, he had seen many a stronger and more likely man carried off before him; and year after year the circle of his professional brethren, amongst whom he formed his earliest friendships, had become narrower and narrower. The last year had witnessed the removal of many of them. Many of them were well known as fellows of this Society; but many of them were out of its pale, or it would have been grateful to his feelings to have borne his humble testimony to their merits and character. The list of deceased resident and non-resident fellows, whose careers were then sketched, comprised Dr. Robert Hume; Dr. Joseph Ager; Mr. Lonsdale; Mr. Keate; Mr. Taunton; Sir Robert Carswell; Dr. John Howe, of Edinburgh; Mr. Joseph Wickenden, of Birmingham; Dr. James Ogle, of Oxford; Dr. George Frederick Mühry, of Hanover; Dr. John Johnstone, formerly of Old Burlington-street, who died at Paraguay; Dr. Peter F. Luard, of Warwick, late of Florence; Mr. Robert Brown, of Preston; Dr. Hugh Bohn, Inspector of Army Hospitals, who died at the age of 81, on the 13th of February; and Dr. Conrad Jacob Temminck, of Leyden. The President concluded his address in these terms:—"Gentlemen, this portion of my task is done. But no

having been willing to interrupt our ordinary meetings with any intrusion of my personal feelings, this is literally the first public opportunity I have had of thanking you for the high honour you have conferred upon me, by placing me in this chair. No one is more ready to acknowledge that I owe this to the accident of my becoming one of the seniors, and amongst the oldest in standing of those who have not already attained this distinction. For many years I have been too much engrossed with the more active pursuits of my profession, to be able to devote myself to those labours which might have increased, if not enriched, our medical literature; and I felt I had neither health nor strength enough to have attempted both of these departments. Many a man of much higher talents, more deep research, more extensive acquirements, may be found amongst our members, who have not been so fortunate in life as I have been; but their names will live, and their works will be quoted, when my more ephemeral career has been long forgotten. But I trust, when a future President gives you a little sketch of my biography, amongst the list of those fellows who have died during his year of office, that he will not at least be able to say, that I have done anything to forfeit your good opinion, that I have not honoured and loved my Profession, or that I have not been grateful to the Almighty for the many undeserved blessings I have obtained."

Dr. WEBSTER proposed a vote of thanks to the President for his address, and requested that he would consent to its publication in the Proceedings of the Society.

Mr. ARNOTT seconded the motion.

The President, in returning thanks for the honour done him, said he must leave it in the hands of the Council to decide as to what should be done with the address.

As it now wanted a few minutes to the time for closing the ballot, a pause ensued, of which the President took advantage to call attention to the large number of new names proposed to be put upon the Council. It was true some of the former members, he said, did not wish to serve again; but the reason why others had been omitted was because they had been remiss in their attendance. He would remind gentlemen who might be elected, that it was a very important part of their duty to attend, because, by the rules of the Society, unless members of the Council attended a certain number of times in the course of the session, they could not be eligible for reelection.

The ballot closed at the expiration of an hour, and the Secretaries, Mr. Robert Taylor and Mr. Spencer Wells, reported that the gentlemen whose names appeared upon the printed list (given in our columns last week) had been unanimously elected to fill the various offices for the ensuing year.

The meeting then closed.

TUESDAY, Feb. 23, 1858.

Sir C. Locock, Bart., President, in the chair.

A paper, by Dr. F. W. MACKENZIE, was then read,  
ON THE ACTION OF GALVANISM UPON THE  
CONTRACTILE STRUCTURE OF THE GRAVID  
UTERUS,

AND ITS REMEDIAL POWERS IN OBSTETRIC PRACTICE.

The author in the introductory remarks drew the attention of the Society to the present state of professional opinion respecting the effective and remedial powers of galvanism upon the gravid uterus, and he pointed out the very different conclusions which different observers had arrived at. In this divided state of opinion, it had appeared to him that some further investigations might be usefully undertaken, and he submitted that two questions of a preliminary nature require to be decided before the agent could be satisfactorily employed in midwifery—1st, the nature of the influence exercised by it upon the contractile structure of the gravid uterus; and 2ndly, the best mode of applying it so as to obtain the full benefit of such influence. Believing that these questions could not be satisfactorily solved by observations made exclusively upon the human female, the author had planned and instituted some experiments upon the gravid uterus of the lower animals, in which the organ was exposed, and the exact influence exercised by it was observed. From these experiments it was shown that galvanism exercises a remark-

able and peculiar influence upon the uterine fibre, and it further appeared after many observations that this was most powerfully exercised when the galvanic current was directed longitudinally through the uterus from the upper portion of the spinal cord in a sustained and continuous manner. The local application of galvanism to the uterus was less effective; individual shocks produced no appreciable effect upon it, and a current directed transversely through the organ produced only a partial contraction of it in the direction of the current. Guided by the information thus obtained, the author had employed galvanism in the manner suggested by these inquiries in several very critical cases with remarkable success. The first referred to was that of a lady who had had repeated floodings in connexion with an early abortion, owing to an imperfect separation and expulsion of the ovum. In this every available means had been tried to stimulate the uterus and control hæmorrhage without success, and the patient's condition had at length become highly critical. In this emergency a sustained current of electricity was directed longitudinally through the uterus from the upper portion of the spinal cord, and under its influence the cervix uteri became relaxed, and expanded after the first application, and uterine action set in after the second, which was followed by the expulsion of an organised membrane, upon which the hæmorrhage ceased, and the patient rapidly recovered. The second was a case of placenta prævia, in which several alarming hæmorrhages had occurred before labour had commenced. In this a sustained current, applied in the manner stated for six hours, not only prevented any further hæmorrhage, but so accelerated the dilatation of the os uteri, that the hand was readily introduced, and delivery completed with safety to the patient, although the child, from the extensive separation of the placenta, was still-born. In a third, excessive hæmorrhage had occurred in a primipara in the last month of pregnancy, and, as the placenta was felt to be attached to the cervix uteri, it was thought desirable to bring on delivery. With this view a sustained current was applied for three hours; the hæmorrhage was almost immediately arrested, and the labour had advanced so rapidly, that in a few hours afterwards it was completed by the birth of a living child. The author referred to other cases, in which he had successfully employed galvanism in obstetric practice, and, with reference to those related, submitted that they appeared to him to warrant the three following conclusions—

1. That a sustained current of electricity of moderate intensity, passed through the gravid uterus in the manner described, exercises a remarkable influence in increasing the tonicity and contractility of the uterine fibre.

2. That in such increased tonicity or contractility of the uterine fibre, so excited and sustained, we have a powerful and reliable means of moderating and controlling uterine hæmorrhage, whether of the accidental or unavoidable variety, and of simultaneously accelerating the dilatation of the os uteri and the general progress of the labour.

3. That such sustained current of electricity may be continued for a lengthened period, when the object to be attained requires it, without any appreciable pain or inconvenience to the mother or danger to the child.

In conclusion, the author briefly considered the objections which had been raised to the employment of galvanism in obstetric practice, and pointed out some fallacies, as he believed, in the conclusions which had been arrived at by Dr. Simpson.

The President asked if Dr. Mackenzie had had the opportunity of trying, as a galvanic apparatus, the chains of Pulvermacher, because if they were found to produce sufficient effect, they would be very advantageous from their portability. That they were powerful re-agents he had not the slightest doubt, for within a few days he had seen a link of twenty-four chains decompose water as readily as a common galvanic apparatus would do it.

Dr. MACKENZIE said he had no experience of the chains mentioned by the President. They had, however, been recommended to him, and the hint thrown out by the chairman might, no doubt, be beneficially acted upon.

Mr. FOSTER said he was present at one of the cases referred to by the author, and went to it with a prejudice against the use of galvanism in the manner described, believing that it could have no effect over the contraction of the uterus, and in preventing hæmorrhage in placenta prævia. The result, however, satisfied him that Dr. Mackenzie's experiments de-

served the careful attention of all who followed obstetric practice. He had never seen anything that controlled the hæmorrhage of placenta prævia so perfectly.

Dr. GRAILEY HEWITT said that in cases of placenta prævia, the life of the child, as well as the life of the mother, should be considered, and it was well known that any circumstances which produced a strong, powerful, and continued contraction of the uterus, were injurious to the well-being of the child; this, in fact, was one of the chief objections to the use of the ergot. He wished to ask Dr. Mackenzie, if the child in the first case was born alive.

Dr. MACKENZIE said that in the first case, the placenta was so centrally attached that it was impossible the child could have lived. In the second case, the child was born alive, but died about three days afterwards, of disease of a natural character, there being no evidence of its having sustained any injury from the galvanism.

The PRESIDENT said the Society must feel deeply obliged for the interesting paper of Dr. Mackenzie, and he hoped that further experience in the matter would throw additional light on the subject. At present it was, perhaps, hardly fair to estimate it, on account of the many changes in the condition of the uterus, which were accidentally produced, and occurring without any explicable cause.

Dr. TYLER SMITH thought that Dr. Mackenzie had hit upon the right class of cases for the use of galvanism, namely, cases where the os uteri was not dilated, and where it was required to contract the uterus. Cases had occurred, however, in which similar changes to those described by Dr. Mackenzie had been produced, when galvanism had not been used; but he had had opportunities of using galvanism in cases of closed uterus containing a large polypus, where the uterus would remain quiet for days except when the galvanism was employed. He believed he had been able to remove polypi from the uterus by means of galvanism, when they could not be got out by other means. In the lower animals he had been able to induce labour entirely by the action of galvanism, and he remembered a case in which a patient was relieved from imminent danger by the use of galvanism in promoting the peristaltic action of the intestines.

Dr. MACKENZIE remarked that his practice was the result of induction, and not of casual observation. He had performed experiments upon the lower animals, and had arrived at precisely the conclusions which were subsequently established in his practice at the bedside, the results having precisely corresponded to what he had anticipated.

A paper, by Mr. COOPER FORSTER, was then read,

#### ON THE DIRECTION OF THE NUTRITIOUS FORAMINA OF THE LONG BONES.

In this brief communication, the author, after describing the sources of blood supply to the long bones, called attention to the following facts:—That the epiphyses of the various bones invariably join their respective shafts earliest at that extremity towards which the nutritious foramen is directed; that where there is only epiphysis, the nutritious artery always takes a course from that part; consequently that in early life the best nourished and most vascular end of any one of the long bones, and, therefore, that end at which union of the epiphysis with the shaft will first take place may be predicated from the direction of the various foramina; and the author concluded by remarking, that the direction of the nutritious foramina being in early life invariably towards certain joints, these are at that time most frequently the seat of disease, and that at adult age, as the epiphyses become united to the shaft of the bone, the joints away from the nutritious foramina are those most commonly affected.

The Society then adjourned.

### MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on February 25, 1858:—

ELLIS, HENRY, Bangor.

GREEN, CHRISTOPHER, Brixham, Devon.

HODGES, WILLIAM, Brecon, South Wales.

POULSEN, FREDERICK GEORGE, Bristol.

THOMAS, RICHARD, West Indies.

—As an Assistant, PHILIP COWEN, Harleyford-place, Kennington.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 19th inst.:—

BLACK, ALEXANDER OSMOND, Regent-square.

COOK, EDWARD, Hay, Breconshire.

CORBET, DAVID, Orsett, Essex.

DWYER, JAMES, Tuam, County of Galway.

HOOVER, JOHN HENRY, West-square, Southwark.

JACKSON, THOMAS, Penrith, Cumberland.

JOHNSON, BURDETT, Somersham, Hunts.

MERCER, ARTHUR WYATT, West Drayton, Middlesex.

MOORE, JAMES EMPY, Barbadoes, West Indies.

PEARSE, ROBERT EDMUND, Edmonton.

SHUTTLEWORTH, ROBERT, Army.

SKINNER, HORATIO GEO., Great Grimby, Lincolnshire.

SPRING, JOHN, Boston, United States.

#### DEATHS.

BLAKE.—On the 28th ult., at the Grove, Camberwell, B. Blake, M.D., R.N., aged 76.

ELLERY.—The *Ceylon Mail* says:—"We are sorry to have to announce the death of Dr. Ellery at the Mahatenne Estate on the 22nd inst. Dr. Ellery has been for several years established in Ceylon in the Medical Profession. He made many friends, who will deeply regret hearing of his death."

ROULSTON.—On the 22nd ult., at Albion House, Low Harrogate, John Roulston, M.D., late House Surgeon to the Leeds General Infirmary.

#### APPOINTMENTS.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE, Chair of Botany.—Dr. Cuthbert Collingwood has been elected to this Chair, vacant by the resignation of Mr. Archer.

LIVERPOOL EYE AND EAR INFIRMARY.—Dr. Nevins has been elected to the office of Honorary Surgeon to this Infirmary, vacant by the resignation of Mr. Neill.

OVERCROWDED STATE OF HOLBORN-BUILDINGS.—The following are extracts from the weekly report of Dr. Letheby, the Medical Officer of Health:—"In eight of the houses there are 63 men, 90 women, and 89 children, in all 242 persons: and, in many cases, the overcrowding is not merely unwholesome and dangerous to public health, but it is also highly indecent. One room lodged three men and one woman, another three men and two women, another two men and three women, another one man and four women, and there are several instances where there are two men and two women, or one man and two women, besides a troop of children. All the rooms are small, their cubic space being from about 800 to 1,600 cubic feet, and in some of the smallest of the rooms there are from five to seven persons, giving an area of less than 160 cubic feet per head, a space that is barely sufficient to supply the requirements of respiration. The poverty of the inmates is extreme. They have little or no furniture. A heap of rags in most cases is all that they have to lie upon, and in their endeavours to maintain the warmth of the rooms they carefully shut out the external atmosphere by stopping every aperture that can give access to the cold and fresh air. Ventilation is in this way almost entirely checked, and the factor of the rooms is abominable." And this is the richest city in the world, where model lodging-houses pay a good dividend, to say nothing of higher motives!

KING'S COLLEGE HOSPITAL.—The Committee's 19th annual report states the number of in-patients for the past year at 1,461, and the out-patients at 26,156—total, 27,617. The average length of residence of the patients in the house, was 27 days, and the average cost of each patient £4 5s. The current income of the year 1857 was £5,577 4s. 6d., and the expenditure £6,851 16s. 2d.

A DEPUTATION from the Epidemiological Society had an interview with The Hon. W. Cowper, M.P., at the office of The General Board of Health, Whitehall, on Thursday, the 25th ultimo. The deputation consisted of Dr. Babington, F.R.S. (President); Dr. McWilliam, F.R.S.; Dr. Waller Lewis, F.G.S.; Dr. Camps; Mr. Morson; and Dr. Seaton. The object of the deputation was to draw the attention of the Public Health authorities to the importance of legislation in regard to vaccination and the prevention of small pox.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, February 27, 1888.

## BIRTHS.

Births of Boys, 942; Girls, 868; Total, 1810.

Average of 10 corresponding weeks, 1848-57, 1648.

## DEATHS.

	Males.	Females.	Total.
Deaths during the week ... ..	606	682	1288
Average of the ten years 1848-57 ...	610.2	598.7	1208
Average corrected to increased population	...	..	1330
Deaths of people above 90 ... ..	...	...	9
Deaths in 15 General Hospitals ... ..	22	21	43

## DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small- pox.	Measles.	Scar- latina.	Hoop- ing- Cough.	Dia- rrhoea.	Ty- phus.
West ....	376,427	..	9	3	9	2	5
North ....	490,396	2	11	19	10	..	10
Central ..	393,256	..	8	4	2	1	3
East ....	485,522	..	21	11	17	3	8
South ....	616,655	..	8	16	15	3	1
Total..	2,362,236	2	57	53	53	9	27

## METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer ... ..	29.837 in.
Mean temperature ... ..	33.1
Highest point of thermometer ... ..	44.1
Lowest point of thermometer ... ..	23.5
Mean dew-point temperature ... ..	27.5
General direction of wind ... ..	E.
Whole amount of rain in the week ... ..	0.00 in.
Amount of horizontal movement of air in the week ...	566 miles.

## TO CORRESPONDENTS.

## THE SALE OF MEDICINES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—As the Medical Reform Bill is to be brought forward this session, and in all probability will become law, I would wish to suggest one clause that I think is imperative in raising the Profession to its proper status, which is, that Pharmacy should not be practised by Medical Practitioners, but that they should write prescriptions, charging a fair sum for visits, and that Druggists should compound the medicines, but that if they at any time attempted to prescribe, they should be punished by fine. Some may think that this would not work well in rural districts, but I am quite certain that any place that will support a Surgeon will support a Druggist also.

If we continue to combine trade with our Profession we must expect to rank lower than the other liberal Professions, and be behind the Continental nations, and even our own colonies. I am, &c.

MEDICUS.

DR. PEARSE OF NEWCASTLE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—After quoting an advertisement headed "Physician's Advice within reach of all," you inquire in the *Medical Times* of the 13th inst.: "Can this be the Dr. Pearse described in the Medical Directory, *inter alia*, as Lect. on Med. Jurisp. Newcastle Coll. of Med., etc. etc.?"

I send you in reply the following extract from a letter I have just received from Newcastle:—

"Dr. Pearse is no longer connected with this College. When the announcement first appeared in the *Express*, and was placarded on the walls of the town, the Students signed a protest against it, which was sent to Dr. Embleton for presentation to the Council: shortly after this Dr. Pearse resigned his lectureship." I am, &c. OBSERVER.

*Errata.*—In Mr. Jones's letter in our last number, in the fourth line of the third paragraph, for "ablation" read "whatever."—In Dr. Leared's paper in our last number, p. 213, second column, line 18 from the bottom has been transposed. It should have been placed immediately before the third line from the bottom.

Mr. Wilkinson.—No such recommendation can be found in our pages.

Mr. Paget's paper, "On some Affections of the Voluntary Muscles," will appear next week.

E.S.—There is no good comprehensive British work on Hygiene.

Mr. Hulke's paper on the "Surgical Treatment of Glaucoma," shall appear on the 27th inst.

Dr. Renton's letter arrived too late for insertion this week.

Dr. Robinson's case of "Fibrinous Impaction of the Pulmonary Artery" shall appear next week if possible.

*Aspirant.*—Mr. Gamgee and Mr. West are both Surgeons to the Queen's Hospital at Birmingham, but the controversy as to their seniority is still carried on.

*Chorley.*—No Physician, Surgeon, or Apothecary, actually practising, is liable to serve on a jury.

*A Student.*—The Apothecaries' Company do not recognise an apprenticeship to a Pharmaceutical Chemist.

*Critic.*—It is quite unnecessary to expose such obvious blunders. The writers, as Faraday says, are "ignorant of their own ignorance;" but readers are better informed.

Dr. Medlock's letter on Chlorodyne arrived too late for insertion this week.

Mr. Hiliard's wood-cut had not arrived in time for this week's impression.

Papers are in type by Mr. Muskett, Dr. Priestley, and Mr. Paget.

COMMUNICATIONS have been received from—

MR. PAGET; DR. CONOLLY; DR. SYMONDS, Clifton; DR. SIEVEKING; DR. BRYSON; MR. PRESOTT HEWITT; DR. M'WILLIAM; DR. MARCET; DR. GIBSON; DR. LEARED; DR. BIRKBECK NEVINE, Liverpool; DR. CAMPS; ROBERTSON-GENERAL, Edinburgh; DR. WILKS; DR. HASLEWOOD; SECRETARY, GENERAL BOARD OF HEALTH; DR. BAINES; MR. BARLOW; DR. TRASK and DR. WOOSTER, San Francisco; MR. SYMES; MR. KINGLAKE; MR. RIVERS; MR. M'DERMOTT; MR. JONES, Leamington; MR. DOUGLAS, New York; ROBERTSON-GENERAL; MR. PARNELL; MR. SNAPE; MR. HUGHES; MR. EVANS; DR. DEVENISH; MR. SANSON; MR. WALTERS; MR. ROULSTON; DR. RENTON, Edinburgh; DR. ROBINSON, Newcastle; DR. GEE; MR. FLETCHER; MR. JOHNSTONE; MR. DALRYMPLE; MR. BROWNE; MR. S. SMYTHE; MR. NICHOLL.

## APPOINTMENTS FOR THE WEEK.

March 6, Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m. Charing Cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m.: Professor Bloxam, "On the Chemistry of the Elements which circulate in Nature."

MEDICAL SOCIETY, 7 p.m.: General Meeting. Mr. J. L. Milton, "On the Pathology and Treatment of Syphilis."

GUY'S PHYSICAL SOCIETY, 7 p.m.: Mr. Moxon, "On Injuries to the Head."

## 8. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopedic Hospital, 3 p.m.

MEDICAL SOCIETY OF LONDON, 8 p.m.: Anniversary; Oration.

NORTH LONDON MEDICAL SOCIETY, 8 p.m.

## 9. Tuesday.

Operations at Guy's, 1 p.m. Westminster, 2 p.m.

ROYAL INSTITUTION, 3 p.m.: Professor Huxley, "On Biology."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m.: Mr. G. M. Humphrey, "On Excision of the Knee-joint;" and, if time, Dr. Tyler Smith's case of "Inversion of the Uterus."

ZOOLOGICAL SOCIETY, 9 p.m.

## 10. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopedic Hospital, 3 p.m.

ROYAL COLLEGE OF PHYSICIANS, 4 p.m.: Croonian Lectures—Dr. Sutherland: "The Pathology, the Morbid Anatomy, and the Treatment of Insanity."

GEOLOGICAL SOCIETY, 8 p.m.

HUNTERIAN SOCIETY, 8 p.m.: Dr. Gull, "On some Cases of Apoplexy from Aneurism of the Cerebral Arteries."

## 11. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

ROYAL SOCIETY, 8½ p.m.

ROYAL INSTITUTION, 3 p.m.: Professor Tyndall, "On Heat."

MEDICAL SOCIETY OF KING'S COLLEGE: Mr. George Lawson, F.R.C.S. "On Gunshot Wounds of the Thorax; observed during the late Russian war."

## 12. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.; Great Northern, 2½ p.m.

ROYAL INSTITUTION, 8½ p.m.: Dr. B. W. Carpenter, "On the lowest (Kleopod) Type of Animal Life, considered in its Relations to Physiology, Zoology, and Geology."

ROYAL COLLEGE OF PHYSICIANS, 4 p.m.; Lumsden Lectures—Dr. Tweedie, "On Fevers."

## EXPECTED OPERATIONS.

King's College Hospital.—The following operations are expected at this Hospital to-day (Saturday) at 2 o'clock:—Amputation of Foot (Perigoff); Trephining Tibia; Removal of Bursa Patella; by Mr. Fergusson.

## ORIGINAL LECTURES.

## A COURSE OF CLINICAL LECTURES

ON

## DISEASES OF THE KIDNEY.

By GEORGE JOHNSON, M.D. F.R.C.P.

Physician to King's College Hospital.

## LECTURE VI.

THE subject of my last lecture was a case of fatty degeneration of the kidney—a form of chronic Bright's disease in which the kidneys are usually found to be large, pale, soft, œdematous, and having throughout their cortical substance numerous small yellow fat-granulations. To-day I beg your attention to a form of disease which is characterised by a contracted, and a more or less hardened condition of the kidney. I shall show you that in several important particulars this disease differs from the other; differs from it not only in the morbid anatomy of the kidney, but in the physical and chemical characters of the urine secreted, and in the entire clinical history of the disease. The cases which you have lately seen in the wards will serve to illustrate the most important features of this form of chronic Bright's disease.

I will take as my first illustration the case of George N., aged 60, who was admitted into No. 4 Ward on the 1st December. I shall abridge Mr. Tonge's report of the case. The patient, who is a trunk-maker, has worked hard, lived well, and drunk pretty freely both beer and spirits, but he does not consider that he has been a hard drinker. He had scarlatina when a child; more than thirty years ago he had erysipelas of the head, and he has suffered from occasional attacks of what he calls rheumatic gout, affecting chiefly the small joints, since he was thirteen years old; he has also been ruptured since childhood; with these exceptions he has generally enjoyed good health until the commencement of his present illness, which occurred, as he believes, thirteen weeks ago. At that time he went from London to Brighton in an open third-class carriage; soon after this journey he was seized with shivering, and this was quickly followed by dropsical swelling of the legs. He returned from Brighton in about a week, and the dropsy continuing to increase he soon took to his bed, where he remained until his admission here on the 1st December.

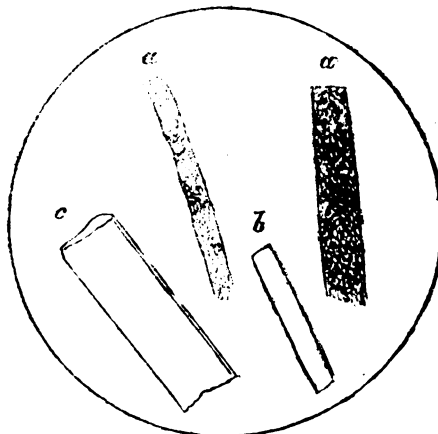
The report of his condition then was as follows:—There is œdema of the feet and legs, the complexion is somewhat sallow, his mental faculties are dull and confused, the memory being impaired. He has a slight cough, but the pulmonary and cardiac sounds are normal. He complains of no pain, but there is some tenderness on pressure in the lumbar and in the right hypochondriac region. Percussion indicates that the liver extends some distance below the margin of the ribs on the right side. He has a good appetite, and sleeps well; the tongue is partially blackened by a steel mixture which he has been taking. The urine is passed in about the natural quantity; its colour is pale, its sp. gr. 1013; it is highly albuminous, the coagulated albumen occupying nearly one half the bulk of the liquid. On microscopical examination it was found to contain numerous small and large waxy-casts, and some granular casts, (see fig 7.) These granular casts are for the most part, composed of broken down and disintegrated gland-cells from the tubes of the kidney, and they usually indicate a chronic wasting form of renal disease.

Looking then to the history of this patient's illness, to his present symptoms, and to the appearances in the urine, we had no difficulty in arriving at the opinion that the chief disease was in the kidney, which was affected with that form of chronic Bright's disease which is characterised by atrophy and contraction of the kidney—a disease which we are in the habit of calling *chronic desquamative disease* of the kidney, because its most remarkable and characteristic feature is the crumbling down of the renal gland-cells which appear in the urine, partly in the form of scattered amorphous material, and partly in the form of those granular casts to which I have before alluded, (fig. 7, a. a.)

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Then, with respect to the question of prognosis, our opinion from the first was not only that the disease was incurable, but that it would very soon be fatal. It appeared highly probable that the renal disease had existed long before the first appearance of dropsy; the state of the patient's mental faculties showed that the brain was already suffering from urinæmia consequent on the failing function of the kidneys, and lastly, the copious sediment in the urine, composed, as I have before said, of granular and waxy casts, of various sizes, indicated that the disease was making rapid progress. You will find, as a rule, that in this form of renal disease the amount of sediment affords a pretty accurate measure of the rate at which the degeneration of the kidney is proceeding. The granular casts show disintegration and destruction of the renal gland-cells, and the large waxy casts, having the full diameter of the tubes of the kidney, indicate that the tubes in which they have been moulded have lost their epithelial lining, and are being filled with unorganised fibrin. The chief object of treatment was to ward off the apparent tendency to death by coma, and we considered that this might be most effectually done by moderate doses of purgative medicine, with counter-irritation over the kidneys, at the same time that the patient's strength was sustained by nourishing food. Accordingly, we gave him ten grains of the compound colocynth pill every night, and, with a view to counteract the anæmia, we prescribed the muriated tincture of iron, in doses of 15 drops with water three times a day.

FIG. 7.



a. a. Granular casts. b. Small waxy cast. c. Large waxy cast.

Many of you will remember to have seen that the drowsiness gradually increased until it passed into complete coma, the tongue became brown and dry, and he died, without the occurrence of convulsions or other important new symptoms, on the 13th December, that is, twelve days after his admission into the hospital.

On post-mortem examination we found, as we had anticipated, that the kidneys were in an advanced stage of atrophic Bright's disease, the left weighed three ounces and six drachms, the right, five ounces and two drachms. The greater weight of the right kidney was due to its containing three serous cysts, the larger of which was about the size of a small orange, and contained at least an ounce of liquid. The secreting structure of the two kidneys was equally wasted, each being reduced to about two-thirds of its natural size; the cortical portion was very thin, and the surface rough and granular.

The liver was large and congested, its weight being three and a half pounds, and its upper surface was connected with the diaphragm by old adhesions. You will remember that it had been noted that the liver extended some distance below the margin of the ribs at the time of the patient's admission.

In the chest we found the heart enlarged, its weight being seventeen and a half ounces. The left ventricle was much thickened. There was a slight ossific deposit at the base of two of the aortic valves, but not sufficient to interfere with their function, or to impede, in any appreciable degree, the

onward movement of the blood. The lining membrane of the aorta contained some atheromatous deposits.

The brain had an anæmic appearance, but in other respects seemed quite healthy.

We examined the kidney with the microscope, but of the result of that examination I will speak to you hereafter. I beg your attention now to one or two points in the pathology of this case. And first as to the cause of the drowsiness passing into coma. You saw that there was no appreciable structural change in the brain, and it can scarcely be doubted that the coma resulted from an accumulation of one or more of the constituents of urine in the blood consequent on degeneration of the kidney. The drowsiness was probably the result of a toxic influence of contaminated blood upon the brain, as much so as in the case of poisoning by opium. As to the precise nature of the toxic agent in cases of uræmic poisoning we are still in doubt. It has very generally been supposed that the symptoms in question are due to an accumulation of urea in the blood, but Frerichs has originated a theory that, not urea, but carbonate of ammonia which results from the decomposition of urea, is the immediate cause of the phenomena. (a) In support of this hypothesis Frerichs states that a large quantity of ammonia is exhaled from the lungs of patients who exhibit symptoms of uræmic poisoning, and he asserts that if such a patient be made to breathe upon a glass rod which has been dipped in hydrochloric acid, the presence of an abundance of ammonia is shown by the dense fumes which are thereby produced. Now we applied this test while our patient was in a state of half-consciousness, and we found that the fumes about the glass-rod were much less dense and copious than when the rod was breathed upon by one of ourselves. The explanation which suggests itself is, that the fumes are chiefly produced by the moisture of the aqueous vapour in the breath with the vapour of the acid, and the patient, with his brown dry tongue and lips, was evidently exhaling less moisture from the lungs than was contained in the breath of a healthy man. A short time since we tried the experiment upon another patient with precisely the same result. It is evident, therefore, that this test is quite insufficient for the purpose, and that it lends no support to the hypothesis of Frerichs.

One circumstance in this case to which I beg to direct your particular attention is the hypertrophy of the heart, and especially of the left ventricle, without the co-existence of any disease of the valves or of the large arteries, such as would impede the flow of blood, and so explain the increased bulk and strength of the muscular walls of the heart. In a very large proportion of cases of chronic Bright's disease, you will find this hypertrophy of the heart; sometimes associated with such disease of the valves or of the larger arteries as may be considered sufficient to explain the phenomenon; but not unfrequently, as was long since pointed out by Dr. Bright himself, there is no apparent organic cause for the marked hypertrophy generally affecting the left ventricle. The most probable explanation of this remarkable fact is that the blood, being contaminated by excrementitious materials in consequence of degeneration of the kidney, is impeded in its passage through the minute systemic vessels; the left ventricle, therefore, has to make unusual efforts to propel the blood, and in so doing it acquires an increase of bulk and strength.

That blood which has its qualities altered by an accumulation of excrementitious products, or by the introduction of foreign matters, is impeded in its passage through the minute subdivisions of the vascular system, has been proved by very numerous experiments and observations. I will not occupy your time by an account of these experiments, which you will find described in most works on physiology, but I wish now to remind you of one fact in the minute anatomy of Bright's kidney, which has a close relation to this subject. Some years since I first observed and described in the *Medico-Chirurgical Transactions* (vol. xxxiii.), a very remarkable thickening of the small renal arteries, and of the Malpighian capillaries, as occurring in all cases and in all forms of chronic Bright's disease. The thickening of the arterial coats is an instance of true hypertrophy of muscular tissue. It is often associated with a

dilated and tortuous condition of the vessels, particularly of the afferent arteries, (see ante, fig. 1, p. 1.) and the phenomena can be explained only by assuming that the blood is impeded in its passage through that portion of the vascular system of the kidney, which in the course of the circulation lies in front of the Malpighian vessels. This impediment to the flow of blood through the kidney, connected as it is with degeneration of the secreting tissue, and consequent imperfect excretion of urine is analogous to the obstruction of the pulmonary circulation which always occurs when, from any cause, the blood is insufficiently aerated. For instance, in cases of emphysema with chronic bronchitis, we have evidence of long continued obstruction to the flow of blood through the lungs in the dilated and hypertrophied condition of the right side of the heart.

Now one practical observation in connection with thickening of the renal blood-vessels in chronic Bright's disease. In cases of *acute* disease the urine often contains blood in variable quantity, while in *chronic* Bright's disease hæmaturia is of rare occurrence. The explanation of this fact is to be found in that thickened condition of the Malpighian capillaries, which I have described as occurring in all forms of chronic Bright's disease.

No rule of this kind is without exceptions, but dark-coloured, smoky, or decidedly blood-tinted urine, affords strong presumptive evidence that the renal disease is acute, and of recent origin. In the practical application of this rule you must be careful to ascertain that the kidney itself, and not the mucous membrane of the bladder, is the source of the blood. The most decisive evidence that the hæmorrhage is of renal origin is afforded by the fact of the blood, as seen on a microscopical examination of the urine, being moulded into casts of the uriniferous tubes.

In my next lecture I shall continue the subject of *contracted* Bright's kidney, and I shall then bring to your notice other examples of this form of disease.

## ORIGINAL COMMUNICATIONS.

### NOTES OF

## PRACTICE AMONG THE OUT-PATIENTS OF ST. BARTHOLOMEW'S HOSPITAL.

By JAMES PAGET, F.R.S.

Assistant-Surgeon to the Hospital.

### No. III.—ON SOME AFFECTIONS OF VOLUNTARY MUSCLES.

*Consequences of excessive exercise.*—The worst of these consequences has of late years been largely illustrated in essays on "Progressive Muscular Atrophy." Some of the cases of this affection seem clearly due to overwork of muscles, the atrophy beginning in those that are chiefly employed in the patient's daily labour, and gradually extending to the groups of muscles that are auxiliary to their actions. But it is of certain less serious and less considered consequences of excessive exercise that I now write.

Among these consequences the most frequent are muscular pains, which the patient usually describes as rheumatic. The shoulders, or the loins, or a limb, are complained of as the seats of constant, wearing, dull pains; they are weak and stiff, and unfit for work. The description is sufficiently like that of rheumatism; a history of exposure to cold is seldom wanting among out-patients; and the diagnosis and treatment of rheumatism are soon written down. Happily, the tired muscles, by their pain, generally secure their own repose, and their proper remedy.

One set of cases of this kind deserves especial mention, because they are, I think, very generally overlooked. I mean the cases of constant pain and weariness of the lower limbs associated with flat-foot. Among the numerous instances of this that I have seen in the out-patients' room, I do not remember one in which the patient was aware of his deformity, or did not give an account of himself that was calculated to

(a) The relation of urea to carbonate of ammonia is represented by the following formula, which shows that an equivalent of urea with two equivalents of water contains the elements of two equivalents of carbonate of ammonia— $N_2 H_4 C_2 O_2, 2H_2 O = 2N H_3, C O_2$ .



mislead. The common story is, that he has heavy aching pains in one or both of his ankles, or in his feet or soles; pains extending up the limbs, with weariness, and inability to go through his day's work. And all these or more he ascribes to cold or to some injury; he has no suspicion of a deformity, but his feet are *flat*. The soles are, perhaps, not everted; there may be no true valgus, but the feet look elongated, flat, and low, without insteps; the heels are too little prominent, the plantar arches sunken, the ankles thick, the astragalus, navicular, and inner cuneiform bones are below their right level. The pains complained of are those of the muscles and tendons, which are habitually overworked, in the task of keeping the body erect, when its proper bearings on its supports are disturbed; and the like pains may exist in any case in which the foot is habitually used awkwardly.

The treatment of such cases with orthopædic apparatus is generally sufficient for the relief of the pain; rarely so for the cure of the deformity. With such apparatus, and often without it, as the patients (who are generally between 16 and 20) grow older, the muscles and other structures become accustomed and more adapted to their undue action, and cease to be painful. Many men above 30 who are flat-footed make no complaint of it. The most flat-footed I have seen could walk thirty miles in the day without considerable fatigue.

In all these cases the pain is probably due to the impairment of composition, which ensues in the muscles during exercise, becoming, at last, greater than can be repaired in their ordinary repose, or when the general health is enfeebled. Pain of a much severer kind, but probably due to a similar condition of unrepaired change of composition, is sometimes consequent on excessive work continued for a comparatively short time.

A feeble lad, 17 years old, complained of pain in his right arm, especially in the lower part of the biceps, and in the flexors in the forearm. He held his arm bent at the elbow, and nearly straight at the wrist, and he said he could not move it; but he could do so, though feebly and slowly, as if the muscles, though not cramped, were stiff. All the joints could be moved in their full range, smoothly, and without pain. There was no swelling anywhere, but the biceps and flexor muscles felt unequally firm, and some parts of them felt nearly hard, like muscles with the cramp. There were no signs of constitutional disorder, and the only cause that could be assigned for his pain and other trouble was that he had been working for five months as a smith, hammering for ten hours a-day. Rest alone, I believe, cured him.

Sometimes a muscle after excessive exercise passes into a state of nearly fixed contraction, and abides long therein. Wry-neck may thus follow a great exertion of the muscles of the neck; and I have seen an elbow-joint stiff and motionless through rigidity of muscles ensuing in or quickly following a great effort. These cases are to be distinguished from those of rheumatism, which, in persons disposed to it, is often localised in a muscle shortly after it has been subjected to a too wide or violent action. And it would be very interesting to study the similarities between the stiffness and loss of power in exhausted muscles and the rigor mortis; they are much greater, I believe, than would be generally suspected.

*Some of the consequences of blows and the like injuries of muscles*—A blow on a muscle or on its nerve may be followed by complete wasting. For example:—I have seen a case of total atrophy of the abductor indicis and adductor minimi digiti, which followed a sharp and very severe blow in front of the anterior annular ligament.

After a severe injury to a joint, the muscles acting on it may pass into a state of fixed contraction, or may start into contraction at any effort to move them, whether actively or passively. The joint thus stiffened is likely to be regarded as one that has been wrongly treated; the fracture or the dislocation, if either have occurred, may be thought to have been left unredressed, and an incurable ankylosis may be talked of. But the stiffness of the joint is due to the muscles alone; and if, by giving the patient chloroform, they be relaxed and put beyond the influence of his will, the joint becomes at once naturally moveable, or nearly so. I have seen this condition at the elbow, the knee, and the hip; and I believe that I have known a similar affection of the muscles of the neck, causing temporary immobility of the head, after a blow on the vertex.

The patients are generally young persons, and the history of one may suffice; for all the cases were very similar in their results, however different in the accidents.

A boy, 10 years old, fell on his elbow and broke off the external condyle and adjacent portion of the articular end of his humerus. The arm was kept at rest on a well-padded angular splint, and union took place in the usual time, but the broken condyle remained prominent. He regained some power of movement of the elbow, but, apparently through neglect of the rules for using it which his Surgeon gave him, he gradually lost this; and when I saw him, five months after the accident, (a) the elbow was almost perfectly stiff at an angle of about 120°.

I took him into the Hospital, and he was put under chloroform, that the joint might be forcibly bent. But as soon as he was quite insensible the joint became easily moveable through an angle of fully 90°, and only just short of complete flexion and extension. As soon as he recovered from the chloroform the joint became as fixed as before in the extended position; it gradually became more stiff as he became more sensible and his muscles less relaxed.

The power of voluntary motion of the joint was gradually regained, with the help of frequent passive motion and the patient's own efforts.

The treatment here used will, I believe, usually be sufficient. Chloroform, which may first serve as a test of the state of the joint and muscles, may afterwards be used, to give opportunity for painless and free motion of the joint while the muscles are recovering. And their recovery may be accelerated by friction, warmth, passive motion to any extent that they will allow, and (which is far better) every possible effort of the patient's own will to move them.

*Enlargement of muscles.*—Inequality of size of limbs is far from rare, and in a large majority of cases it is due to defective nutrition of one limb, the other being of natural size. But in some instances the smaller limb is natural (judging by its proportion to all the rest of the body except its fellow), and the larger limb is overgrown. I have seen at least four such cases, and in all of them the enlargement of the limb appeared due to overgrowth of muscles, with, perhaps, a dilated or varicose state of their veins.

In the case of a lad 14 years old, who had been very active in running and jumping, the calf of the right leg was an inch and a half larger in circumference than that of the left, and had been so for more than a year when I first saw him. At times also during the year it had become yet larger, with painful swelling, and a sense of great tension in it, nearly disabling him from exercise. But when these severer symptoms (which appeared usually to follow over-use of the limb) had subsided, no change of shape or structure could be felt. The leg, especially at the calf, only looked more grown and older than the other, or at most its veins were larger after exercise than those of the other leg were.

Six months later, with the help of an elastic stocking and regulated exercise, all pain and discomfort had ceased to be felt, but the disproportion of the legs remained.

In other two cases the patients were respectively about 25 and 40 years old, and these also suffered occasional pain and weariness in the muscles of the large calf; but in neither of these was there any reason to regard over-exercise as the cause of the enlargement.

In another case, in a soldier 27 years old, there was great enlargement of all the muscles of the right arm and shoulder, and such fulness of all its subcutaneous veins, and such a feeling of weight and tightness when it hung down, that I supposed the axillary vein must be obstructed. However, with rest in the Hospital, and the occasional application of leeches, the muscles gradually diminished, and the veins became less filled; and finally, during an attack of scarlatina, they returned to nearly their natural state.

I have had no opportunity of dissecting a case similar to any of these, and can only guess that there is a real overgrowth of muscles, like that which occurs in cases of excessively large tongues. There has been no apparent enlargement of bones, or any other structures than the muscles and veins, in any of the cases I have seen; and in this respect they greatly differ from the cases of hypertrophy of one or more fingers or toes which Mr. Curling chiefly has described.

(a) In this alone the case was peculiar; in all the other instances that I have seen the stiffness of the joint occurred very soon after the accident, or was continuous with its immediate effects.

## ON A PECULIAR FORM OF LACERATION OF THE PERINÆUM DURING LABOUR.

By W. O. PRIESTLEY, M.D.

Physician-Accoucheur to the St. Marylebone Infirmary.

THE forms of laceration of the perinæum during labour usually described in obstetric works, are for the most part varieties of vertical tearing, the laceration taking a direction backwards, from vulva to anus, or outwards on either side. The only other described form of laceration which does not come under this category, is central laceration or perforation of the perinæum—the child passing directly through the centre or posterior portion of the perinæum. Instances of the last description are rare, but references are to be found to such cases in the works of Moreau, Simpson, Churchill, Ramsbotham, etc.

The object of this short communication is to call attention to the occasional occurrence of a horizontal or transverse form of laceration, not indeed necessarily extending to the cutaneous surface of the perinæum, or what has been called the "perinæum proper,"—but implicating the upper or mucous layer, which is situated internally, and yet constitutes an important element in the structure of the perinæum. Indeed the mucous membrane of the lower portion of the vagina, by its apposition to the upper surface of the cutaneous perinæum, so far adds to the thickness of the latter, that its capacity for dilatation is greatly increased, and the distension to which the perinæum is subject during labour is more adequately sustained. I may premise that before labour commences the vaginal orifice is situated less than half an inch anterior to the posterior fourchette or commissure, the fossa navicularis occupying the space between them. Thus, in first labours, as the head descends on, and lengthens the perinæum, two more or less well-defined ridges are found on its anterior free border. These ridges correspond respectively, the upper one to the usual attachment of the hymen or caruncula myrtiliformes, the lower to the fourchette or line of union between the mucous membrane and the skin. The fossa navicularis has then become effaced, the space between the vaginal orifice and fourchette lessened, and the free border of the perinæum bears some resemblance to a piece of thick felt cut obliquely, with the edge terminating its upper surface, projecting somewhat forward, and the edge of its under surface slightly receding. At the entrance to the vagina, where we find the upper or innermost ridge, the foetus encounters more resistance to its exit than in its subsequent progress when distending the posterior fourchette or commissure. Where the finger encounters the upper ridge, in fact, the strong fascial tube enclosing the contractile and mucous coats of the vagina terminates posteriorly, and is united to the superficial fascia of the perinæum by a less dense tissue. Thus at the orifice of the vagina, posteriorly, a circular resisting band presents itself, which ordinarily yields gradually before the pressure of the foetal head, but in exceptional cases, and especially if reinforced by an incompletely ruptured hymen, it offers considerable opposition to the completion of labour. In the usual course of events during first labours, the posterior margin of the vaginal outlet offers such resistance to the child's head, that the mucous membrane internal to it, is everted over it, and then the constriction gradually gives way, and labour is speedily terminated. As Dr. Churchill has observed, the mucous membrane while so everted is frequently fissured in a vertical direction, but the retraction after labour is over may cause it to be overlooked. Laceration to this extent may occur without passing round to the cutaneous surface of the perinæum, although some degree of external laceration seems to be far more common than has been formerly supposed.

In labours subsequent to the first, the two ridges I have described on the free border of the perinæum, are not nearly so distinct; the foetus encounters less resistance at the orifice of the vagina, and the perinæum becomes thinned out and stretched, so that it commonly presents a single sharp edge.

In the following case laceration of the mucous membrane, constituting the upper surface of the perinæum, took place horizontally along the resisting line indicating the orifice of the vagina, as if an incision had been made in a circular direction, severing the inferior extremity of the vagina from its usual junction with the perinæum.

Mrs. E., aged 20, a tall, slightly built person, with fair

complexion, and *nervo-sanguineous* temperament, who had previously enjoyed good health, was taken in labour of her first child on the morning of the 2nd of February, 1857. The pains occurred at regular intervals during the day, but no great progress was made until towards evening. Returning to her bedside about four o'clock, I found the pains much increased in severity, and the os uteri rapidly dilating. The foetal head passed without difficulty through a sufficiently roomy pelvis, and about seven o'clock began to press on the perinæum. As the external parts became subject to the pressure, I noticed that the ridge on the free border of the perinæum, corresponding to the termination of the vagina, was unusually firm, and had participated little in the general dilatation of the genital passages, while the vagina itself seemed to be narrower than usual, and tightly grasped the head of the child.

The pains being severe and constant I endeavoured to moderate somewhat the pressure of the child's head on the perinæum, and made copious use of unguents, hoping thereby to favour dilatation, but without much effect. The *anæsthesia*, which before had been imperfect, was deepened with no better result. The pains succeeded each other at short intervals with great expulsive power, and the head stretched the central portion of the perinæum to its utmost, without overcoming the resistance of its anterior edge. At last with a severe pain the mucous membrane gave way along the line of the constricting band, and a gush of blood followed. On the temporary recession of the head, I found a breach of continuity extending across the posterior wall of the vagina or floor of the perinæum, two inches or more in length, as if an incision had cut off the vagina posteriorly from the perinæum. The mucous lining was retracted upwards in a crescentic form, making a considerable wound, with blood oozing from its surfaces, and leaving the perinæum so denuded above, that it was reduced to one half its usual thickness.

My anxiety as to what further injury might follow was happily soon after terminated. With the next succeeding pain the constricting fascial band gave way, and the expulsion of the head and body of the child soon followed. The extrusion, however, was not effected without a partial vertical laceration of the weakened cutaneous perinæum, backwards towards the anus. Fortunately the patient was spared the agony she must otherwise have endured by being kept completely *anæsthetized*.

Convalescence afterwards was protracted beyond the usual time; the wound healed by granulation, and great pain was experienced during and some time after micturition from the urine trickling over the broken surface, until the plan was adopted of passing the urine through a sponge, which obviated this. Fully two months elapsed before all tenderness and induration of the perinæum were gone, and the patient was able to stand and walk with ease. She recovered at length perfectly.

In this case, the peculiar form of laceration was doubtless caused by the rigidity of the ring at the orifice of the vagina, the head stretching the somewhat narrow vaginal tube so far that its mucous membrane was fairly divided over the constricting fascia. It struck me, while watching with anxiety the events I have described, that had the resisting band not immediately given way, or some assistance been rendered after the internal laceration, the case would in all likelihood have been converted into one of the so-called central lacerations of the perinæum—the head and body of the child passing directly through the weakened perinæum, and posterior to the constricted vaginal opening. It seems no stretch of probability to suppose that in the instances where central laceration of the perinæum has occurred, it may have been preceded by events similar to those observed in this case. In some examples of central perforation, described by Dr. Ramsbotham, such a preliminary tearing seems actually to have taken place, and there can be no doubt that such an internal form of laceration previously occurring would strongly predispose to central perforation.

I have no sufficient experience of such cases as the one described above, to warrant me in drawing any general conclusions as to the frequency of their occurrence or their subsequent results. Slight transverse fissures in the mucous membrane at the line indicated I have noticed before in first labours, more especially when the head has been large or the vaginal canal somewhat narrow, but the case detailed is the only one I have met with in which this transverse form of laceration

was so extensive and so unmistakeable. From the silence of obstetric authors on the subject, one is disposed to think that its occurrence is not frequent, although, truly, from its internal situation, it may be readily overlooked, especially if the injury be of small extent. It is possible that in some of the cases of long convalescence in primipare occasionally met with, where there is tenderness and induration of the perinæum, pain in the upright position, and yet no external laceration observable, an injury of this kind may have been perpetrated unnoticed during labour. In my search after recorded parallel cases, I have been able to find only one which is analogous to that described. It occurs in Dr. Meigs's treatise on "Obstetrics," from which I extract the passage:—"I have recently seen a case of laceration, in which the wound commencing very near and within the inner third part of the left nymphæ, extended downwards and backwards, and then upwards in such a manner as to have cut the tube nearly half off, a very singular case, and which must have been near allowing the head to come through the perinæum." P. 83. Speaking of the above case with my venerable friend, Dr. Montgomery of Dublin, when lately in London on a visit, he informed me that this kind of laceration had occurred to him more than once in his practice, but he had not seen it frequently; and he further remarked that he had observed the internal laceration occur, without any injury whatever to the cutaneous perinæum. Mr. Baker Brown also informs me that he has seen a laceration similar to the one I have described, in which the hemorrhage was very considerable.

In the treatment of any future case where I have reason to suspect a transverse laceration probable, I should certainly deem it advisable to divide the constricting ring, rather than expose the patient to the risk of such an injury, followed, perhaps, by a vertical laceration, or, worse, by a perforation directly through the perinæum. In this instance the expulsion of the child speedily followed the laceration, and any further interference was unnecessary,

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# ON THE MORTALITY OF THE METROPOLIS IN THE SUMMER OF 1857,

INCLUDING A NOTICE OF THE DIARRHŒA EPIDEMIC.

By J. J. FOX, Esq.  
Fellow of the Statistical Society.

(Concluded from page 245.)

THE weekly returns of the Board of Health, published under the careful supervision of Dr. Conway Evans, furnish some very interesting information, although far too incomplete to rely on in the absence of other data. We may, however, gather from them, what might not perhaps have been anticipated *a priori*, that the maximum of deaths does not correspond with the maximum of new cases. The first occurred, as we have seen, in the last week of July, or that ending on the 1st of August; whereas the greatest number of new cases of diarrhœa did not occur until two weeks later, or the week ending August 15, from which time they rapidly declined. This agrees with what has been observed in the epidemic invasions of cholera, that in their progress they become of a milder character, so that there is an interval during which the cases are actually increasing in number, while the deaths are becoming fewer. While, as we observed just now, the curve representing the deaths declines very gradually, compared with the abruptness of its rise, the same is not the case with the curve representing the new cases of diarrhœa. In it the branch of the curve succeeding the maximum corresponds tolerably with that which precedes it. The inference may perhaps be, that the slowness in the decline of the deaths, as compared both with their own rise and with the decline of new cases, is due to the numbers being kept up by deaths ensuing at longer distances from the attack.

That meteorological causes have had great influence on the epidemic it is impossible to deny, when we examine the character of that week which presented the maximum of new cases, and subsequently to which the epidemic declined. It was marked by rain almost every day of the week, and by

very heavy thunder-storms, with hail and large quantities of rain on the Thursday and Friday. As a consequence of this electric disturbance, the wind, which for seven weeks had been in the south-west, became north-east through the following week. Whatever be the mode of its action, there must have been a connexion between this great atmospheric change and the decline of the epidemic diarrhœa.

## V. LOCAL DISTRIBUTION OF DIARRHŒA.

An inquiry into the local distribution of the deaths from diarrhœa during the past summer leads to the conclusion that they were distributed among the five divisions of the Metropolis, in proportions not greatly differing from the proportions that the divisions bear to the whole in population. I subjoin an approximate estimate of the per-centage of total population resident in each division in the middle of 1857, and place by it the per-centage of deaths from diarrhœa:—

	Population.	Deaths from diarrhœa.
Western . . . .	16	18
Northern . . . .	22	19
Central . . . .	15	14
Eastern . . . .	21	23
Southern . . . .	26	25
	100	100

It will be seen that the eastern and western divisions had a larger share of the deaths than their population warranted, while the others had less; and also that the northern division is the one in which the share of diarrhœa deaths is the furthest from coming up to the proportion it bears in population.

If we attempt to go into further subdivisions, and estimate the prevalence of diarrhœa in the districts of the Metropolis, the difficulties that interfere with an accurate estimate of their comparative mortality become much augmented. The complication introduced by the presence of large Hospitals cannot be corrected, as it can when we treat of "deaths from all causes" in the aggregate. It is not probable that many enter our Hospitals to be treated for diarrhœa; and yet when a number of invalids, suffering under other diseases or from accidents, are collected together, many will doubtless fall victims to diarrhœa at a time when it is epidemic, and thus indirectly swell the returns of a district in which a large Hospital is situated. Besides this source of fallacy, our estimate of population, which at all times is only approximate, becomes far more uncertain where a smaller mass of population is concerned. Nevertheless, so great are the differences between the estimates of the mortality from diarrhœa in the different districts of London, that, allowing the largest possible margin for error, they indicate very striking differences between one district and another. In the City of London it was only 32 deaths to 100,000 of population, in Camberwell 51, and St. George's, Hanover-square (in spite of its Hospital), 59; these three being the only instances in which it was less than 60.

Five districts had a mortality between 60 and 70, viz.:—Holborn, Pancras (with a Hospital), Hampstead, Hackney, Clerkenwell.

Four, between 70 and 80, viz.:—St. James Westminster, Islington, Bermondsey, Newington.

Eight, between 80 and 90, viz.:—Lewisham, Lambeth, East London, Strand (with a Hospital), Bethnal-green, Greenwich (with a Hospital), Shoreditch, Wandsworth.

Five, between 90 and 100, viz.:—St. Martin-in-the-Fields, Marylebone (with a Hospital), Stepney, St. George South-west, St. George in the East.

A mortality from diarrhœa above 100 in 100,000, or 1 to every 1000 of population, is estimated to have occurred in

West London (with a Hospital), Rotherhithe, Chelsea, Kensington (with Hospitals), St. Giles Westminster, St. Saviour and St. Olave (with their Hospitals), St. Luke, Whitechapel (with a Hospital), Poplar.

In the last-mentioned district the mortality was highest, and reached 123, no small contrast to the 32 that died out of the same population in the City. If the population of any district has increased more slowly in the last six years than it did between 1841 and 51, then these numbers are lower than the correct mortality; if, however, the increase of population has been greater than that assumed, these numbers are too high. The second of these qualifications, doubtless, applies to several of the districts, but the limits of the error intro-

duced by it would form but a small fraction of the wide differences between the mortality of one district and another.

#### VI. COMPARATIVE MORTALITY OF THE DIVISIONS OF THE METROPOLIS.

If we estimated the mortality in the five divisions of the metropolis without any correction for outlying workhouses and for the deaths in hospitals, lunatic asylums, and prisons, we should not obtain results on which any reliance could be placed. Making these needful corrections, however, and assuming the population of each division or group of districts to have increased since 1851 in the same ratio as it did between 1841 and 51, we obtain the following numbers for the mortality of the summer of 1857:—

Western Division	. . . . .	496
Northern Division	. . . . .	500
Southern Division	. . . . .	506
Central Division	. . . . .	549
Eastern Division	. . . . .	614

The mortality of the whole metropolis having been, as stated in the beginning of this paper, 534, we find the same law subsist that I noticed in my last two papers, viz. that the Western, Northern, and Southern divisions are more healthy than the average of London, the Central and Eastern less so. With regard, however, to the Central division, it is well to remark, that while in the winter it had 72 deaths in 100,000 more than the average of London, and in the spring, 44, it has during the season we are considering an excess of only 15 deaths.

The difference between the mortalities of the most healthy and least healthy divisions of the metropolis has this summer been 118; in other words, to a population of 100,000, 118 more persons have died in three months in the Eastern districts than died in the Western. If we look only to those diseases, the local distribution of which is given in the Registrar-General's Reports, we find the same high mortality of the Eastern districts confirmed. They form, probably, about 21 per cent. of the population of London, and yet within their borders occurred 22 per cent. of the small-pox, 23 per cent. of the diarrhoea, 26 per cent. of the typhus, 29 per cent. of the scarlatina, 33 per cent. of the whooping-cough, and 40 per cent. of the measles. Who, indeed, can gainsay the need of sanitary action, and who can say that statistics do not furnish evidence of a case for the interference, guarded by wise precautions, of Government, whose duty it is to protect the lives and happiness of the masses?

Stoke Newington.

### ON GUNSHOT WOUNDS OF THE EYE.

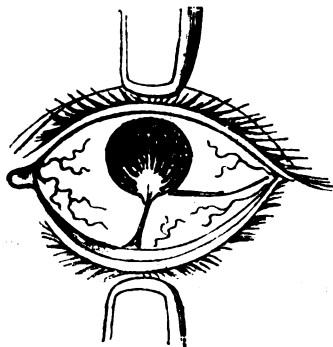
By W. WHITE COOPER, F.R.C.S.

Ophthalmic Surgeon to St. Mary's Hospital, &c.

(Concluded from page 248).

*Penetrating wound of eye.—Atrophy of globe.*—Lord C. (whose case has been already mentioned) was shooting with a party in a turnip-field nine years ago, when one of the gentlemen pushed too much forward; at that moment Lord C. fired at a bird. There were many boulder stones in the field, and it is supposed that a shot glanced, for though the distance was full 150 yards, this gentleman was struck in the left eye, the sight being immediately lost. He underwent severe treatment to subdue the inflammation which followed, and was confined to his room two months, suffering great pain. This pain continued in the brow with greater or less severity for a year and a-half, and then gradually ceased. The eye diminished in size, but has been quiet for seven years, except at changes of weather. I saw this gentleman, November 17, 1857. Condition of the eye:—Globe soft and about one-third less than the other eye. Colour of sclerotic brownish, circumference of cornea one-fourth less than that of the right eye, and squared off towards the lower and inner corner. Nearly in the middle of the lower edge there is a white cicatrix, marking the seat of the wound, and to this all the fibres of the iris converge, there being no trace of pupil; anterior chamber obliterated; iris naturally grey, now greyish olive. The sclerotic presents two marked puckers or depressions tending towards the cicatrix. Many small dull red vessels ramify over the eye.

This gentleman mentioned that the neuralgia from which he suffered so long appeared to yield at length to repeated small blisters on the temple, recommended by Mr. Dalrymple.



We occasionally see unusual changes take place in eyes which have received injury from shot. The most remarkable that I have witnessed is the formation of a peculiar deposit in the anterior chamber, of precisely the tint of yellow ochre. I have always found in connexion with this a tendency to

spontaneous bleeding in the eye, fulness and hardness of the globe, and complete disorganisation of the iris. I have not yet had an opportunity of satisfying myself as to the precise character of this deposit, and in one case only has this condition presented itself; the particulars are as follow:—

*Gunshot wound.—Shot lodged in eye.—Yellow deposit.*—In May 1857 I was consulted by a gentleman under the following circumstances. In January 1854, he was one of a party woodcock shooting, when a glancing shot entered his left eye, and immediately extinguished sight. There was some bleeding from the eye, and considerable extravasation of blood under the conjunctiva. His eye was bound up with a handkerchief steeped in cold water, and on reaching home he was placed in bed feeling sick and faint with pain in the eye and brow; a cold poultice was applied to the eye, and active antiphlogistic treatment employed; nevertheless the eye remained in a state of inflammation for nine weeks, despite of an active mercurial course. The redness and intolerance of light gradually passed away, leaving the globe hard, tender, and subject to neuralgia, which has been a source of torment to him ever since.

The condition of the eye when I saw it was as follows:—The globe perfectly hard and tense, and traversed by dark vessels. The iris bulged forward so as to encroach considerably on the anterior chamber, and of a dark olive green; pupil contracted, and occupied by lymph; in the lower part of the anterior chamber a dark stain and small coagulum of blood. Around the inner circle of the cornea was a singular yellow line, as if the iris had been encircled with a frame; on the inner surface of the cornea there were towards the lower part several small spots of a similar colour; the cornea itself was very tense. The chief complaint made was of neuralgia, and of occasional sharp dartings, like needles being thrust into the eye.

The sight of the right eye was as yet unaffected, nevertheless I thought it proper to suggest excision of the damaged eye, as that alone would relieve the neuralgia. My proposition was not acceded to, and I did not see the patient till early last August; he then stated that his eye had remained in much the same state, except that two or three times after violent neuralgia, and a sense of bursting, blood had appeared in the eye, and it had of late become much more yellow. Such indeed was the case; the whole of the posterior surface of the cornea was covered with this yellow deposit; the circle was still visible, but little of the iris itself could be seen, and that little appeared to be marked with deposit also: it was irregularly scattered over the inner surface of the cornea, in some parts in distinct patches, in others as if lightly smeared, or as if the colour had run.

I have seen one other case in which a similar condition followed an operation with the needle, and I believe that it invariably indicates thorough disorganization of the eye.

A few words remain to be said on the management of gunshot wounds of the eye.

A Surgeon summoned to a case of this description may expect to find the patient, and those about him, in great alarm and distress, and may have some difficulty in obtaining a correct account of the accident.

The first thing to be done, having gently and carefully cleansed the eye, is to make a full and satisfactory examination to ascertain the precise nature and extent of the injury, and to obviate, as far as possible, the necessity for subsequent

disturbance of the eye; for as each day will increase the irritability of the organ and the intolerance of light, frequent elaborate examinations are most pernicious. If there be a sensation of a foreign body under the upper lid, it will be proper to ascertain whether anything has lodged there. Should there be a wound with fibres of the iris hanging out, they should be snipped off with fine scissors. The lids should then be closed and secured with a strip of soft adhesive plaster, (a) to render them as motionless as possible. The subsequent measures will of course depend on the symptoms which present themselves, but the surgeon should insist on the patient remaining absolutely quiet, and on the strictest antiphlogistic treatment being adhered to. In many cases three months, and even more, elapse before the eye becomes quiet, and it is often difficult to prevent a patient transgressing the rules laid down during such a long confinement; but a judicious surgeon will carefully watch the progress of the eye, handling it as little as possible and in the most gentle manner, and modifying his treatment according to the progress made towards convalescence. If there be reason to suspect that the shot is in the eye, railway travelling, and all vibrating or jolting should be avoided, lest the irritation in the eye should be lighted anew by the foreign body being displaced.

The question may present itself, What course should be pursued if the shot should lodge in the crystalline lens? I do not hesitate to recommend extraction of the lens; for sooner or later, if let alone, the shot will be loosened by the lens being absorbed, and will set up serious inflammation. A most instructive case, illustrating this point, has been mentioned by Dr. Jacob of Dublin, in a valuable paper on "Foreign Bodies in the Eye." (b) A fragment of a copper cap had passed through the pupil and lodged in the crystalline lens where it lay, retaining its brilliancy for two or three years, without causing pain or mischief. But after a further time the lad again applied to Dr. Jacob, and now the copper cap had disappeared, and the anterior and posterior chambers were filled with blood as if from recent injury. The metallic fragment was nowhere visible, and had probably fallen to the bottom of the eye. The inflammation excited, destroyed the organ.

The most tormenting and persistent symptom in many cases of gunshot wounds of the eye is neuralgic pain affecting the brow and side of the head; this remains long after active symptoms in the eye have subsided, and is very obstinate. The treatment which I have found most efficacious is counter-irritation on the temple, either by means of an issue, a seton, or repeated blisters.

Should an eye continue in a state of irritation, and weary the patient month after month with the miseries of neuralgia, we should be justified in recommending excision of the globe. This at once puts an end to the pain, and restores the sufferer to the enjoyment of health. I have taken some pains to ascertain if gunshot wounds of the eye often cause sympathetic irritation, threatening the sight of the other eye. An instance has recently presented itself at Moorfields, and the injured eye was removed by Mr. Wordsworth; but so far as my own experience goes, such cases are happily rare.

19, Berkeley-square.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### ST. BARTHOLOMEW'S HOSPITAL.

#### PECULIAR AND VERY RARE FORM OF DESTRUCTIVE INFLAMMATION OF THE CORNEA. —EXTIRPATION OF BOTH EYES.

(Under the care of Mr. LAWRENCE.)

Ann Price, aged 25, a domestic servant, was admitted on January 2. She had been sent to St. Bartholomew's from the Fever Hospital, where she had been an inmate for two days only, having been discharged because her disease presented no features of specific fever. She was a thin, pale,

very cachectic woman. Her left eye was very prominent, and the conjunctiva in a state of chemosis, much swollen and very florid. The cornea was opaque and yellow like wash leather, and beginning to slough. There was no purulent or other discharge. She complained of a most severe frontal headache. The account she gave was that her eye had been inflamed only about ten days, and that during this time she had suffered most severe pain in the temple. She had been out of health, she said, ever since the summer, when a severe diarrhoea had much reduced her. Her eyes had also, she thought both of them, been more prominent since that illness than formerly, and her friends had also remarked upon the same circumstance. She had, however, been able to remain at her place until the present attack in the eye, at the onset of which the febrile disturbance had been so peculiar that the case had, as observed above, been mistaken for one of fever, and she had consequently been sent to the Fever Hospital. There was nothing amiss with the right eye, excepting that it was noticed to be unduly prominent.

The destruction of the cornea in the left having rapidly become complete, and the eye being totally lost, Mr. Lawrence determined to remove the globe. This was done by the usual operation about three weeks after her admission. At the time the eye was very prominent, and surrounded by swollen and everted mucous membrane. The iris and pupil were covered by layers of tough yellow lymph. During the operation nothing was observed to account for the extreme prominence of the globe; there was no abscess or tumour behind it. The globe on examination appeared to be healthy as regards all its structures excepting the destroyed cornea. No suppuration had occurred within it. Much relief to the frontal headache, etc., was obtained by the operation, but the conjunctiva still remained cedematous, and much swollen, so as to evert the lids somewhat.

About a week after the operation the right eye was attacked by disease exactly similar to that which had destroyed the left. The conjunctiva became swollen and dry, and the cornea dull. The latter was rapidly covered by a thick crust. On taking off this scab, a few days after its formation, the cornea was seen to be still perfect in form, though wholly opaque, and roughened and dry on its surface. It ultimately sloughed, and came away, exposing the whole iris.

Extirpation of this globe also having been decided on, the woman was again brought into the theatre on Saturday last (March 6). A scab of yellow lymph occupied the centre of the much protruded eye, concealing the iris, etc., and all around was a roll of red, dry, very tumid conjunctiva. After removal, it was found, as had been observed in the other, that the vitreous, retina, choroid, etc., were all apparently healthy, the disease being confined to the anterior parts.

*Mr. Lawrence's Clinical Remarks.*—Mr. Lawrence stated after the operation that this case, as far as his experience went, was unique; at least such had been the fact until within the last few weeks. About a fortnight ago he had seen, in consultation with Mr. Alexander, a lady somewhat past middle age, whose eye presented an exactly similar condition, and had, like those of the poor girl just removed from the theatre, been wholly lost by destructive inflammation of the cornea, unattended by apparent cause. In both cases the peculiar thrusting out of the globe had been observed, and in neither was there anything to account for it beyond the swollen condition of the cellular tissue of the orbit. In neither had there been any purulent discharge whatever from the conjunctiva, and in neither had suppuration taken place either in the globe or the orbit. The difference in the age and circumstances of the two patients made it evident that the disease did not depend on any special habits of life or particular period of life. In the girl's case, it was also remarkable that the second eye had been attacked so long after the first. She had meanwhile been fed up, had acquired a good appetite, and was in greatly improved health. Mr. Alexander had agreed with him that he had never before witnessed an example of similar disease.

We may add with regard to the treatment pursued, that it had consisted, as far as medicines are concerned, in the endeavour to mitigate pain. The headache had been so severe that at one time it was necessary to keep ice in a bladder applied to the forehead. Morphia had also been prescribed, and on one occasion a few leeches had been resorted to. A liberal diet had been allowed throughout.

Should any be inclined to name these, happily, very rare

(a) I can strongly recommend that spread on soft kid leather prepared by Ewen, Jermyn-street, St. James's.

(b) Dublin Medical Press, December 9, 1846.



cases by the now so fashionable designation of "diphtheritic," we must ask them to bear in mind that the exudation spoken of covered the cornea only. The conjunctival surface was throughout almost dry, and destitute of secretion.

## THE ROYAL OPHTHALMIC HOSPITAL.

### CASES OF GONORRHOEA AND GONORRHOEAL OPHTHALMIA IN YOUNG CHILDREN.

(Under the care of Mr. Critchett.)

Two cases of gonorrhoeal ophthalmia in young children are now under care at the Moorfields Ophthalmic. The patients are sisters, the one aged 6 and the other 4. The eldest was brought to Mr. Critchett three weeks ago, on account of purulent ophthalmia of the left eye, and her mother at the same time asked attention to a severe inflammation of her genitals. The state of the eye was exactly that of gonorrhoeal disease, the chemosis being great, the discharge profuse, and of a greenish yellow colour, and the lids much swollen. The inflammation of the vulva was also more acute than is generally seen in the bastard disease of infants. The mother stated that a lodger who slept in the same room as the girl was known to have "the disease," and she feared the child had caught it by using a soiled cloth. The case was prescribed for, after a careful investigation of the facts, as one of true gonorrhoea of the eye. Alum water was ordered for hourly use, and nitrate of silver drops three times daily. To secure the full use of the latter, the child was to attend each morning, and have them put in by the House Surgeon. A day or two afterwards the other eye became affected; and three days later the younger sister was brought, suffering from exactly the same combination of symptoms. Both eyes were affected in her case also, and so severely, that for a time it was much feared that the cornea would slough. At present the four eyes are all recovering, danger to the sight being fairly past. Local measures have alone been employed. In both children the gonorrhoeal discharge still persists, though somewhat abated by treatment.

The younger child, there is little doubt, in this instance contracted the disease from her sister, as they slept together, and were much exposed. Respecting the elder one no suspicions have ever entered her mother's mind as to improper treatment, and it would of course, under circumstances in which the truth could scarcely by any possibility be arrived at, have been most ill-advised for the Surgeon to suggest them. It is impossible, however, that they should not be felt. We quote the case chiefly because it shows how liable young children having true gonorrhoea are to have the eyes infected. It is well known that the spurious disease often exists for months together; that it is common amongst the most neglected children, and yet how almost never do we find the eyes suffer! (a) This is doubtless because the discharge in these cases is non-contagious, and we have in the circumstance a means of diagnosis which will occasionally be very useful. In further corroboration of its value we may mention a case now under Mr. Hutchinson's care at the Metropolitan Free Hospital. A child of two has a discharge exactly resembling true gonorrhoea, and also suffers from commencing purulent ophthalmia of the left eye. The discharge is of a month's duration, but the eye was first affected only two days ago. The mother states that the child was subjected to ill-treatment by a young man, who has been convicted of the offence, and sentenced to a lengthened period of imprisonment.

### MEDICO-LEGAL QUESTIONS IN REFERENCE TO INFANTILE GONORRHOEA.

Cases of purulent discharge from the genitals of female children, occurring under circumstances more or less suspicious, constitute some of the most disagreeable and perplexing with which the surgeon has to deal. On the one hand, there is no doubt that the vast majority of such are

(a) In reference to the non-contagiousness of the common form of infantile leucorrhoea, the writer has, by running through his note-books of the out-patients' practice at the Metropolitan Free Hospital, obtained the following fragment of evidence. During the last three years he has treated sixteen cases of this affection in female children varying from the age of ten months to that of six years. In several the disease was very severe, and in most it had lasted a month or more. In none of these was there any suspicion of criminal contagion. In none did more than one child in a family suffer, and in no single instance did any inflammation of the eyes occur.

merely instances of an idiopathic non-specific affection, and on the other, it is perfectly certain that true gonorrhoea may be, and sometimes is, transferred by contagion to children of the most tender age. How to distinguish between the two is the question. Not a few innocent men, the victims of circumstantial evidence, and of mistaken diagnosis, have undoubtedly been sentenced to punishment for abominable offences of which they knew nothing; and notwithstanding the earnest labours of several modern surgeons to set the matter in a clearer light (amongst whom we must make honourable mention of Mr. Wilde, of Dublin) we cannot feel confident that similar mistakes may not again occur. On the other hand, care must be had that by a too sweeping denial of the specific nature of these cases, the ends of justice be not occasionally defeated. Even of the cases of true gonorrhoea in children, it is to be admitted that in most the disease has been conveyed accidentally by cloths, sponges, and the like, and not by any sexual contact. Not unfrequently, also, it is contracted from women with whom the children have slept. But when full allowance has been made for these cases, still there most undoubtedly remains a class in which the disease is due to voluntary and criminal acts. Nor does the admission that the fact is so, involve a charge against humanity of so black a dye as might at first sight appear. A certain most absurd, but very prevalent vulgar belief, transfers to the head of a debased selfishness, acts which would otherwise be attributable to yet more profound depravity, and at the same time explains why it is that, in a large majority of cases, the guilty person is found to have been at the time of the commission of the crime the subject of venereal disease.

Several cases of much importance in reference to these questions have recently come under notice in the Metropolitan Hospitals. In one, the evidence upon which a conviction was obtained, was supplied by the House-Surgeon to King's College Hospital, and consisted in the fact that spermatozoa had been found in the child's vulva. This was, of course, unanswerable, and, as it was established by the testimony of two observers, was very properly allowed to have its due weight. It is much to be desired that this test were more constantly resorted to at the time of the first examination of the child.

We have above mentioned the statement of the mother of Mr. Hutchinson's patient suffering from gonorrhoeal ophthalmia as to a criminal prosecution having been instituted.

This statement Mr. Hutchinson found, on subsequent inquiry, to be correct, and, as the case is of considerable medico-legal interest, we subjoin its main facts. On the evening on which the offence was alleged to have been committed, a woman with whom the prisoner cohabited was in her confinement. The mother of the child was attending to her, and left the child, with several others but little older, under the care of the prisoner in an adjoining room. These children, as well as the patient herself, were too young to give any evidence as to what took place. On the day following (a Tuesday) the mother noticed that the child was red and sore about the genitals. The appearance of irritation increased, and on the third day a discharge had set in, which on the fifth had become profuse. On the Saturday, for the first time, the child was shown to a druggist, who said she was suffering from "the disease," and, on account of the suspicions then excited, late in the evening of the same day an experienced Surgeon (Mr. Comley, of High-street, Whitechapel) was requested to examine her. The limitation of the disease to the vagina and labia, the severity of the inflammation, and the character of the discharge, induced Mr. Comley to give a confident opinion that the disease was true gonorrhoea. The man was now apprehended, and it was found that he was suffering from gonorrhoea, which he said was of a month's duration, the discharge being still copious. No microscopic examination of the discharge from the child was made, too long a time having elapsed to give any chance of spermatozoa being detected. At the trial Mr. Comley deposed on oath to the specific nature of the disease, and to his belief that it had been communicated by the voluntary act of the prisoner. The latter protested his innocence, and pleaded that the communication had probably been accidental, the child having used the same chamber utensil as himself. As has been stated, those present at the time could give no account of what had passed. The mother of the child, however, stated she had gone into the room on account of hearing her cry; she had not, however, noticed anything particular as to the condition of the prisoner



or his dress. A verdict of guilty was returned, and sentence of imprisonment, with hard labour for two years, was pronounced. The trial took place about three weeks ago, at the Clerkenwell Sessions House.

The subsequent occurrence of gonorrhoeal ophthalmia has fully substantiated the Medical evidence given in this case as to the specific nature of the child's disease, and there is scarcely room for a reasonable doubt that the contagion was in some way or other supplied by the prisoner; as to whether it were accidental, or the consequence of a criminal act, opinions will, however differ. Whoever is acquainted with the careless and filthy habits of many of the poor will find no difficulty in admitting that, after all, the prisoner's account might possibly have been true.

### HOSPITAL NOTES.

#### LARGE CALCULUS IMBEDDED IN THE PROSTATE GLAND.

We have mentioned recently several cases in which urinary calculi had become lodged in the prostate gland, and from their peculiar position occasioned symptoms somewhat different from those in which the stone remains free within the bladder. Among such symptoms, for reasons very apparent, is incontinence of urine. Another example is afforded by a patient on whom Mr. Stanley recently performed lithotomy. The poor fellow not only had incontinence, but several urinary fistulae had been left by abscesses which had formed in the perineum. He had suffered from symptoms since early childhood, his present age being 22. That the calculus was imbedded in the prostate was evident before the operation, because the sound grated over its surface before entering the bladder, and the finger introduced into the rectum readily detected the concretion. At the operation it was found to be of the size of a small chestnut, and to have been moulded in a cavity in the gland. In the bladder was a second stone which was quite free. The age of the patient at the time the symptoms commenced of course makes it all but certain that the original stone was a urinary one. No doubt it had at some time slipped into the prostatic urethra, and there being retained had gradually increased in size, and worked for itself a bed in the substance of the gland. Prostatic concretions are never met with before the age of puberty. The size, etc. of the stone itself also support the conclusion indicated. The man, we should add, has made a good recovery, and although he still remains in the Hospital, has for some time been out of all danger.

#### DIPHTHERITIC OPHTHALMIA.

We believe we may state that no cases deserving the specific designation of diphtheritic ophthalmia have as yet been met with at the Moorfields Hospital. Cases in which pustules are associated with the patchy exudation of flakes of adherent fibrin have, of course, been seen, but they are by no means new to the ophthalmic Surgeon, nor have they probably anything peculiar (as to kind) in their nature. A few cases of patches of fibrin on the surface of one or other palpebral conjunctiva have also been seen, but in none has the coating been extensive. Anything like an example of the formation of a cast of the ocular and palpebral mucous membrane, or even of any extensive tract of one, we have as yet neither seen nor heard of in London practice.

#### THE PHOSPHATE OF ZINC.

The phosphate of zinc has been for a considerable time employed as a nerve tonic by Dr. Barnes in his practice at the Metropolitan Free Hospital and on board the Dreadnought. It is generally prescribed in combination with free phosphoric acid, and Dr. Barnes is inclined to think that he has obtained from it better effects than could have been had from either of the components given alone. The dose is from two to five grains. The cases in which it is recommended are those of epilepsy, and other nervous disorders occurring in enfeebled persons, and it is thought to be especially useful after exhaustion of the nervous system from over-excitement. Although the merit of introducing the salt in question into notice belongs, we believe, to Dr. Barnes, yet probably many of us have long ago been in the habit of prescribing together sulphate of zinc and phosphoric acid, which would come to about the same thing.

#### WOUNDED ARTERY TREATED BY PRESSURE—EXTENSIVE SLOUGHING.

The case of a man now under the care of Mr. Cock, in Guy's, affords a striking illustration of the ill effects of the use of severe local pressure for the restraining of arterial hæmorrhage. He is a cow-doctor, and was bleeding a cow with the ordinary fleam, when the instrument slipped and entered his right hand near the wrist, at the back of the carpo-metacarpal joint of the thumb. The bleeding was very profuse at the time, but it was arrested by some tight dressings which were applied. As, however, it again returned whenever the dressings were removed, they were finally allowed to remain on for a week, and then, as the hand was greatly swollen, the man was sent to Guy's Hospital. When admitted, Mr. Poland at once removed the dressings, and the bleeding being again profuse, he enlarged the wound and secured the ends of the injured radial artery. Extensive sloughing of the wound however followed, and so unhealthy was its condition, and so severe the constitutional disturbance, that in spite of the freest support, it appeared for a time doubtful whether the man would live through it. His age, 69, has undoubtedly exercised some influence in favouring the morbid processes, but it is to be stated that, for his age, he is remarkably vigorous.

#### ANÆMIA FATAL WITHOUT ORGANIC DISEASE.

Two cases of much interest, as examples of fatal anæmia without any discoverable visceral disease, have recently been brought under our notice. The patient in the first was a young man under Dr. Bristowe's care in St. Thomas's Hospital, the second being a girl under that of Dr. Leared in the "Great Northern." The symptoms and course of the malady had in Dr. Bristowe's case borne a very close resemblance to those which existed in one which we published in detail two years ago from the Victoria-park Hospital. In the last the man was a Jew, and although all proper influences were used, consent to an autopsy could not be obtained. He had not displayed during life the slightest trace of pigmentary discoloration. In the two cases just referred to post-mortem examinations were had, but in neither were the supra-renal capsules found diseased. The form of cachexia present in these cases is often so much like that of "Addison's disease" that suspicions as to the state of the capsules in them has very naturally been excited. Further than this, however, there are clinical facts recorded, which make it very probable that in rapidly disorganising changes of those organs the patient first becomes sallow and anæmic. True bronzing is a subsequent change, and requiring a long period for its production. Dr. Habershon has at present an interesting case under his care in Guy's, in which a man, aged 21, is the subject of most severe and increasing anæmia. He has been four months an in-patient, well fed, and taking iron with tonics in various combinations, but the condition persists, and will probably end fatally. It must be noted that he had only been out of health a month when admitted, and there was at first a tendency to hæmorrhagic purpura. No pigmentary change in colour of any part of the skin has been noticed. It is of course exceedingly doubtful whether the capsules are diseased in this case. Many instances on record, in addition to the two just mentioned, prove that such a state may exist, and end fatally, while they are quite sound. In a case of this kind which died under Dr. Owen Rees's care about a year ago, and which we formerly mentioned, they were, however, found extensively diseased.

#### TRACHEOTOMY IN CHRONIC DISEASE OF THE LARYNX.

Dr. Peacock has at present under his care in St. Thomas's a young woman on whom tracheotomy was performed about six months ago, under urgent circumstances of laryngeal obstruction. The nature of the disease was not very evident, but it was suspected to be syphilitic. The relief to the breathing has been very great, and the patient is now in pretty good health. She is, however, as yet quite unable to do without the canula, which has been worn ever since. It is not easy in this, as in not a few others, to explain satisfactorily the cause of the continued obstruction, since there does not appear to be any progressive disease, nor was there any reason to think that extensive ulceration of the larynx had taken place. We have several times before had to advert to similar cases. One patient in particular still occasionally

presents himself at Guy's Hospital, on whom Mr. Birkett performed tracheotomy three years ago, and who, although now in good health, has never been able to dispense with the canula. Dr. Peacock's case adds another to the list in which life has been saved by the prompt performance of this operation.

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## Medical Times & Gazette.

SATURDAY, MARCH 13.

### SELF-SUPPORTING DISPENSARIES.

In the first number of the present volume we drew attention to some of the existing abuses of Medical Charities, and to the proposal of providing a remedy by the establishment of Self-supporting Dispensaries. So much interest has arisen in the question, both on the part of the Profession and of the public, that it appears desirable to recur to the subject.

The idea of establishing institutions where those classes of the poor, not absolutely destitute, may receive competent Medical assistance on the payment of a small sum, is by no means a new one. Several Dispensaries founded upon this principle have met with most remarkable success. There are now lying before us a number of Reports presented at the successive annual meetings of the governors of the Coventry Provident Dispensary, an institution which appears to have been in flourishing circumstances for the last twenty-six years, and to continue still in a prosperous condition. At the last annual meeting held in May 1857, it is reported that the number of free members had nearly doubled since 1853, the funds having been benefited in the same proportion; and that 2654 persons had been under the care of the Medical officers during the past year. No less than £646 were received from the free members, which sum, together with about £100 more derived from subscriptions, was amply sufficient to defray the current expenses, including the payment of £80 to the Dispenser, and £431 to the Surgeons of the Institution.

Among the Resolutions adopted at the meeting is the following, which so completely describes the objects and tendencies of a well-regulated Self-supporting Dispensary, that we quote it entire:—

"That it is the opinion of this meeting that the Provident Dispensaries—the object of which is to provide Medical attendance in sickness from a fund supplied by the poor themselves—are calculated to save the poor from getting into debt, from resorting to the parish, and from injuriously delaying necessary Medical advice; and that they have a direct tendency to foster provident habits, self-reliance, and self-respect, and are therefore particularly deserving of the support of the public."

Now it certainly appears that these poor people of Coventry have set a very noble example to persons of like condition throughout the country; for by their voluntary contributions to the funds of the Dispensary they provide for themselves adequate and prompt Medical assistance in the hour of their

suffering, without being compelled to solicit Dispensary letters as a matter of charity, or to throw themselves upon the mercy of the Poor-law authorities. The Medical officers, too, appear to receive a fair remuneration for their services. They are paid in proportion to the number of cases they attend, and to the amount of surplus which may exist after paying the other current expenses of the establishment.

It is well known that in many parts of the provinces of England, and especially in the rural districts, voluntary associations are formed among poor people for the purpose of providing for themselves Medical attendance in case of sickness. As in the case of the Provident Dispensaries, they thus secure the benefits of Medical advice at a very moderate cost, and without begging for it as a matter of charity, while the Medical practitioners of the district are enabled to make some addition to their incomes by the contributions of the members. But there are many objections to these clubs: the meetings of the ruling Committee at public-houses, the constitution of this Committee confining the government of the clubs to uneducated men, and the calculations on which they are founded being so erroneous as to lead to frequent bankruptcy, are all objections which have proved very serious obstacles to their success, and their general encouragement by the educated classes.

As the experiment of a Self-supporting Dispensary has proved so successful at Coventry, as much so in other places, and more so at Northampton, where some £700 was divided last year among the Medical officers, and as the principle of these establishments has so long been recognised and acted upon in the Medical relief clubs scattered all over the country, it becomes a subject of wonder and disappointment that some similar plan has not been carried out in the Metropolis. Here, perhaps, as in too many other instances, the members of the Medical Profession have only themselves to blame. At the present moment the abuse of Medical charity is so great in London that it becomes a matter of the utmost difficulty to establish correct ideas as to the mode in which Medical relief ought to be administered with justice to the giver and to the recipient. Hospitals of every kind, general and special, open their portals to the victims of disease; while the out-patient departments of these establishments distribute advice and medicines in such a wholesale and indiscriminate manner as must tend to render the boon valueless in the eyes of the patients, while some of the General Practitioners in the vicinity are very materially injured. Many of these charities do not require any letter of recommendation from the governors, and administer assistance to all who demand it; although the multitudes who are reported to throng the doors of these buildings cannot possibly receive adequate attendance, even if the Physicians and the Surgeons were to attend upon them the whole of the day, or even if the present staff of officers were doubled. The Medical Profession, instead of denouncing these manifest abuses, actually encourages them; and whatever may be the toil and labour incurred in the discharge of the duties, enough Medical men and to spare are always found ready to compete for the unpaid and thankless posts, and even in many cases to expend their own private means in securing their elections for the offices. In no other Profession do science and humanity, or even more interested motives, lead to such suicidal policy.

The Dispensary system has tended largely to degrade the Medical Profession under the guise of administering relief to the sick. The patients who attend at these institutions may be divided into three classes: 1st. Those who are absolutely poor and destitute, and who are the proper objects for parochial Medical relief. 2nd. The servants of the governors, who thus procure advice and medicines for their dependants at a cheap rate; and, 3rd. The higher classes of artisans and labourers, and the lower classes of tradesmen and shopkeepers, who do not scruple to receive gratuitous relief, but who are

certainly able to pay a small sum in return for the benefits which they receive. Perhaps there may be a fourth class, consisting of the better order of people, who are mean enough to accept the gratuitous services of the Profession; but we hope that such instances of meanness are not so common as many suppose.

Now, with regard to the first class, or the actual paupers, it is clearly the duty of the State, or of the parishes, to provide them with Medical as well as other relief; and if the present staff of Poor-law Medical officers is inadequate in number, or badly paid (as indeed they are), additions should be made both to their number and to their emoluments. It is certainly no part of the duty of a Dispensary Physician or Surgeon to perform the functions of a Poor-law Medical officer. Still we would not altogether exclude this class from the benefits which they may derive from the Dispensaries, or compel every one to accept parish relief; but the case must be rare indeed in which any one above accepting parish relief could not become a member of a Self-supporting Dispensary.

The next class, or the servants of the governors, present many difficulties in their management; because, among the temptations held out to catch the contributions of the charitable, the boon of having their domestics attended during sickness occupies a prominent place in the advertisements. But surely this is indulging in charity at a cheap rate, if, by the moderate expenditure of a guinea per annum, a gentleman or lady can command the services of physicians and surgeons for his household, or for his neighbour's household, the Medical men so employed working for nothing.

The third class, consisting of the higher orders of artisans and labourers and the lower classes of tradesmen and shopkeepers, are the very persons for whom the Free Dispensaries are intended, but who at the same time ought to contribute something to the maintenance of those charities. These persons are quite sagacious enough to know that the labour of the head is as worthy of remuneration as the labour of the hand; and were it not for the indiscriminate manner in which Medical charity is lavished forth, and the general misapprehension existing upon the subject, there is no doubt that this section of the community would willingly contribute something towards the support of institutions from which they derive such solid advantages. It is surely only necessary to point out to such persons the justice and the honesty of rewarding Medical services to secure their frank and zealous co-operation.

In order to strike at the root of the existing evils it is necessary, in the first place, to convince the Governors of Hospitals and Dispensaries as to the propriety of reforming the present system. It is also necessary to impress upon the Profession the duty of defending their own interests. Our great Hospitals are justly the pride and boast of the British nation. Long may they fulfil the designs of their beneficent founders; but we do object most strongly to the indiscriminate Medical relief afforded to hosts of patients, both in the Hospitals and Dispensaries, to the utter destruction of the feeling of independence among the patients themselves, and to the great detriment of the interests of the Profession.

It is perfectly absurd to suppose that the establishment of Self-supporting Dispensaries would injure the General Practitioners; on the contrary, it is the present system of which the Profession has most to complain; a system which accepts Medical services, and gives nothing at all in return. A well-regulated Self-supporting Dispensary would, of course, exclude from participation in its benefits all those who are able to pay ordinary Medical charges, and the power given to the patients of choosing their own Medical attendant would obviate any objection which might be made as to thrusting upon them a practitioner whom they might not approve. In any given district all the Medical practitioners might join in a Dispensary if they chose to do so, and those patients who required

the services of any one in particular might be able to obtain them. Thus all favouritism would be avoided, the patients would be duly attended, and the Medical Practitioner would be fairly remunerated.

### THE WEEK.

THE meeting on Wednesday, of which a short report will be found in another column, to discuss the principle of Self-supporting Dispensaries, is a step in the right direction. The principle is one which certainly deserves discussion, and we trust that the Profession in the various postal districts of the metropolis, and in our principal large towns, will meet together, and give the scheme so long advocated by Mr. Smith a full and fair consideration. We have already expressed some of our own views on this subject, and we feel convinced that the more it is discussed the more it will become apparent that the time is come to reform the existing system of charitable medical relief, to make an effort to raise the tone of feeling and encourage provident habits among the poor, and to secure a fair remuneration for medical services.

It may be well to point out just now a few of the more prominent disadvantages of the Naval Medical Service, for the information of those gentlemen who contemplate entering it, and to contrast it with the Military Medical Service:—

#### ASSISTANT-SURGEON, R.N.

Pay—8s. 1d. per diem.  
No servant allowed.  
Full-pay service intermittent.  
Has a cabin only when the internal arrangements on board admit of it.

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Pay—10s. per diem.  
Servant allowed.  
Full-pay service continuous.  
Has a room allowed him.

One of the greatest grievances of the Naval Medical Officer is the intermitting character of his full-pay service, for whenever he is paid off (say every three years) he is placed on the half-pay list, and the interval between that and his re-employment, averaging from six to eighteen months, is lost to him, as it does not count as time served. After twenty-five years' full-pay service he can claim his retirement, but a very small per-centage only are enabled to complete this term, while it is a daily occurrence to meet Surgeons of from fifty to sixty years of age, serving in ships, who have scarce completed twenty years' service. There is no increase of pay between the tenth and twentieth year of service, so that the Surgeon of nineteen years' standing receives but the same remuneration as he did nine years previously. The East India Company is incomparably the most attractive of the public services, as, independently of superior pay, lucrative civil appointments are within the reach of Medical Officers who qualify themselves for them. Now that the Army and East India Company's services are open to public competition, it cannot be expected that Medical men will be so blind to their own interests as to enter the Navy until their present and future position is raised to an equality with that of the sister service. We must refer also to another act of injustice. By reference to the *Admiralty Gazette* of 26th February, it will be seen that twenty-nine naval officers of different grades have received promotion for the recent operations before Canton, but not a single Assistant-Surgeon has been advanced to the rank of Surgeon. Such unjust treatment should, I think, be brought before those students who are thinking of entering the Naval Medical Service. That one at least of our Medical brethren participated in the operations above alluded to, may be seen from the subjoined paragraph of Admiral Seymour's despatches, but even he as yet has received no reward:—

"Soon after seven o'clock Captain Bate, of the 'Actæon,'

and Captain Mann, R.E., were directed to reconnoitre the wall, and select a fitting place for planting our scaling-ladders. In the performance of this important duty Captain Bate was wounded in the chest by a gingall ball from the parapet. Dr. C. A. Anderson, Staff-Surgeon of the 'Calcutta,' at once proceeded, at great personal risk, under a heavy fire, to his assistance, but it was of no avail, as this gallant and highly-esteemed officer died within a few minutes of receiving his wound."

Mr. Gamgee and Mr. West are now doing duty on terms of equality as surgeons to the Queen's Hospital, Birmingham—yet a document is being circulated under the auspices of the Canon Miller, whose peculiar views of the duties of a Christian Pastor we have already commented on, the object of which is to damage the Institution on charges of mismanagement. Mr. Sands Cox has given the most conclusive refutation of these charges, and has shown that the Canon's threat of withdrawing the offertory contributions of his congregation is as unjust as it is uncharitable. Surely the people of Birmingham are not so mad as to allow their noble Institution to be destroyed because an arrogant churchman has found that he cannot do exactly as he pleases with their money or dictate to the governors of the Charity.

The *Northern Daily Express* contains the following advertisement immediately beneath that of Dr. Pearse, which we noticed a fortnight ago.

"MR. WILLIAM PRESTON,  
LATE HOUSE SURGEON TO GUY'S HOSPITAL,  
LONDON,  
4, ELSWICK WEST TERRACE, SCOTSWOOD ROAD,  
NEWCASTLE.

Fee—Consultation or Visit, One Shilling and Sixpence.  
Families Professionally attended at One Guinea per annum.  
All Medicines Supplied Free of Charge."

Such things as these are daily proving how necessary it is to give our Universities or Corporations—or the ruling bodies, whatever they may be, when the Medical Reform question is settled—full power to expel such members as do anything to lower their Profession in public estimation. What would be thought of a lawyer who acted as Dr. Pearse and Mr. Preston have done?

At a time when we are about to seek at the hands of the Legislature means for the abatement of illegal practice, it may not be amiss to observe how insufficiently they have hitherto operated in France, a country sometimes referred to as a model to imitate in these matters, and yet where repressive laws of considerable severity are found inefficient. Besides numerous instances that appear in the journals of complaints of individual practitioners, we may refer to the following petition, addressed by the conjoined Medical Societies of Paris to the Emperor:—

"Sire,—At an epoch in which the history of your beneficence is inscribed in ineffaceable characters on the soil of France, and when society, stimulated by your example, is endeavouring to ameliorate the position of the necessitous classes, the medical body regards it as a duty to direct your Majesty's attention to one of the social wounds which paralyze your generous intentions. Side by side with that medicine consecrated by the experience of ages, and which consoles and cures, a blind and sordid illegal medicine boldly stalks. If in the towns the information of the masses sometimes counterpoises its mischievous effects, this is not the case in the rural districts, where unfortunately ignorance still predominates, and where nevertheless an unlimited publicity is given to the most lying and scandalous promises. Here, sire, is a serious peril, and a barrier which unceasingly impedes the large impulse you give to morality and humanity. Allow us to hope that your Majesty, so solicitous for the infancy of the poor and so provident for their old age, will deign to prosecute your good work by protecting, by means of effectual repression, entire society against the illegal practice

of medicine. Such, Sire, is the prayer of the medical body, so often honoured with the carrying out the benefits conceived by your touching solicitude for suffering, but too often prevented by prejudice from accomplishing its humane mission."

His Majesty received the deputation with great cordiality, and promised to take the object of the petition into consideration. It is well worthy the attention of our own Legislature.

They manage some things well in France. The special correspondent of the *Morning Advertiser* says:—

The Court of Cassation has at last definitively decided that Homœopathists are quacks, and the sale of their harmless globules illegal. This decision has thrown the apostles of that hallucination into dismay. You may remember that in the course of last year the apothecaries of Angoulême (as stated at the time) caused Dr. Moreau, who practises the Homœopathic system of medicine in that city, to be prosecuted before the Tribunal of Correctional Police for having himself provided for his patients the globules which he prescribed, thereby violating the law of the 21 Germinal, An. XI., which accords to regularly licensed apothecaries the exclusive right of preparing and selling medicines. But the tribunal rejected the case. The apothecaries appealed to the Imperial Court of Bordeaux against that decision; but the Court confirmed it, on the ground that the Homœopathic system of medicine being entirely new, and employing infinitesimally small medicines which do not figure in ordinary pharmacopœias, does not fall within the operation of the law in question; and that, consequently, homœopathists can prepare and sell their own medicines. The Court of Cassation being appealed to, quashed this decision as bad in law, and sent the cause before the Court of Poitiers. That tribunal, however, for the reasons stated by the Court of Bordeaux, and for others of a more technical nature, gave judgment against the apothecaries. Under these circumstances a new appeal was presented to the Court of Cassation, and it was yesterday argued at great length. The Court once again decided that Homœopathists cannot make up and sell medicines, and quashed the judgment of the Court of Poitiers."

This opens up a new view of the Homœopathic delusion. No sane man doubts the quackery of the globulists. The question of legality is another matter.

## THE LATE BENJAMIN TRAVERS, F.R.S.

From time to time we have had to announce the decease of the friends and contemporaries of Sir Astley Cooper, that great surgeon whose name will ever be a beacon to successive generations of our Profession. It is now our painful duty to pen an obituary of his first pupil, a gentleman whose connexion with Sir Astley during many years was that of intimate friendship, and whose name will descend with his as co-writer of one of his most practical works.

Benjamin Travers, the second of ten children, was born in April, 1783. He was the son of a wealthy sugar baker in Queen-street, Cheapside, whose descendants in the second generation now form the well-known firm in St. Swin's-lane. After receiving a classical education at the grammar school of the Rev. E. Cogan, at Cheshunt, he became a private pupil of Mr. Friend, formerly of Cambridge, and evidently availed himself of the opportunities thus afforded him for acquiring a sound knowledge of ancient literature. At the age of sixteen he was placed in his father's counting-house, but his father being at that time a frequent attendant on the lectures of Mr. Cline and Mr. Astley Cooper, to which he was accompanied by his son, was induced to yield to the persuasions of the youth, and to permit him to enter the medical profession. Just at this juncture, Astley Cooper was elected surgeon to Guy's Hospital, and young Travers became his first articulated pupil in 1800—not 1809, as stated in the daily papers. Mr. Travers used to relate his *début* in that capacity with much humour: "In the summer of 1800 I accompanied Mr. Cooper in his gig to Newington-green, on the evening of the second day of my residence with him. It was to examine the body of an elderly lady who had died of cancer of the

stomach. The operation was concluded by candle-light, and though I had never before seen a corpse, I was chief assistant on this occasion. I made a strong effort to appear *à fait*, and give all the aid in my power, undressing, and in part sewing up the body, and bringing away a precious, though not over fragrant relic of the old lady's interior on my person. The second part of this adventure was a narrow escape from foot-pads in driving home through a bye-lane. The night being pitch dark, and the neighbourhood not being over built, a low significant whistle from behind the hedge, and the glimpse of a man in a white coat, caused my master to turn his horse abruptly, and gallop back to the first public-house. There the landlord confirmed our belief that we had escaped a notorious gang then infesting those parts; and arming himself with a blunderbuss, accompanied by two pot-valiant customers with other destructive weapons, he marched in front of our horse till we reached the high road. Mr. Cooper's pocket would have afforded booty, no doubt; the valued spoils in my possession would have been less appreciated."

A private dissecting-room at Guy's Hospital furnished the dressers of that establishment with a quiet apartment, and here during the last year of his apprenticeship Mr. Travers gave demonstrations to his fellow-pupils, among whom he also established a Clinical Society. During his apprenticeship he had the advantage of being an inmate of Mr. Cooper's family, and the valuable privilege of his special instruction and example. He says, "I often dined and spent the evening alone with him, and we used to discuss points of physiology together; he would suggest experiments, or direct my attention to cases in the Hospital, with the intention of animating my zeal and industry." With what excellent effect is well known!

Mr. Travers became a member of the College of Surgeons in 1806, and then proceeded to Edinburgh, where he passed a session actively employed in repeating the experiments of Bichat upon the effects of unarterialized blood on the heart and nervous system, and enjoying the society of Dr. Barclay, Dr. Hamilton, Dr. John Thomson, Dugald Stewart, and Professors Playfair and Leslie.

He then made a pedestrian tour to the Scotch and English lakes, and, returning to London, married the daughter of William Morgan, Esq., a gentleman said, but erroneously, to be the founder of the Equitable Assurance Company. This company was really projected by the uncle of Mr. Morgan, Dr. Richard Price.

Mr. Travers now fairly settled down to work, and was immediately appointed Demonstrator of Anatomy at Guy's, which office he filled for many years; and soon after had the additional good fortune to be appointed Surgeon to the East India Company's Volunteer Brigade, after a sharp contest, which he only gained by a single vote. When we consider that he was opposed by Mr. Ramsden of St. Bartholomew's, and Mr. Lucas of Guy's, this success was a feather in his cap. In 1809 his son, Mr. B. Travers, was born.

In 1810, Mr. Saunders, founder of the Eye Infirmary, now the Royal London Ophthalmic Hospital, died, and Mr. Henry Cline was applied to, to fill the office of Surgeon to that institution. He declined, and the proposition being made to Mr. Travers, was accepted by him. For four years Mr. Travers held the appointment singly, and was the first to stand boldly forward as the champion for ophthalmic science, which at that time was at a low ebb. In the preface to his "Synopsis," Mr. Travers says: "In this country, I believe no one before myself, who designed to practise general surgery, ventured to give more than a cursory attention to the diseases of the eye. A fear of being disqualified in public opinion by a reputation acquired in these for the treatment of other diseases, was a motive, however groundless, sufficient to deter surgeons from the cultivation of a large and legitimate field of observation and practice. It was with a public avowal of the sentiments so well expressed by the writers just quoted (Mr. Samuel Cooper and M. Louis), that I accepted the situation of Surgeon to the Eye Infirmary in the year 1810; and from these I have never swerved. At the commencement of the following year the students of Surgery were first invited to attend the practice of the Infirmary, an opportunity eagerly embraced, and which many hundreds have since enjoyed." In 1817 the appointment in question was resigned by Mr. Travers, who in the previous year had taken possession of the residence of Mr. Astley Cooper, in Broad-street, on the removal of the latter to Spring-Gardens, and the opportune retirement of Mr.

Thomas Blizard threw much practice into his hands. He commenced practice in New-court, St. Swithin's-lane. He then removed to 30, New Broad-street, and, as we have just stated, took Sir Astley Cooper's house, 3, New Broad-street, in 1816. In 1811 Mr. Travers communicated to the Royal Society a paper, which was accepted by them, but withdrawn by the author for publication in the volume of "Surgical Essays." In 1813 he was elected a Fellow of that Society. On the death of Mr. Birch, in March 1815, Mr. Travers was elected without opposition Surgeon to St. Thomas's Hospital.

The "Surgical Essays," published in conjunction with Sir Astley Cooper, tended to enlarge the fame of Mr. Travers. The proposition that he should participate in the undertaking originated with Sir Astley, not only from motives of friendship, but from the high opinion he entertained of his old pupil's literary acquirements. It is known that on several occasions he submitted papers, in the compilation of which he wished to be particularly careful, to Mr. Travers's revision. The first part of the "Surgical Essays" was published in 1818, and the demand became so considerable that the book went rapidly through three editions in this country, was republished in America, and translated into the French and German languages. Three articles were contributed by Mr. Travers, one being that "On Wounds and Ligatures of the Veins," which had been withdrawn from the Royal Society; the others were "On Iritis," and "On Phymosis and Paraphymosis."

A second volume appeared in 1819, but circumstances prevented the appearance of the article prepared by Mr. Travers for that portion of the work.

The reputation already acquired by the subject of this notice for ophthalmic skill was greatly enhanced by the publication in 1820 of his "Synopsis of the Diseases of the Eye." This volume is elegantly written, and the illustrations are of a superior order, far better indeed than those which have appeared in many more recent works.

In 1824 Mr. Travers published "An Inquiry into that Disturbed State of the Vital Functions usually denominated Constitutional Irritation," following it in 1834 by "A Further Inquiry respecting Constitutional Irritation and the Pathology of the Nervous System." It is by these works, perhaps, that his reputation as a philosophic writer of a high order was most firmly established. The intention and spirit of the work was to arouse the minds of the Profession to a scientific study of the laws which regulate the vital functions in health, and their derangement in disease; and on this foundation to build a rational system of Surgical pathology. It is but justice to Mr. Travers's memory to state, that when the first of these volumes appeared it was received both at home and abroad as the most important contribution to the science of Surgery which had appeared since the death of John Hunter.

These volumes possess, in an eminent degree, the features which characterized the writings of Mr. Travers; a happy combination of philosophic reasoning, lucid argument, and extensive research mark every page; while the language in which his ideas are clothed is elegant and classical. A happy illustration of this command of language was afforded by the Hunterian Oration delivered by him in 1838, which ranks among the very best ever delivered within the walls of the Hunterian theatre. It was listened to with profound attention by a crowded audience, many of whom retain a vivid recollection of the intellectual treat that day enjoyed.

Mr. Travers from time to time addressed the Societies of which he was a member, and ever spoke with a ready command of words and a precision of style, relieved by a tinge of humour which always told happily. The following is a specimen of the neatness of his composition:—

"Nations, like individuals, are distinguished by a peculiar character of mind, to whatever causes attributable, evinced in their respective modes of observing, reflecting, and acting; and the sentiment of Phædrus is as strictly applicable to the one as to the other:—

*"Sua cuique quum sit animi cognitatio  
Colorque prius."*

I should be sorry to see the sober sense of my countrymen perverted by a taste for fastidious distinctions. Simplicity is the characteristic feature of English Surgery, which is neither more nor less than the application of the principles of inflammation as illustrated by the genius of John Hunter." (a)

(a) Preface to Synopsis.

By no one were the characteristics mentioned, better displayed than by him who penned that sentence!

Mr. Travers was twice President of the Royal College of Surgeons, namely, in 1847 and in 1856-57. He had been a member of the Council since 1833.

Mr. Travers had been fifty years a Fellow of the Royal Medical and Chirurgical Society, having been elected in 1808. In 1827 he filled the office of President of the Society, with distinguished credit to himself. He was a liberal contributor to the Transactions of the Society, as will be seen by the following list of papers:

Case of Aneurism by Anastomosis in the Orbit cured by Ligature of the common Carotid Artery, Vol. ii.

Observations on the Cataract, Vol. iv.

Observations upon the Ligature of Arteries, and the causes of Secondary Hæmorrhage, with a Suggestion of a New Method of employing the Ligature in cases of Aneurism, Vol. iv.

Further Observations on the Cataract, Vol. v.

Further Observations on the Ligature of Arteries, Vol. vi.

Observations on the Rupture of the Stomach from Ulceration, Vol. viii.

Two cases of Aneurism, in which the Temporary Ligature was employed, Vol. ix.

Observations on the local diseases termed Malignant, Vol. xvii.

Removal of the Clavicle, with a Tumour situated in that bone, Vol. xxi.

Case of Strangulated Hernia, in which the Bowel was ruptured by the Patient in his efforts to reduce it, Vol. xxii.

It should be remembered that Mr. Travers mainly helped to set at rest the still "moot" points in his early days concerning the final operation of the ligature upon the trunks of large arteries, and the causes of secondary hæmorrhage after such application; and we believe he is entitled to the merit of having been the first to prove by direct experiment, that a single ligature tied tightly round the intestine of a dog, so as perfectly to strangle and obstruct the bowel, is a *recoverable* mode or form of injury. Mr. Abernethy was charmed with Mr. Travers's work on the Intestines, making mention of its author to his class, and elsewhere, in the handsomest terms. It may interest our readers to know that Mr. Travers always laid claim to the merit of originality, both as regards the experiments concerning temporary application of the ligature to arteries, also in the affair of strangulating the intestine, before alluded to.

As an operator, Mr. Travers was safe, rather than showy; and preferred a neat and careful performance of the operation to any clap-trap display of manual dexterity; whatever he did he did well, and the success which attended his operative practice tended materially to raise him early to that high position which he so long and so honourably maintained.

Besides the great professional skill and knowledge which he had acquired, there were combined in Mr. Travers that intuitive sagacity, that delicate consideration for the feelings of others, and that natural grace of thought and expression which are rarely met with, but when found are the finest characteristics of an English gentleman.

During the most active part of his career, Mr. Travers resided in the City, whence he removed to Bruton-street in 1825. A move of this description is generally attended with some loss, and we believe that Mr. Travers was no exception to the rule. His income in the City exceeded £6000 per annum, but was gained at the expense of health; and we have heard Mr. Travers say that, although he lost fully a third of his income by his removal westward, yet the loss was more than made up in health. He believed that his life was prolonged many years by the removal.

As he advanced in years his practice naturally diminished, and for some time past he resided in Green-street, Park-lane, where his opinion as a consultant was much sought. For many years he had lost the sight of one eye, and had for some time before his death abandoned operating, for which he had become unfitted by the infirmities of age. It is only a few months since the honourable distinction of Serjeant-Surgeon to the Queen was conferred upon him on the death of Mr. Keate.

We ought not to omit to notice that which was at the time thought to be a dishonour done to the Profession at large which Mr. Travers so much adorned in his own person, and towards which he ever evinced a steady loyalty and unswerving

rectitude of purpose; penetrated and humbled as he was by an abiding sense of its grave responsibilities and value to mankind at large. We allude to the fact that when he retired from St. Thomas's Hospital (now some eighteen years ago), where he served faithfully and with the utmost distinction, both in and out of the Profession, for twenty-five years, he was not made or declared Consulting Surgeon to the hospital; an omission the less excusable because the office has since been recognised by the appointment of Mr. Travers's junior colleague, Mr. Green. Mr. Travers was thought by some to be a great Tory and very conservative in professional matters. As regards the administration of our endowed hospitals, this was by no means the case. He considered, in common with the bulk of the Profession, that whenever legislative interference should take effect, these institutions ought not to escape a strict scrutiny. To the abuses of the out-patient system, and many other evils, he was feelingly alive, and never sought to conceal his opinion that reform was greatly needed in the management of the large hospitals.

During many years of his life Mr. Travers had suffered from occasional attacks of palpitation of the heart, and though there might not have been direct relation between the two, his death was caused by pericarditis. For the last two months he had been confined to his room by pain in the leg, and other symptoms indicative of disease of the blood-vessels. His Medical attendants, Sir B. Brodie and Dr. Bright, entertained no doubt of the character of his disorder, and anticipated the usual result, though the immediate cause of death was somewhat unexpected. We may add since learning the result of the *post-mortem* examination, that the immediate cause of death was pericarditis, accompanied by dilatation of the auricles, together with a general softening of the muscular structure of the heart. The serous membrane was firmly adherent to the surface of that organ in many places, showing that this change was chronic or of long standing. One of Mr. Travers's earliest and most distressing symptoms was intense pain in the sole of the left foot, extending upwards in the direction of the posterior tibial vessels. After death the arteries half-way up the leg were found filled with a false membrane or lymph layer, and it is stated that in one place the posterior tibial artery was thickened to obliteration, or nearly so. Several gall-stones were found in the gall-bladder. The other great organs did not appear to have undergone any diseased change of importance. Mr. Travers died suddenly, being at the moment in bed, where he had lain for many weeks in a semi-erect posture.

Mr. Travers was tall, large-framed, and well-proportioned, with a highly intelligent and pleasing countenance; his manners were prepossessing, and in consultation with his professional brethren he showed a highbred courtesy which marked the refinement of his mind. He was ever popular, whether in the Profession or out of it, and the announcement of his death will be received with heartfelt regret, both at home and abroad.

## REVIEWS.

*Ergebnisse und Studien aus der medizinischen Klinik zu Bonn.*  
Von Professor NAUMANN. Pp. 408. Leipzig: 1858.

*Experiments and Researches made in the University Hospital at Bonn.* By Professor NAUMANN.

THE bulk of this work contains observations on pneumonia and phthisis, drawn up from a very considerable number of cases treated in the University Hospital at Bonn. There is nothing new nor very peculiar in this part of the work; but it is well written, and shows the diligence of a careful observer. In the treatment of pneumonia Professor Naumann generally rejects phlebotomy, because, according to his experience, very little relief can be afforded thereby, and the mass of fibrin in the blood is always considerably increased. He concedes, however, that in some cases bloodletting may save life, especially in plethoric persons, where there is disposition to apoplexy, and in cases of pneumonia which have come on after a sudden suppression of the catamenia. As to the internal treatment of the complaint, Professor Naumann is a strong advocate of the tartarised antimony, which is given by him sometimes with the nitrate of potash, sometimes with calomel; but he has observed that its employment is of



little or no use when it is soon followed by diarrhoea. In the treatment of phthisis the author highly praises the beneficial effects of iron, particularly of the sulphate of iron.

We think our readers will be somewhat puzzled by Professor Naumann's thoughts on the physiology of the nervous system as derived from his clinical observations. It is certainly gratifying to see physicians taking up the course of drawing conclusions respecting physiology from the morbid states of the system; but we doubt if Professor Naumann's very peculiar views, into which want of space does not allow us to enter, will be generally received by the Profession.

*The Cause of the Coagulation of the Blood; being the Astley Cooper Prize Essay for 1856, with additional Observations and Experiments.* By B. W. RICHARDSON, M.D. 8vo, pp. 466. London: 1856.

SINCE HARVEY'S great discovery of the circulation of the blood, there is scarcely a physiological problem which has led to so much inquiry as the cause of the coagulation of the blood. Various theories and hypotheses have been advanced as the supposed causes of the coagulation, such as temperature, exposure to air, rest and motion, vital force, chemical hypotheses, electricity, physical interchanges of constituents, and others equally unsatisfactory. The vital, the physical, and the chemical theories were alike defective when the Astley Cooper prize of 300 guineas was offered to the competition of Medical men of all countries; and it is known that among the competitors there was at least one highly distinguished foreigner. The prize was awarded to Dr. Richardson in 1856, and in the work before us he has published the prize essay precisely as it was sent in for competition, with a number of additional experiments and observations, marked off by brackets to distinguish them from the original, and an Appendix, showing the bearings of the subject on practical medicine and pathology.

We are not about to attempt anything like a critical analysis of a work so unusually full, in this book-making age, of the records of original experiments, and the evidences of keen intelligence and profound thought. We shall merely give a faint outline, a mere popular sketch, of what we may justly call Dr. Richardson's great discovery, feeling certain that all who desire to keep themselves up to the professional science of the day will study the work for themselves.

Dr. Richardson then has shown, by experiments which we feel to be conclusive, that ammonia exists in blood as the true blood alkali, and that it is a constituent of the secretions—breath, perspiration, urine, etc. He has proved that the fluidity of the blood during life is due to the presence of ammonia—ammonia being the solvent of the fibrin, and possessing the power, when mixed with the newly drawn blood in certain definite proportions, of retaining the blood fluid so long as it is subjected to the same conditions as in the living body. He has further proved, by a number of simple but ingenious experiments, how the rapidity of coagulation varies with the rate at which ammonia is evolved.

The line of research followed by Dr. Richardson was exceedingly simple, and one purely of induction. Having ascertained that the vapour passing off from the blood contained some principle which had the power of holding blood fluid, each constituent of the blood was examined one by one. Chloride of ammonium is one of these constituents. The effects of this salt on blood were first examined, then its elementary parts, and upon newly drawn blood being subjected to the influence of the base of this salt, the results just enumerated were made out. But this alkaline base is volatile, therefore it was possible that it passed off in blood vapour. The next step was naturally to look for it in the blood vapour, and so looked for it was found. As it existed in the blood, the inference was fair that it existed in the breath and other secretions. Here again it was looked for and found, not as an abnormal product, for as such it had been detected before, but as a normal constituent of the body, and an all-important agent in the acts of vitality.

How much we may learn from one new fact! We now see the last link in the chain of connexion between the animal and vegetable kingdom. Plants require as steady a supply of ammonia as they do of carbonic acid. We know how they take up the carbonic acid we excrete, and restore us the oxygen we require. But how is the balance of nitrogen kept up in the atmosphere for the supply of plants? Dr. Richardson

tells us. By the emanations from animal bodies. We can now see how three or four hundred tons of bicarbonate of ammonia evolved every year by the inhabitants of this metropolis are converted by that wonderful process of vital chemistry into the nitrogenized compounds of our vegetable food. We can see how the putrid emanations from the dung-heap and the cesspool are rendered innocuous in the neighbourhood of luxuriant vegetation. And we can see what an important part ammonia plays in disease. Dr. Richardson has detected it already in abnormal quantity in the breaths of patients suffering from various diseases of a low or adynamic type—purpura, typhoid fever, infantile cholera, and phthisis in its last stages. He shows how the fluid state of the blood in low fevers may be precisely imitated by adding large quantities of ammonia to newly-drawn blood. And this is no small matter. We see how it bears on the cause and prevention of fever. In close, unventilated, filthy places, where ammonia is generated in large quantities and finds no free escape, it, in combination with carbonic acid, diffuses itself freely through the atmosphere. If it is not at once made use of by the vegetable world, or freely dispersed by currents of air, it is re-inspired by the inhabitants of those districts, and may bring their blood into the condition observed in those affected by the low fevers so peculiarly prevalent in such places. It would seem that even one person may so adulterate the air of a room that no indication can be obtained of the presence of ozone, although it may be detected immediately outside the window of the room. We need not say how active an agent ammonia is in preventing the indications of the ozonometer, nor point out the extremely important practical results of such researches, or of the more recent which Dr. Richardson has now given us in his Appendix. Suffice it to say, that the Appendix contains most interesting and suggestive chapters on the super-alkaline conditions of the blood in relation to disease, on ammonia as an exhalation from the body, on the effect of lactic acid on animal bodies, on the deposition of fibrin in the heart and blood-vessels during life, on the alkalies and acids as remedial agents, on the application of ammonia to the operation of transfusion of blood, and on some conditions of the blood after death in relation to medico-legal inquiries. The demonstration of the truth of the long suspected relation between lactic acid, rheumatism, and endocarditis, would alone serve to place the author high in the rank of scientific physicians.

It is with extreme pride and satisfaction that we congratulate our countryman upon the appearance of his great work; and looking to the early age at which it has been produced, we very confidently express the hope that it will prove to be the forerunner of a long career of honour and success.

*Researches on Epilepsy: its Artificial Production in Animals, and its Etiology, Nature, and Treatment in Man.* By E. BROWN-SÉQUARD, M.D. Republished from the *Boston Medical and Surgical Journal*, Nov. 1856 to Nov. 1857. Pp. 82. Boston: 1857.

THE thin volume of which the above is the title, affords much matter for study and reflection, while its contents are well suited for controversial discussion more extensive than we are able to devote to it. There is scarcely a page in the book to which we could unhesitatingly subscribe, while there is scarcely a page which has not proof of the shrewdness of the author as an observer, or of his critical acumen as a student of the history of his subject. Our readers can scarcely fail to have heard of the experiments which form the basis of Dr. Brown-Séquard's views on the nature of epilepsy; experiments made for the purpose of determining the physiological properties of the spinal cord. From them he concludes that section of certain portions of this organ induces convulsions not only resembling, but identical with epilepsy. The injuries which Dr. Séquard has found to cause epilepsy in rabbits are:—1. A complete transversal section of a lateral half of the organ. 2. A transversal section of its two posterior columns, of its posterior cornua of grey matter, and of a part of the lateral columns. 3. A transversal section of either of the posterior columns, or the lateral or the anterior alone. 4. A complete transversal section of the whole organ. 5. A simple puncture. This list comprises a great variety of injuries that may be inflicted upon the cord, and the very fact that they are all followed by similar symptoms seems to us to

impair very much the value of the inference that these symptoms are identical with epilepsy. The author himself has clearly had misgivings on the subject, for he has ransacked other authors to find cases bearing an interpretation analogous to his experiments, and he is, necessarily, not very successful in his search. Necessarily, because however great the analogy between the symptoms resulting from the lesions of the cord in guinea-pigs to the symptoms of human epilepsy, anybody who has carefully watched the sequence of symptoms in man must arrive at the conclusion that the brain is the organ primarily involved. The eccentric aura is a rare symptom; the insensibility, the vertigo, the cephalalgia, and other cerebral affections, pre-eminently belong to epilepsy; while there is ample evidence to show that even the aura affecting the extremities may be referable to an affection of the brain itself. The author's scepticism regarding his own inferences becomes manifest as we proceed in the book. For after discussing the various theories held in regard to the *causa proxima* of epilepsy, we find it stated, that "it is very probable that the seat of epilepsy is in the upper part of the spinal cord, in the medulla oblongata, and the pons varolii, where the roots of the trigeminal and of the first spinal nerves have their origin." Again, after perusing some very interesting observations on the cause of the pallor that generally prevails in the first stage of an epileptic paroxysm, and of the flushed appearance that succeeds, we come to a passage conveying that the contraction of the cerebral vessels causes loss of consciousness, while the stimulus of the venous blood to the base of the brain and the spinal cord causes convulsions. Here, then, it is distinctly enunciated, that the first disorder takes place in the cerebrum; but though we willingly subscribe to this doctrine, we cannot but think that it tallies little with the views of the author regarding the relation of the spinal cord to epilepsy, as given above.

If we sum up our impression of the book, we should say that the distinguished author has been too anxious to reconcile certain results that he has obtained in vivisections with the records of disease given by practical, or rather practising physicians. We do not know what his own experience of the disease may be, but we cannot but conclude, both from his constant reference to the cases of disease detailed by other neurologists, and from the very brief allusions to the methods of treatment which he himself suggests, that his clinical acquaintance with epilepsy is extremely limited. Still the book is one that deserves to be studied; it contains many valuable and suggestive remarks, and, as a record of Dr. Brown-Séquard's experiments and conclusions on a most important topic, should find a place in every medical library.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### ON EMBOLI.

By Professor SCHUTZENBERGER.

THE following are the principal conclusions of an elaborate series of papers, published by Professor Schutzenberger of Strasburg upon the obstruction of arteries by fibrinous clots detached from the heart or large vessels.

1. Fibrinous concretions or solid bodies formed in the heart or large arteries may become detached from their primary seat, be carried into the torrent of the circulation and obstruct different secondary branches of the arterial tree. The circumstance is neither absolutely rare or exceptional, and it constitutes a special and very remarkable affection of arteries to which Virchow has given the name of arterial emboli. 2. The existence of the affection is proved, (a.) By scientific induction, which demonstrates the possibility of the formation of solid bodies in the heart and large vessels, and the probability that such bodies may become free and floating; and by experiment, which proves that the sanguineous current may carry them to a distance. (b.) By numerous and conclusive clinical and microscopical observations, agreeing among themselves and admitting of no other interpretation. (c.) By microscopic researches, which have shown in some cases the speciality and identity of certain of these bodies simultane-

ously observed in the heart and in the plugs obstructing the arteries. 3. Arterial emboli is then a real and very serious disease, not of infrequent occurrence, but long misunderstood. It should be admitted into the nosological scheme, and deserves all the attention of the clinical observer and the pathological anatomist. 4. It has been observed as a consequence of (1.) Gangrenous phlebitis of the pulmonary veins. (2.) Of organic affections of the left side of the heart; and of (3.) The atheromatous degeneration of the large arterial trunks. Its most frequently observed cause is found in the fibrinous, or calcareous concretions, or the polypiform excrescences developed on the mitral valve, and carried away by the circulating torrent. 5. The form, size, consistence, colour, and nature of these obstruating bodies are variable and notably differ, according to whether the obstruction examined be old or recent. In the former case they may have undergone transformations, which may render them unrecognisable; while in the latter, their fibrinous, calcareous, verrucous nature may be shown. 6. When the patient does not succumb to a first arterial obstruction, generally others are produced, the multiplicity and succession of the arterial lesions being one of the characters of the disease. Multiple obturation may be successively produced from the periphery towards the heart, either in various points of the same arterial branch or in different arterial divisions. 7. The arteries which have been most frequently found obstructed are the sylvian, the internal carotid, the arteries of the lower and upper extremities, the splenic and renal arteries, the external carotid, the mesenterics, etc. 8. The obturation is ordinarily produced at the point of narrowing of an arterial branch immediately below the bifurcation, or the point of departure from a large branch, in the points where the artery incurvates or traverses aponeurotic or bony canals. 9. At first the arterial coats are healthy, and the plug is surrounded by a recent coagulum, which extends upwards to the next collateral. Below, the artery may be empty or may contain recent coagula. The plugs differ from secondary coagula by their colour, consistence, and composition. As a consequence of arterial obturation the outer coat may inflame consecutively. The plug contracts adhesions with the inner coats, and the whole is transformed into a ligament-like tissue. 10. If, after the obstruction, a sufficient collateral circulation be set up, the lesion remains localized, and only gives rise to temporary functional disturbance. But if such collateral circulation be not set up, or only imperfectly, consecutive changes are produced in the organs to which the artery is distributed. In the case of obturation of the arteries of the extremities, in the absence of collateral circulation, mortification, or gangrene, general or partial, dry or humid, may be produced. In parenchymatous organs very exactly circumscribed sanguineous or fibrinous infarctus are produced. In the brain this infarctus usually gives rise to yellow ramollissement, and it is highly probable that certain circumscribed indurations are due to obturation of the arterial ramuscles. In the spleen and the kidneys the infarctus constitutes an entirely special lesion, generally of a conical form, exactly limited, of different colour according to its age, and frequently more dense than the remainder of the parenchyma. It is probable that emboli of the small arteries may give rise to other, as yet little known, lesions of the parenchymatous organs. 11. The symptoms vary according to the arteries obstructed. Obturation of the cerebral arteries gives rise to disturbance of function analogous to an attack of apoplexy. The symptoms do not differ from those attendant upon cerebral hemorrhage or acute ramollissement. Emboli of the arteries of the limbs is indicated by feelings of numbness, pricking, painful shootings in the limbs, and cessation of the beating of the arteries. These symptoms may disappear if a collateral circulation becomes established, but when this is not the case the ulterior symptoms are those of gangrene. 12. The treatment of the affection is at present only palliative and symptomatic.—*Gaz. des Hôp.* 1857. No. 80.

#### EXCERPTA MINORA.

**Black Cataract.**—M. Sichel had long laid down that the colour of this cataract is due to its great density, and not to the presence of any pigmentary element. He recently submitted a specimen of this form of cataract to M. Robin for examination, who, after describing the microscopical appearance, says, "The alteration which causes this colour is thus very simple. It is in nowise due to the formation of new

microscopic particles, resembling pigments or anything else; but consists solely in a change in the molecular constitution of the tubes, rendering their transparency notably less, a change consequent upon the disturbance set up in the intimate phenomena of the nutrition of these elements."—*Gaz. Méd.* 1857, No. 61.

**Chlorine Fumigations in Cholera.**—M. Nonat draws attention to the remarkable effects which during the epidemic of 1844 the extrication of chlorine seemed to exert in preventing the propagation of cholera by patients admitted with that disease into his ward in La Pitié. He contrasts this result with what was observed in the same wards in 1849, and in those of his colleagues, in which chlorine was not employed. He employs the chloride of lime, distributing it in several smallish vessels through the ward, in preference to one or two large ones. Some of these vessels should be especially placed near the patients who are emitting the cholera miasmata in abundance. The fumes should not be disengaged in quantity sufficient to be perceived.—*Moniteur des Hôp.* 1857, No. 81.

**Medication of the Uterine Douche.**—M. Devilliers relates a case in exemplification of the modification he has introduced in Kiwisch's mode of employing the uterine douche for the induction of premature labour. In this case the ordinary douche had been employed several times in vain, when the author induced labour pains rapidly by propelling the water with some force between the membranes and the uterine parietes by means of an injection pump, to which a long curved metallic canula was attached.—*Moniteur des Hôp.* 1857, No. 91.

**Injection of Carbonic Acid Gas into the Bladder.**—M. Paul Broca has endeavoured to extend the anæsthetic application of this substance to painful affections of the bladder, introducing and letting it remain in contact with the organ. As a means of palliating pain, and relieving vesical tenesmus, some very remarkable results have been obtained. The bladder is distended with the gas, which becomes so slowly absorbed, that some still remains at the next miction, though this may not take place for three or four hours. The anæsthetic effect produced lasts for many hours.—*Moniteur des Hôp.* 1857, No. 93.

**Purulent Absorption in the Crimea.**—In a recent discussion upon this subject, M. Mounier observed that there is in the atmosphere *quid ignotum*, which, according to the medical constitution, renders operations innocent or dangerous, favouring or preventing purulent resorption. During the campaign in the Crimea he performed "two thousand amputations," in a hospital containing 600 wounded, between 15th Sept. and 20th Jan., without a single case of purulent resorption occurring. After that period this accident became of quite ordinary occurrence, gangrene, scorbutus, and typhoid fever, it is true, raging with violence. The wards were encumbered with soldiers having their mouths bleeding, and their limbs frozen, and passing numerous stools. "My position then was a terrible one."—*Moniteur des Hôp.* 1857, No. 148.

**Malva moschata in Idiopathic Constipation.**—This substance, employed as a laxative by the Greeks and Romans, according to the investigations of M. Duvignac, forms the best substitute for castor-oil, being as mild and as certain in its operation, without possessing its nauseous qualities. He administers it in the form of a *bon-bon*.—*Moniteur des Hôp.* 1857, No. 154.

## GENERAL CORRESPONDENCE.

### TYPHUS AND TYPHOID FEVER.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have never had much relish for questions of priority, and had this been the only point raised in my friend Dr. Murchison's very flattering notice (a) of my paper, (b) I should not have been tempted to break the silence I have maintained for more than seventeen years. But having at length taken pen in hand, I wish, with your kind permission, and craving the indulgence of your readers, to dispose of a variety of details, which, though somewhat of a personal

nature, bear more or less directly on the subject in hand. And now, in order to prevent all misapprehension, let me preface this explanatory statement by frankly avowing that, while I have much cause for dissatisfaction with myself, I have no cause of complaint against any one of the many who, either long ago or very recently, either parenthetically or at great length, have done me the honour of mentioning my name and labours in connexion with this important and deeply interesting subject; nor yet against those who have passed me over in silence. On the contrary, while deeply grateful for the highly eulogistic terms in which some have noticed my humble endeavours to throw light on one of the dark places of pathology, I can but applaud the sense of justice which has prompted others at least to name me, and the caution of others still, who have judiciously avoided any allusion to what they have probably never seen. I am well aware that many, who are reasonably well acquainted with what has been written on the subject, have never seen my paper, and I should be much surprised to learn that even one in ten of my personal friends had ever set eyes on it, much more, that half the number had read it through. Such is the natural fate of most "papers." The late distinguished Dr. Bartlett, at p. 283 of his admirable work on "The History, Diagnosis, and Treatment, of the Fevers of the United States," says, "I cannot help remarking that it is somewhat singular that among the many observers whom he quotes in support of the views which it is the object of his paper to establish and to illustrate, he should have wholly overlooked the researches of our countryman, Dr. Gerhard, who, by his history of the epidemic typhus of Philadelphia in 1836, had done more than any other observer towards determining the very questions which constitute the subject of Dr. Stewart's essay." My apology for this omission is that I did not obtain access to Dr. Gerhard's very able papers till long after the publication of my own. Had they been published separately, as they so well deserved, it is not probable that I should have been subjected to this great disadvantage. I suppose I may attribute to the same cause the absence of any allusion to my labours in the classic work of Dr. Wood of Philadelphia. In following Dr. Gerhard's example, and inditing a paper instead of a book, I was mainly influenced by the feeling, which I shared with many wiser men, that redundant authorship was one of the sore evils under which Medical science was groaning; so I strove to condense the numerous facts which I possessed, and the inferences to be deduced from them, into the narrowest possible compass. But I have been long convinced that my much-valued friend, Dr. Jenner, has followed a course far more conducive to the interests of science, though to himself more irksome, in sending forth, with ample details and through a variety of channels, his most accurate and instructive observations.

A few words as to the origin of my paper, and my object in writing it. My attention was first specially directed to the study of fever by my friend, Dr. Peebles, who, during his long residence in Rome, had observed the maculæ, now so familiar to us, as a constant concomitant of the contagious fever of Italy, and who, early in 1835, first pointed out to Dr. Perry (then Physician of the Glasgow Fever Hospital), the almost constant presence of the very same maculæ in the typhus of the West of Scotland. I was present on that occasion, and from that day forward the eruption, the very existence of which had been overlooked, was observed and noted in the overwhelming majority of the cases admitted. I was a frequent visitor of the wards of the Fever Hospital during the succeeding year, but it was not till my appointment as Resident Clerk in the summer of 1836 that my systematic study of fever began. For several months after that date, Campsie and its neighbourhood (about nine miles from Glasgow) supplied us with pretty numerous cases of typhoid fever, of which, so far as I know, Glasgow did not furnish so much as one. I mentioned in my paper that "Dr. Perry was the first whom I heard maintain the complete difference of the two eruptions." Whether this was before or after the appearance of Dr. Gerhard's papers, I have no means, at this distant date, of positively affirming. During the frightful epidemic that followed—from September 1836 to Midsummer 1838—when a notable diminution of the cases of typhus took place—thousands of cases passed through the wards of the Fever Hospital. Being frequently summoned, at all hours of the long winter nights, to cases of laryngitis, or of coma coming on with the suddenness of an apoplectic seizure, I had many

(a) Medical Times and Gazette, December 19, 1857, p. 643.

(b) Read in April, and published in the Edinburgh Medical and Surgical Journal for October, 1840. Vol. liv.

opportunities of seeing typhus in its highest development, and of recognising the faithfulness of the descriptions given by Pringle, Hufeland, Reveillé Parise, Hildenbrand, and others. Even of Armstrong's "congestive typhus" I saw not a few examples, and adopted his treatment of free bloodletting with complete success. But no description I have yet seen exceeded in truthfulness, or nearly approached in graphic brevity and power the memorable lazar-house scene in "Paradise Lost." After what I saw during many successive months at Glasgow, no details, however startling, of the Oxford "black assise," of Torgau, of Saragossa, or of the French army in the Crimea, can excite my wonder; though to hear any one say that that disease and typhoid fever are one and the same surprises me more and more. Of the pathological features of typhus, both during life and after death, neither my colleague, Dr. Anderson, nor myself, was unobservant, for, at his suggestion, we undertook a long series of observations, of which I shall only say that the very completeness of the resulting materials, and the enormous labour which a thorough and exhaustive analysis of them would involve, are among the chief reasons why they have not yet been put to the use for which they were originally intended.

It was not, therefore, the lack of materials that kept me from giving a full-length representation of typhus. Having taken my materials with me to Paris with the view of extending my acquaintance with the phenomena of typhoid fever, and comparing them still more carefully with those of typhus, I found an opportunity early in 1840 of turning them to account. A gentleman, who has since achieved a deservedly high literary reputation, read a paper on Fever, which I listened to with deep interest on account of its classic style and the extensive acquaintance it displayed with the literature of the subject. But my bedside observations had led me to conclusions so widely different from the views of Dr. Barlow, and my notes of interrogation and objections taken during the reading of his paper were so very numerous that I might have prolonged my discourse till midnight without exhausting my subject. I accordingly gave notice of a paper on the chief points of difference between typhus and typhoid fever. The first part was read on the first evening of the summer session, before a numerous auditory, presided over by M. Ricord, and the remainder at the next weekly meeting of the Society.

The twofold object I kept constantly before me in drawing it up was to present as clearly and as concisely as possible the leading features of the two diseases. I might have considered *seriatim* all the twenty-five symptoms which I had recorded daily in 145 cases of typhus, and all the complications and sequelæ which any of these cases had presented, besides giving a detailed account of the state of each organ, as ascertained by a most careful and minute examination, in twenty-two fatal cases. After due reflection I decided against this course. My object was diagnosis, which is rather hindered than helped by dwelling at great length on minute features of difference. Conceding the features of resemblance, and briefly but distinctly stating them, I insisted at length on the numerous and remarkable differences which, to my mind, made the idea of identity utterly untenable. So rigidly did I adhere to this rule that I left out, with some regret, the results of an analysis which cost me not a little labour, and to which I referred in the following terms:—"I shall not be tempted, by the highly ingenious and visionary conclusions drawn by Valleix from his six cases of typhus to make any lengthened digression. That author actually considers the absence of headache and affections of the organs of sense as important diagnostic marks of typhus. Instead of wearying the reader with the laboured refutation I had prepared of this strange fancy, I shall merely state," etc., and here follow some details as to the headache and the affections of sight and hearing.

Doubtless I could have established, in opposition to M. Valleix, the greater frequency and gravity of these symptoms, as also of delirium and stupor, in typhus than in typhoid fever; but the difference did not appear to me sufficiently striking to warrant my going into such detail as would have been necessary to make it apparent. But, while my object was to establish a clear diagnosis, I did not feel that I was called upon to begin *de novo* the investigation of typhoid fever, in reference to which, as I stated at the outset, "the standard works of Chomel, Louis, and others, had achieved the triumph of pathological science." While, therefore, I was

bound to give proof of my perfect familiarity with the pathology of typhoid fever, and to show that I had observed it carefully both at home and in Paris, I felt that to go over anew the ground so thoroughly explored by such masters as Louis and Chomel, would be naturally enough reckoned a piece of impertinence in one who had scarcely finished his period of pupillage. I therefore took their data as conclusive evidence on the subject of typhoid fever, adding the results of my own observation, as in almost entire accordance with their deductions; while for my statements on typhus I relied mainly on the facts I had myself collected. By a careful analysis and comparison of these data, I proved:—

1. That while typhoid fever is but slightly contagious in all its stages, typhus is highly so, especially during convalescence.

2. That while the great majority of cases of typhus can be clearly traced to contagion, a very small proportion only of the cases of typhoid fever can be traced to that source.

3. That the course of typhoid fever is lingering, while that of typhus is rapid, the mean duration of the former being fully one-third greater than that of the latter.

4. That this depends partly on the not unfrequent occurrence of true relapses in typhoid fever, as many as three successive attacks, each separated from the other by an imperfect convalescence taking place during one protracted illness, such a phenomenon being absolutely unknown in typhus. This remarkable feature of typhoid fever, which I believe I was the first to point out, and which I have often subsequently verified, seems to me of itself fatal to the idea of its identity with typhus.

5. That the occurrence of marked and sudden crises is as common in typhus as it is rare in typhoid fever.

6. That while in the immense majority of cases of typhoid fever, diarrhœa, circumscribed abdominal pain, and tympanites are coincident, and form an almost pathognomonic group of symptoms; in typhus, on the contrary, "the coincidence of abdominal pain with constipation is to its occurrence along with diarrhœa as three to one," and in many cases free purgation or spontaneous diarrhœa was followed by marked and immediate relief. The comparative infrequency of tympanites, its co-existence with constipation, its rare coincidence with diarrhœa, and the absence of any "proportion between the extent of abdominal tension and the pain experienced," were likewise fully established.

7. I adduced an almost superfluous mass of evidence to prove that the rubeoloid rash of typhus, which is very irregular in form, "very often confluent, and generally level with the skin," comes out in one crop, and "continues throughout the disease; that it, in all cases, presents the two periods, longer or shorter, according to circumstances, of increase and decline; that in the more severe cases it may exhibit, during the period of increase, four different states, being florid, dark, livid, and petechial; that it is quite different from vibices and purpura, which are of rare occurrence; and that the abundance and particularly the darkness of the eruption may be said to be proportional to the severity of the disease." That, on the contrary, the typhoid rash, which "is distinguished from the morbilliform eruption of typhus by being distinct, rounded, slightly elevated, almost papular, and of nearly uniform size," comes out in successive crops (each spot disappearing in three or four days), and "never becomes petechial or even dark, the last crops" (even in moribund cases) "being as florid as the first." Further, it is "beyond a doubt that there is no relation between the eruption and the severity of the cases." I therefore unhesitatingly concluded, in opposition to Chomel, "that the typhus differs from the typhoid eruption in its form, its duration, the changes it undergoes, and the relation it bears, as to colour and quantity, to the severity of the disease."

As regards nomenclature, I venture with diffidence to object on any term introduced by one so conscientiously and scrupulously accurate as my friend Dr. Jenner. I cannot accept "mulberry" as an improvement on "rubeoloid," or "measly," rash. Those who expect to find the typhous eruption in all cases more or less livid, will, I believe, be often disappointed, and consequently embarrassed in their diagnosis. I am much within the mark when I say I have seen *hundreds* of cases of genuine typhus in which the rash never approached the mulberry hue. In 59 of 139 cases which I observed with the greatest care, it remained "pale

or florid throughout." I therefore adhere to the old term "rubeoloid," as on the whole preferable.

8. I proved the absence, in typhus, not only of intestinal ulceration, but of anything like a fixed relation between the number of glands visible after death, and the diarrhoea, tympanites, or abdominal pain present during life. But "as the number of enlarged follicles increased, the cases of spontaneous diarrhoea diminished, and those in whom consecutive diarrhoea and costiveness were observed became more numerous. In fact, not one of those in whom the greatest number of enlarged follicles was observed, but was either constipated or had diarrhoea brought on by medicine during life; showing that the appearances observed in typhus depend upon local irritation, and not on specific disease."

Having established all these points on data which I felt to be incontrovertible, which might be strengthened by additions, but could not be overthrown, it seemed to me that I had left little undone that could be achieved by the examination of symptoms and post-mortem appearances. It would therefore have been strange if, after all this laboured array of proof, I had myself remained a doubter. Such scepticism—call it caution, if you will—would have justified almost any amount of resistance on the part of others to the clearest evidence. And it is this alone which has impelled me to ask a hearing, in the hope of removing the impression which the paragraph quoted by Dr. Murchison, taken by itself, is fitted to convey, viz. that I was not myself fully convinced of the diseases being really two. But if my own mind was made up, why did I even appear to doubt, as when I ask, "Are they, then, identical, or are they not?" and answer, "I feel that it would be presumptuous in me to hazard a direct reply." I did feel that it would be presumptuous in me authoritatively to lay down the law:—

1. Because the dogmatic assertion of an inexperienced youth could add no weight to his facts and reasonings, but was most likely to arouse prejudice, and needlessly to provoke opposition, and,

2. Because I could not help seeing that the evidence was incomplete without careful observations on the causes tending to produce the two diseases, their respective haunts, and the possibility of the phenomena of the one being produced by the contagion of the other. This was the undertaking I proposed to myself on taking up my abode in London. I had had no previous opportunity for such an investigation. Glasgow imported all its cases of typhoid fever from Campsie; and so striking was the contrast they presented, that even the nurses made the diagnosis for themselves, and used to meet me on entering the wards with, "Here's another of these odd cases, Sir." Edinburgh drew its supply from Linlithgow, and from Anstruther in Fife, where typhoid fever was endemic. In Paris typhus was unknown. But in London typhus and typhoid fever exist side by side. So, though past experience in similar inquiries warned me of the irksomeness of the task, I resolved to compare them for myself in the back slums of the great metropolis. Had my appreciation of the drawbacks been somewhat less thorough, the cherished plan might have been carried through; and my regret that I should have allowed any obstacles to baulk my design, only enhances my admiration for those who, like Dr. Jenner, are content, in the service of science,

"To scorn delights, and live laborious days."

He has his reward, and I should feel ashamed to grudge it him.

Still, tho I was thoroughly persuaded of the specific difference of the diseases, is plain from many passages in my paper. Thus, near the beginning, (c) "In speaking of the two varieties of fever as totally different diseases, . . . I have merely employed a phraseology in common use, and have expressed a conviction forced upon me by the consideration of facts and reasonings, which I now proceed to unfold." Again, (d) "It were difficult to find a more striking instance of the little effect of the circumstances we have mentioned (filth, overcrowding, want of ventilation, etc.) in producing typhoid fever, than the epidemic at Bischofsheim, in the department of the Lower Rhine, in August, September, and October, 1832. (e) The disease first showed itself, without suspicion of being transmitted, in the upper, best aired, and, as it is ex-

pressely said, "the most healthy part of the village," which is situated partly on and partly at the foot of a rising ground; and spread successively to the middle and lower quarters." I had also been much struck with the prevalence of typhoid fever in country places in Scotland, and its non-occurrence in the great centres of population, where typhus never dies out, and commented on it as follows:— "If, then, dothineritis is the same disease, and depends on the same causes, as typhus, how does it happen that the former is produced at Linlithgow and at Anstruther, and not in Edinburgh, where the latter is constantly occurring, and where so many circumstances favourable, not only to its production, but (by the hypothesis) likewise to that of dothineritis, are always at work?" (f) These facts, coupled with the occasional presence of a well-marked intermittent type during the stage of invasion, have long seemed to me to point to a malarious origin of typhoid fever. I conclude with one more quotation: (g) "Having thus entered pretty minutely into the pathological anatomy of typhus, I put it to every one who has ever seen the two diseases, or read the descriptions given by the best authors, of the lesions so constantly observed in typhoid fever, whether those found in the former disease can with any truth be called 'perfectly identical' with those of the latter. That the existence of trifling intestinal disease in typhus attests its general family resemblance to typhoid fever, as the presence of organs in a rudimentary state shows the analogy subsisting between individuals of different species in the animal kingdom, might be more readily admitted; but that they are one and the same species, numerous well-established facts seem most clearly to disprove."

I am, &c.

A. P. STEWART.

74, Grosvenor-street, W.

#### PROLAPSUS UTERI.

[To the Editor of the Medical Times and Gazette.]

SIR,—In carefully looking over the interesting papers by Dr. Savage, I, as well as many of my professional friends, have been struck with the impression which it conveys, that I have merely followed in the footsteps of Fricke and Geddings. I feel perfectly assured that Dr. Savage does not intend to convey the idea that such is the case; but, from the mode in which it was necessary for him to class the consecutive operations proposed for prolapsus, in order to complete his admirable summary, and the way in which he has worded it, the deduction might be drawn that I only imitated what others had already done. I think it, therefore, due to myself to again state, that I only heard of Fricke's operation from Mr. Spencer Wells three years ago, and of Geddings's, from Dr. Savage himself, two years ago. Dr. Savage telling me that he had discovered Geddings's monograph in the Library of the Royal College of Surgeons, and which I have not yet seen, I was led originally to perform my operation, by observing that in cases of ruptured perineum (where the tendency to prolapsus of the uterus is very great), after the perineum had been restored, the uterus was retained *in situ*, and all the symptoms of prolapsus disappeared. From this practical observation I drew the deduction, that in certain cases of prolapsus resisting other means of cure, it would be advisable to contract the opening and calibre of the vagina, and thus give an artificial means of support.

I would wish further to observe, that Dr. Savage's illustration of my operation does not give at all a correct view of it as I have practised it for some years past. I remove quite as large a portion of the surface as he does; and the difference between his operation and mine is, that I am content to remove merely the mucous membrane and loose skin of the labia, whilst he removes the vagina itself, which I have not yet had reason to consider necessary.

There are two practical points upon which I lay great stress. 1. The introduction of a catheter into the bladder with a bag attached to it, so as to prevent that viscus ever being filled with the urine, and thereby dragging down the uterus. 2. Not to retain the deep sutures beyond the evening of the second day.

I may mention that, out of all my numerous operations, can only trace three in which it has not been successful.

1. In the first of these the poor woman is in the last stage of phthisis, and all her tissues are absorbed.

(f) P. 336.

(g) Pp. 336, 337.

(c) Edinburgh Medical and Surgical Journal, vol. liv. p. 292.

(d) P. 296.

(e) Gazette Médicale for 1834.



2. The woman went about the trying and laborious work of the wash-tub much too soon, without wearing any bandage or other support.

3. In the case of E. M., I have lately heard from Mr. Buller, of Reading, that the uterus has again pushed its way through the vagina. This is one of the cases in the virgin in which there is complete inversion of the vagina, which no operation of this kind can relieve.

I also know of one case of prolapsus of the bladder, which has returned again after a second confinement.

I am, &c.

J. BAKER BROWN.

17, Connaught-square, Hyde-park, March 1868.

### SPONTANEOUS CURE OF CATARACT.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am induced to send you the particulars of the following case for insertion in the Gazette, from seeing a brief report of a somewhat similar one occurring under the care of Mr. Solomon, of Birmingham:—

"T. H., age 30, of light complexion, and temperate habits, married, an iron-turner. About three years ago, while at work, he received a blow on the right eye-ball from a piece of steel. He suffered intense pain for three days, but without any impairment of vision. He was able to remain at work. The inflammatory symptoms were subdued in three weeks, by which time his sight in the affected eye had become a little dim. In six months more he was quite dark. The left eye remained perfectly sound. He had been under the care of several surgeons, both here and in Manchester. I first saw him two years ago, and found a large soft cataract in the right eye, of a bright white appearance. It entirely filled the pupil, which was much dilated, and was apparently in contact with the iris, although he suffered no pain, in fact the cataract was visible at several yards distance, and disfigured his countenance.

"I told him what Mr. Windsor, of Manchester, and others, had told him before—that he had better allow it to remain so long as his other eye was good, but that if he was determined to have it removed, he must submit to an operation. I lost sight of him till about three months ago, when he called to tell me that a few weeks before he happened to close his sound eye, and found that he could see his fingers indistinctly with his previously blind one. His sight gradually improved until I saw him. On examination, I found the opaque lens had become entirely absorbed (displaced?), both eyes presenting the same appearance, only the right eye is unable to see any small object distinctly without the use of a convex lens. The original wound must have been extremely slight, as there was no trace of wound or ulcer on the cornea. He is a healthy subject, and has been in perfect health ever since the accident.

"In Mr. Solomon's case, the hyd. c. creta may have had some influence in exciting absorption, but in this case to the *vis medicatrix nature* alone must the cure be attributed.

I am, &c.

JOHN LIVY.

St. George's-terrace, Bolton.

### MR. SYME'S CASE OF CANCER OF THE TONGUE.

[To the Editor of the Medical Times and Gazette.]

SIR,—In his letter in your Journal of the 27th ult., the Pathologist of the Edinburgh Infirmary defends (what no one has gainsaid) "the publicity given to the performance of post-mortem examinations" in the Institution. My complaint was directed against the want of publicity given to the Report which he drew up and recorded of Mr. Syme's case, the account of which to this hour is "all a blank" to the Profession, and the record itself "a sealed book," a "mare clausum" to all the students attending the Hospital; such a practice, in my mind, would be "more honoured in the breach than the observance." The regulations to which the Pathologist refers, seem to me to come more appropriately under your editorial province, than to call for comment from me, and I do trust you will inform your northern readers how these stand as compared with the regulations for the publications of reports of cases in the London Hospitals, and whether you consider the paid labours of an official functionary, whose salary is drawn from the revenue of an Hospital which is col-

lected from voluntary public contributions throughout Scotland, as well as from heavy fees exacted from the students for admission, and derived from various other sources, ought in any sense to be regarded as *literary property*? Is it right that the official reports of a Pathologist, so circumstanced as to place and pay, should be entirely subject to the control of one man—

"Dress'd in a little brief authority."

possessing their responsible power, to order or to suppress their publication, according as a sullen fit of humour, or a perverse freak of temper may direct? The hue-and-cry for University Reform rages in this city; but does that Institution not lack amendment, where such a great practical evil exists as is only to be found in a Circumlocution Office, where the progress of truth and knowledge is arrested at the very threshold, until the authorities be satisfied as to the grounds on which the application is made? Such are the terms, it now appears, on which Medical investigation is permitted to be conducted in the Clinical department here! What conditions should be allowed to interrupt the communication of knowledge, save only those arising from the want of desire to receive, or the want of capacity to comprehend its bearings? The *suppressio veri* and prohibitory edicts against inquiry are fatal to the healing arts. When these interpose, the cause of Medical science ceases at once to be the cause of humanity. What reason can the Pathologist assign why full reports of two recent cases (with minute post-mortem examinations) of pyæmia from cancer, one after an operation, and the other from cancer of the tongue, should have been read at the last meeting of the Medico-Chirurgical Society, and published a few days ago in the March number of the *Edinburgh Medical Journal*, while all notice of Mr. Syme's case is carefully withheld from the Profession?

The Pathologist has the character of being an accurate observer, and the credit of discharging his duties in the most independent and impartial manner; but although by his silence he virtually confirms all I stated in my letter, he has not, as Mr. Syme's substitute, answered one of the interrogatories I put to the Professor of Clinical Surgery. I beg, therefore, to submit to his review the following extracts from two or three, among several other letters, which I have received on the subject from trustworthy persons, one of whom was an eye-witness of the autopsy, and reports the appearances he observed, and I trust if any mistakes or misapprehensions be found, that their statements will receive the necessary corrections.

Let me advert to the averments on two occasions published by Mr. Syme, first in the *Scotsman*, December 21, when he says, "the patient went on very well for nearly a week, when the external wound was quite healed," (the patient only survived the operation a week;) secondly, in his letter in the *Times* of December 22 he writes, "but at the end of a week, when the external wound was quite healed."

1st. Extract from a letter by an eye-witness to the post-mortem examination:—

"The external wound was *not healed*, the only union consisting of slight adhesions at the upper part of the wound (*i. e.* the mental portion). The cut edges of bone were quite dead, though I cannot say whether any separation had commenced. Suppuration was evidently copious. On cutting through the pterygoid muscles, an abscess was opened into, and a good deal of pus discharged. The pharynx did not seem much inflamed. The trachea and bronchi were very much so, and bathed in pus of a thin consistence, dingy colour, and offensive odour. This condition extended down to the minute bronchi. In the substance of the lungs there were several circumscribed purulent collections, some superficial, some deep-seated; a few had not gone on to softening, but presented an appearance which rendered the diagnosis difficult from cancerous deposits. There were, besides, one or two larger patches of yellow softened matter deep in the substance of the lungs, about one inch in length, and half-an-inch broad. Other organs healthy." . . . P. S. "The above is the state of the parts, to the best of my recollection."

Another correspondent writes, that he heard it stated in a conversation between parties directly interested in the autopsy, "that the wound was not healed, and had not begun to heal when the patient died, and that when *sectio cadaveris* was performed, the wound from excision was found open and raw, with a fungoid appearance."



Second extract from a letter of a student, who had applied to the Pathologist for information:—

"I called on the Pathologist to-day, with the view of obtaining information from him regarding the case of excision of the tongue. He stated that he had been applied to by a great many parties for the same purpose, but had *invariably refused showing them his post-mortem book, or giving them any particulars, as he did not wish to get himself into any scrape in the matter.* I did not urge the thing, merely telling him that I had some notes of the case, and as I was not present at the post-mortem examination I was desirous of getting a few particulars for my own satisfaction. *The only thing I got out of him was to the effect, that the man died of pyæmia.*"

The request of this student was most reasonable, and his denial of access to the Pathologist's Report only more strongly demonstrates the necessity of such a document being made patent to all the Infirmary students, the great proportion of whom may, from unavoidable causes, such as attendance on the University classes, etc., be prevented from witnessing the post-mortem examination; but what will be the verdict of the Profession on the conduct of the real custodian of the Report, whose silence regarding it admits but of one interpretation, and that neither a dubious nor a strained one?

I am, &c. JOHN RENTON, M.D.

5, Eastfield, Leith, March 3, 1858.

### BLEEDING IN ARMY MEDICAL PRACTICE.

[To the Editor of the Medical Times and Gazette.]

SIR,—You have given us much interesting information relative to the management and condition of our household troops, but there is one point of great interest—of particular interest at the present moment—concerning which the Profession is quite in the dark. I refer to the Medical treatment of the soldier when attacked by acute diseases. I have always understood, from Army Medical friends, that the traditional system of venesection has been sustained in the army up to the present day in the management of acute inflammations; and certainly the only really orthodox bleeding which I have witnessed for many years past was effected in one of our military Hospitals on the person of a magnificent-looking Guardsman, who was suffering, as I judged from a cursory examination, from acute tuberculosis of the lungs.

We have all been so painfully surprised at the mortality, from acute thoracic diseases, of men in the Guards, that every point which refers to their management becomes of importance; and as the treatment of these disorders must have a great influence for good or for ill over their health, it becomes a matter of real practical value for consideration whether that most potent of all Medical remedies, viz. venesection, if still at this moment actively employed for the cure of the class of diseases above referred to, is wisely used in their case.

The treatment of inflammation by large bleedings has long been notoriously abandoned in civil practice; it is admitted to be not only useless but highly dangerous. Now, if this treatment (as I understand it) is really still exercised in the case of the soldier, it becomes a matter of great interest to us to know what there is in his constitution which exempts him from suffering those ill effects which we see result from the practice of large bleedings in ordinary cases.

Your influence may perhaps obtain for us from some one of our military brethren information on this subject.

I am, &c. W. O. MARKHAM.

Clarges-street, March 9, 1858.

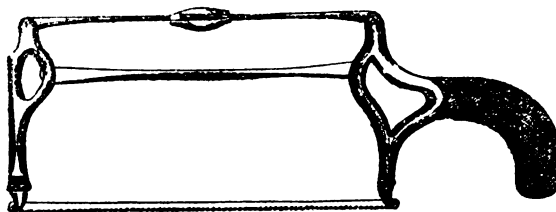
### "GRAHAM'S SAW," IMPROPERLY CALLED "BUTCHER'S SAW."

[To the Editor of the Medical Times and Gazette.]

SIR,—Under the above title a letter from me appeared in your Gazette of the 13th of February, stating the surgical Bow Saw, with double extending screw, and blade jointed at each end, for cutting in a curvilinear as well as in a straight direction, was the invention of Mr. Graham, a surgeon in Northumberland, fully twenty years ago; and that a saw known in London and Dublin as "Butcher's Saw" was identically "Graham's Saw."

In your last Saturday's Journal, that letter is honoured

with a lengthy reply from Mr. Butcher, and a wood-cut representation of his saw, which satisfactorily proves that the "artist's saw" adopted by Mr. Butcher is not the same as that invented by Mr. Graham, but it leaves untouched my statement, that "Graham's Saw" is improperly called "Butcher's Saw." Since reading Mr. Butcher's reply, I have been desirous to ascertain if any circumstances existed to account for an English instrument maker substituting one saw for the other, and I find in the last edition of Druitt's excellent manual a faithful delineation of "Graham's Saw," which in the *index* is called "Butcher's Saw," while in the letter-press it is described as one by Mr. Bullock, of Dublin; this may have inadvertently led to the mistake, or the instrument-maker may have (though very wrongfully) thought himself justified in naming the best saw "Butcher's Saw." It is not, however, the cause, but the fact of the substitution which formed the title of my letter. The under wood-cut is an exact representation of the saw presented by Mr. Graham in 1831-2, to Professor Dr. Lawrie of this city, and the saw itself I forward to you, Mr. Editor, for the fullest inspection.



It will be seen how completely it wrests from Mr. Butcher his "claim to the peculiarly shallow blade, and the power of rotating to any angle, and fixing it so;" also the peculiar setting of the blade, and its pointed extremities permitting of being passed behind bones." The saw itself "demonstrates its adaptiveness to all resections and amputations," for such operations it was invented,—and the handle in a line with the blade" is the only point of difference remaining.

I have no motive in making this claim for Mr. Graham, other than the desire that every inventor should receive the merit of his invention. I am exceedingly sorry for occupying so much space in your highly useful Journal, and beg you to excuse it on this occasion.

I am, &c.

WILLIAM B. HILLIARD,  
Instrument Maker to the  
Glasgow Royal Infirmary.

### PROSTITUTION AND VISIONARY PHILANTHROPISTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—As I cannot for one moment suppose any intention on your part to "put me down," or to "pooh! pooh!" the subject of Prostitution altogether, I take refuge in the idea that press of business has precluded you from more than a very superficial view of my little work upon this subject. Had your labours or inclinations permitted more, you would have found that the domiciliary visitation was not proposed by me, was no "special succedaneum" for anything, any place, or anybody. You might have seen that far from being of an arbitrary or tyrannical turn, I endeavoured to demonstrate the vanity and futility of all attempts at suppression; and that I proposed to legalise the registration and right of entry into disorderly houses in the interest of public liberty. You might have read as follows: "Few will deny that it should be competent to the community to suspend, in its own interest, the inviolability of the domicile where the Englishman's castle is so grossly perverted into a battery against English morality, as in the case just recited (of a murderous assault in a brothel)."

You might have found in every page fair evidence that that I am more radically affected with Mayne-o-phobia than even perhaps yourself. You might have seen that I took up arms against the little prejudices of my neighbours of Portland-place, which might have led them, if uncontrolled, to the verge of police tyranny, and you would have less surprised me had you taxed me with pernicious lenity, instead of with Terrorism.

My suggested "special service of constables," was the most effective cure for the Portland-place and Waterloo-place nuisance I could then suggest, and I took refuge in it as being the only one not tyrannical or incompatible with public liberty. It remains now, as it was then, the only suggestion for regulation of the *pavé*, as far as those districts are concerned, that will hold water—and with all deference to you, I shall live to see it adopted. A proctorial prostitution police, flagrant even in uniforms, might, I insist upon it, be placed on duty by the authorities to prevent an accumulation of harlotry on a given area, without the slightest interference with "the free spirit of our country's laws." The commonwealth has as surely the run of the *trottoir* for its employes, as for its individual members; and the "flagrancy" which seems to stink in your nostrils is very antithetical to the mouchardism of Paris wherewith you confound it. The only single point upon which all writers on Prostitution appear to be agreed is, the positive nuisance of the bands of foreign women who infest the localities above mentioned. Their dispersion is by all insisted upon as devoutly to be wished—the special police force of my suggestion is the very thing to effect it—not by *dragonnades*, but by an appeal to their pockets; yet you unluckily fasten upon this as an advocacy of tyranny, not as an alternative; as a sweeping measure, or, as you say, *succedaneum*, plotted against all prostitution, not as an experiment suggested for one or two corners of the metropolis.

How ingeniously, again, have you dealt with another of my ideas, which you would characterize, I suppose, as my *succedaneum* for syphilis. "Syphilis," you say, "being an infectious disease, demands unusual facilities for its cure, and our Hospital accommodation runs disgracefully short. Let us, therefore, he (your humble servant, I presume) says, establish a 'London Female Sanitary Society,' a 'Benefit Club for Prostitutes.'"

Now I will no more at present enter into detail of this proposed association, but remark, by the way, that I see no reason why even prostitutes should be held unworthy of advice and encouragement to cleanliness and economy. I can have only space to refer you to page 152 of my work, where it may fully appear that neither sanitary society, nor visitation, nor relief fund, is any *succedaneum* of mine, but that they are merely proposed as "last alternatives."

The preceding 25 pages are devoted to the argument (possibly old to you and me, as I said before, but surely to the public novel), that the care of the syphilitic should devolve upon the public; and pp. 162 to 166 are allotted to the alternatives.

You ask the reader—"Does the author of the scheme really believe that he will ever find a body of Medical men who will assist him in carrying out such things as these?" Indeed he does believe that were the alternative forced upon the public he would find such aid. Before propounding my scheme, I put myself in communication with the leading General Practitioners, who at present are consulted by the "unfortunates of London." Yes, Mr. Editor, be it known to you that even the London harlot is attended, has been attended, and will continue to be attended by the Medical man, aye, by Medical men of large practice, highly conscientious philanthropic persons, ornaments to our Profession. They will tell you, if you possess their confidence, that as long as the poor fallen woman has money she fairly remunerates her Medical adviser; when steeped in poverty she still claims his advice, and as she rarely pleads in vain, perchance recovers: and many a story could our Profession tell—as pendants to that lately told in the *Times* of the brickmaker's daughter—of women who are now attended in Belgravia by the same kind-hearted Doctor who was first called to see them when they lived in Norton-street, or Arundel-court, Haymarket.

I have tried, Sir, as you say, "as author, orator, and healer, to make my name conspicuous in the modern annals of prostitution," and I am glad to say that your admission of my competency to speak upon this subject seems to be warranted by the opinion of a sufficient majority of social reformers, lay and professional. I "have told some good old truths," Sir, as you say again, so appropriately as to give what were platitudes to you and me the air of refreshing novelties to the outside public. When I first took up the subject there was not so much as a paragraph open, even in the cheapest of the cheap organs, for gratuitous contributions on the subject; but when I observe the avidity with which

the physiology of harlotry has been of late caught up by editors, worked up by the gentlemen of the press, and devoured by a million readers, I have the vanity to congratulate myself that I have helped materially to find for some a new industry, for others a new sensation, and for the public some advantage. I am, &c. W. Acton.

46, Queen Ann-street, Cavendish-square.

### POISONING BY *CENANTHE CROCATA*.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your last week's number (March 6th) are related by Dr. Grahame two fatal cases occurring after eating the roots of *Cenante crocata*.

My reason for addressing you is on account of the author of the paper confounding this plant, *Cenante crocata*, Anglice, Hemlock water dropwort, with wild celery, or *Apium graveolens*.

It may be a question which of the two plants was really gathered and eaten in the case treated by Dr. Grahame. The probability is, that, as stated by him, it was *Cenante crocata*, which is not, however, wild celery. Sir James Smith (*English Flora*, vol. ii. p. 76) says of *Apium graveolens*, or wild celery, "The seeds and whole plant in its native ditches are acrid and dangerous, with a peculiar strong taste and smell. By culture it becomes the mild and grateful garden celery."

*Cenante crocata*, or Hemlock water dropwort, is, like *Cicuta virosa*, a plant growing in similar wet situations, but of much rarer occurrence; undoubtedly a very poisonous plant, as Dr. Grahame's cases but too well prove.

In Dr. Hornton's *Family Herbal*, p. 313, are related several fatal cases from the use of *Cenante crocata*, which in some had been mistaken for wild celery, and in others for water-parsnip (*Sium nodiflorum*).

As the subject is of considerable practical importance I thought these few remarks might not be unacceptable, either to you or to Dr. Grahame.

I am, etc.

JOHN WINDSOR, F.L.S. etc.

65, Piccadilly, Manchester.

### REPORTS OF SOCIETIES.

#### HARVEIAN SOCIETY.

THURSDAY, FEB. 4, 1858.

DR. HAMILTON ROE, President, in the Chair.

DR. FULLER exhibited

#### A FIBRINOUS CAST OF THE PHARYNX,

Ejected by a female patient suffering from diphtheritis. It was above four inches in length, tubular in form, and remarkably firm in texture. The patient recovered before the expiration of a week from the date of her seizure.

DR. HEADLAM GREENHOW related a case of diphtheritis, which he believed to be of similar character to the disease described by Bretonneau of Tours, and identical with the malignant sore throat which has recently prevailed in Essex and other parts of this country. The child, who was the subject of the case, died rather suddenly, and on examination after death, the pharynx and tonsils were found covered with a loose, pliable, granular exudation; the membrane below the exudation was unhealthy and aphthous, especially on and near the tonsils. This form of exudation extended only to the rima glottidis, but the larynx and first inch and a half of the trachea were lined with a tube of croupy false membrane, which adhered to the subjacent tissue only by a few points.

MR. HAYNES WALTON then read a paper on

#### SOME FORMS OF IMPAIRED VISION, AND ON THE USE OF THE OPHTHALMOSCOPE.

The author commenced by observing that almost every state of impaired vision, not accompanied with palpable objective symptoms, was, at no distant period from the present, attributed to amaurosis. More recently it had been supposed that an unhealthy choroid coat was productive of many of the symptoms of amaurosis, and choroiditis became a fashionable disease. But Asthenopia, or an in-

capability of sustaining the eye in a state of adjustment to near objects, is a distinct and not uncommon affection. The chief characters of this affection were fatigue of vision after employment of the eyes on any of the accustomed pursuits, even such as light reading and doing fancy-work, although it is more common in persons who are engaged in trades requiring minute and long continued exercise of sight. Afterwards, confusion and obscurity of vision supervene, sometimes attended with heaviness in the head, or actual headache. A momentary remission is afforded by shutting the eyes or looking at distant objects, and rest for a day or two is always attended with much benefit. There is not necessarily any intolerance of light, but in the large majority of cases a bright day is rather disagreeable, and bright artificial light is trying. There is usually no evidence of a deranged state of the bodily functions, but a general feebleness of system is most commonly present, and the class of persons who are most subject to the affection are girls who are thin and ill-fed, and who lead sedentary lives. In the treatment of this affection, rest of the eyes is often very beneficial in the incipient stage, together with a tonic system to support the general health; and in addition to ordinary constitutional remedies, the use of the cold bath, especially cold sea-bathing, and the employment of the eye-douche are to be recommended. The ophthalmoscope has much improved our means of diagnosis, and dispelled many doubts respecting amaurosis and choroiditis.

Mr. Haynes Walton then explained the principle of the instrument, and in the course of the evening he exhibited its use upon a healthy and a diseased eye.

### HUNTERIAN SOCIETY, FEB. 27.

Dr. Peacock read the notes of four cases of chronic pleurisy which had opened through the lungs. The first of them was that of a young man, 23 years of age, a sailor, under his care at St. Thomas's Hospital, in 1864. He was taken ill on ship board, when on the return voyage from Calcutta, and when admitted into the hospital had the usual signs of a pleuritic effusion in the right side. He had then been ill about three weeks, and after he had been in the hospital for a month, he suddenly began to expectorate large quantities of matter after severe fits of coughing. These attacks continued to recur at intervals for nearly a month, and there was evidence of the presence of some air in the pleural cavity. He recovered, and was discharged, after about ten weeks' residence, and was seen some time after quite well. Indeed, he had resumed his occupation. The second case, that of a young man 25 years of age, who was a patient at the Victoria-park Hospital for diseases of the chest, in 1855. In his case, the matter began to be expectorated while the evidences of the effusion in the pleura were subsiding, and the side was undergoing contraction. There were signs of an escape of air into a limited portion of the pleural cavity. The patient was in the hospital four months, and was discharged quite well. The subject of the third case was a clergyman, 30 years of age, who was seen by Dr. Peacock in 1855. About six months before that time he was seized with pain in the right side, and other symptoms of pleurisy, and six weeks after suddenly expectorated matter. When seen he was recovering, and there were evidences of pleurisy undergoing cure, and he subsequently got quite well. The last case was that of a patient at the Royal Free Hospital in 1849, while Dr. Peacock was connected with that institution. He was 30 years of age, and had laboured under symptoms of affection of the chest for six months before his admission, which had been recently much aggravated. When admitted he presented the usual signs of an extensive effusion in the left pleural cavity, and four days after he was seized with a violent cough, followed by copious expectoration of purulent matter. He was greatly relieved, but was removed from the Hospital before his cure was complete. In the last two cases there was no evidence of any air having entered the pleural cavity while they were under observation. The inferences drawn by Dr. Peacock from these cases were—1. That the entrance of air into the pleura is by no means a necessary result of the establishment of communications between the pleural cavity and bronchial tubes, and that we may

safely infer the existence of such a communication when a person who presents the usual signs of a large pleuritic effusion is suddenly seized by violent fits of coughing, followed by the expectoration of a large quantity of matter containing little or no air, and when similar attacks recur at longer or shorter intervals. 2. That the desirableness of practising paracentesis thoracis in cases of pleuritic effusion in which communication has taken place with the bronchial tubes, must be decided by similar considerations to those which would influence us in having recourse to the operation in any other cases. He would not himself be disposed to recommend the operation, except when the accumulation in the pleural cavity was probably very large; when the difficulty of breathing was so urgent as to threaten immediate suffocation; or when appropriate treatment had been tried without success. He expressed his opinion that there was a tendency to under-estimate the advantage which attended the employment of the ordinary treatment in cases of chronic pleurisy, and stated that he had seen absorption readily effected in cases which at first presented little prospect of that result being accomplished.

A discussion ensued on the reading of the paper, in which Dr. Barlow, Dr. Gull, and Mr. Hutchinson took part.

### SELF-SUPPORTING DISPENSARIES.

A meeting was held on Wednesday, March 10, at the Grosvenor-place School of Medicine, to discuss the question of "Self-supporting Dispensaries." The Earl of Ducie presided. In opening the proceedings, he said he believed that the scheme they had to consider was a good one, as by its means the poor might be taught the useful lesson of depending in times of sickness upon their own provision and foresight, instead of having recourse to charity for Medical aid. That, no doubt, was one of the advantages which would flow from its adoption; but still there were, it could not be denied, many difficulties and obstructions in the way of it. It would, at all events, teach the poor the benefits of amalgamation and co-operation, which, among the rich, were perhaps already carried to too great an extent, as in the establishing of clubs. It was a principle, however, which had for the most part failed among the poor. The most successful instance of its working probably was to be found in the model lodging-houses; but even there the direction of the whole thing was in the hands of educated men. On the other hand, the local benefit clubs had as a rule failed, simply because the management of them was in the hands of the people themselves. Another obstruction to the establishing of self-supporting Medical institutions in London was, that there was no room for them, the ground being preoccupied by 110 hospitals and dispensaries, where the poor could get, free of cost, that Medical aid for which they would have to pay at the proposed Self-supporting Dispensaries.

Mr. Smith of Southam then explained his views as to the Self-supporting Institutions. He explained the advantages of such institutions under several heads. The plan had the most useful influences on the poor; it taught them to be provident; it taught them self-confidence and self-respect. It enabled the upper and middle classes more effectually to co-operate with the lower classes in the cause of improvement and progress. The plan was advantageous to the Medical Profession. Here Mr. Smith detailed the results of experiments on his scheme at Northampton, Coventry, and other places, showing by reference to the returns of these Institutions that while this Dispensary has in no way interfered with the incomes of Medical men from private patients, it brings in considerable sources of income to the Profession, from persons who can pay a small sum for professional services, but who would otherwise receive such professional services gratuitously. In the conducting of these Dispensaries every medical man should take a part. Each head of a family on being found a proper person for being enrolled should have the privilege of selecting his own medical man. Medical men should only prescribe, not supply medicines, for dispensary patients. Mr. Smith stated that with the sum of £10,000 he could set on foot in London 20 Self-supporting Dispensaries, each having 20 medical officers, and each medical officer receiving £300 per annum from the contributions of the poor.

An animated debate took place, in which Lord Ducie, Dr. Ogle, Dr. Leared, Dr. Richardson, Dr. Powell, Dr. Chapman, Mr. Spencer Wells and Mr. Propert took part. Dr. Richardson, as Honorary Secretary of the Grosvenor-place School of Medicine, explained that the Faculty of Lecturers, while they had been happy to hear in their theatre Mr. Smith's exposition of the self-supporting scheme, did not consider themselves pledged to support or oppose Mr. Smith's views. They wished simply in a liberal spirit to give Mr. Smith the opportunity of explaining his plan to a London audience. Towards the end of the meeting Mr. Spencer Wells moved as an epitome of the feeling of the meeting the following resolution:—

"That the meeting having heard Mr. Smith's explanation of the principle of Self-supporting Dispensaries in operation at Coventry, Northampton, and other places, was of opinion that it was one which might be extended throughout the country; and would suggest that Medical practitioners in different districts should meet together, and, by establishing Self-supporting Dispensaries, should endeavour to correct the notorious existing abuses in Medical institutions."

The motion was seconded by Dr. POWELL, and unanimously carried. Votes of thanks having been voted to Lord Ducie and Mr. Smith, the meeting separated.

### MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 5th inst. :—

BOWES, JOHN, Workington, Cumberland.  
DAVISON, JOHN MARCHANT, Islington-green.  
GIBSON, THOMAS, Kirkby-Stephen, Westmorland.  
HAWKINS, JAMES S., Colet-place, Commercial-road.  
NAPIER, WILLIAM D., George-street, Hanover-square.  
NEWLAND, PETER FREDERICK, Dublin.  
O'CONNOR, MICHAEL JOHN, Manchester.  
SCANLAN, FITZGERALD EDWARD, Army.  
SEPHTON, RICHARD, Kenyon, near Manchester.  
WARD, JOHN DOXON, Manchester.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on March 4, 1858:—

BOWER, JOSHUA, Wilmslow, Cheshire.  
CHREEMAN, JOHN, Lewes, Sussex.  
DAY, HENRY ARUNDELL, Bristol.  
GOLDSMITH, JOHN, Hambledon, Hants.  
HOGG, FRANCIS ROBERTS, Army.  
HUGHES, HUGH, Bethesda, North Wales.  
LIDDON, WILLIAM, Taunton, Somerset.  
PARK, MUNGO, Berwick-upon-Tweed.  
TOMPSON, CHARLES AUGUSTUS JAMES, Dudley.  
WOAKES, EDWARD, Luton, Beds.

### DEATHS.

**BLAKE.**—February 28th, at the Grove, Camberwell, R. Blake, M.D. (R.N.), aged 76.

**CHALK.**—On board Her Majesty's troop-ship Southampton, fourteen days' sail from Kurrachee, from London to that port, Hammond Chalk, M.R.C.S., Eng., and L.S.A., who died suddenly, aged 47 years, from diseased heart consequent upon rheumatism. His rare skill in the practical details of his profession, and kindness of disposition, made him an invaluable and never-failing friend to the young practitioner. These, together with the Christian fortitude with which, for many years, he endured acute physical suffering and mental troubles of no ordinary character, rendered him an object of respect and admiration, whose loss will be severely felt by his numerous friends and sorrowing family.

**FINLEY.**—It is our painful duty to record the death of David Luke Finley, aged 27, Surgeon of the Royal Mail Steam Company. The deceased gentleman had been seven years in the Company's service, during which period he had witnessed no less than three visitations of yellow fever in the West Indian Islands. He was one of the most ardent investigators into the nature and treatment of the disease to which he succumbed; and had himself written a pamphlet, embodying his own practical views on the subject. On the 15th of February, the first man seized on

board the "Parana" was a man named Witt, a scullery-man, and Mr. Finley was indefatigable in his attention to him until the 18th of the month, when, while at the dinner table, he was himself suddenly seized with the symptoms of the disease, and left immediately, took a warm bath, and had recourse to one of the most approved methods of treatment under the superintendence of Mr. Murphy, surgeon, R.N., who was on board, on his way home as a passenger. On the third day from the attack he was seized with black vomit, and lingered on to the 25th February, when he fell a victim to the deadly disease. Poor Witt died on the 21st, after having had black vomit. Mr. Murphy, his attendant, of whom it is impossible to speak too highly, who had been seven years in attendance at the Jamaica Hospital, and had been a shrewd observer of all that is practised in the treatment of the disease, was in attendance upon Mr. Finley night and day. The melancholy death of Mr. Finley, who had been married but twelve months, painfully reminds us of the significant warning we gave, in a recent number of this Journal, to Surgeons who had in contemplation the idea of serving the Royal Mail Steam Packet Company. We hope that our warning has not been without its results.

**HAYMAN.**—On 28th February, at the house of his son, Henry Hayman, Esq., M.R.C.S.E., Ottery St. Mary, Charles Hayman, Esq., in the 78th year of his age. Mr. H., formerly Surgeon, R.N., practised for more than half a century at Axminster, Devon, where he was highly esteemed by all who knew him. He has left a large family to mourn his loss. Four of his sons are members of the Profession, and his third daughter is married to Dr. Maddock.

**HELE.**—March 3, at Plymouth, John Hele, of Ashburton, Devon.

**ROULSTON.**—At Albion-house, Low Harrogate, John Roulston, M.D., St. Andrews, 1851, M.R.C.S. Eng., and L.S.A. 1851, late House-Surgeon, Leeds General Infirmary, aged 30.

**TRAVERS.**—On the 6th inst. at his house in Green-street, Grosvenor-square, Benjamin Travers, F.R.S., Serjeant-Surgeon to the Queen, etc., aged 75.

**DIPHThERITE.**—At a late meeting of the Medical Society of London, Dr. Camps read a paper "On the lately prevailing Diphtheritic Affection." The author stated that in his opinion medical practitioners exhibited a great want of precise knowledge as to the true nature of this disease. His own attention was drawn to the subject by observing, in one of the quarterly returns of the Registrar-General, a most unusual number of fatal cases of croup, stated to have occurred in a rural district with which he was personally acquainted, and he is inclined to believe that many of these cases, described as croup, were in reality diphtheritis. (This form of disease, both here and in France, has more commonly assumed an epidemic than a sporadic character, and Dr. Camps was inclined to believe that many of the cases of severe throat disease, which occurred lately at Boulogne, were instances of epidemic diphtheritis. All the severe cases which have come to the knowledge of the author occurred in rapid succession and in rather close proximity as to place, many having arisen in the same house, and others in the same town, village, or immediate vicinity. The type of the disease, in its severer forms, he regarded as being essentially asthenic, attended with diminution of vital force. The characters of the disease, as described by Bretonneau, were then briefly detailed, together with the symptoms and general features presented by the present epidemic, as recorded by observers in various parts of the country. Reference was also made to an extensive series of cases which occurred in Haverfordwest in 1849, and which were recorded by Mr. Brown, of that place, in a paper published in this Journal in the year 1850. During that epidemic that gentleman had attended two hundred cases, forty of which proved fatal. From all the facts which Dr. Camps had been able to collect, he was induced to conclude that the disease now prevailing was very analogous to, if not identical with, that described by M. Bretonneau as diphtherite; that it was mainly of an asthenic type, and was characterised, in the severer cases, by the formation of plastic pseudo-membranous exudations; that it is primarily pharyngeal in its seat, and not laryngeal, except secondarily and by complication; that it differs from stomatitis in intensity or degree, rather

than in kind, and that its chief point of difference from the malignant sore throat of scarlatina is to be found in the tendency to the formation of plastic exudations; that it often possesses the characters of an epidemic; and that its adynamic type clearly indicates the mode of treatment which ought to be adopted. The treatment should be topical and general; the former consisting in the application of a strong solution of nitrate of silver to the parts affected, or a similar application of hydrochloric acid or chlorine; the general treatment should comprise the administration of chlorate of potash, with chlorine, or a combination of cinchona bark, or its alkaloid, with the mineral acids. In the severe cases, calomel should be given in repeated doses, until ptyalism is produced, and emetics in the early stage have been administered with good effect; and the powers of the patients should be supported by wine, stout, beef-tea, and other invigorating means.

**PROSTITUTION IN AUSTRALIA.**—At the time our journals at home are discussing more frequently than usual "the great social evil" of our large cities, the same sad topic is exciting precisely the same attention, and leading to the same remedial suggestions, at Melbourne. Public meetings have been held in the colony, and deputations have had interviews with the Governor, with a view to the adoption of means for the repression of vice. The *Argus* states, that female prostitution prevails throughout the Australian colonies "to a frightful extent."

**ORDER OF THE MEDJIDIE.**—WHITEHALL, March 2, 1858. —The Queen has been pleased to give and grant unto the undermentioned Officers Her Majesty's royal license and permission that they may accept and wear the insignia of the several classes of the Order of the Medjidie attached to their respective names, which his Imperial Majesty the Sultan hath been pleased to confer upon them, as a mark of his Majesty's approbation of their distinguished services before the enemy during the late war, or as having been actually and entirely employed in his Majesty's service, and that they may enjoy all the rights and privileges thereunto belonging, viz:—Officers of the British Army.—Third class—Insp. Gen. of Hospitals, Sir J. Hall, K.C.B., M.D. Fourth class—Insp. Gen. of Hospitals, W. Linton, C.B., M.D., A. Cumming. Dep. Insp. Gen. of Hospitals, D. Dumbreck, C.B., M.D.; J. Forrest, C.B., M.D.; R. Dawson, and A. S. Macdonald. Officers of the late Turkish Contingent.—Inspector General of Hospitals, D. McPherson, M.D. Deputy Inspector General of Hospitals.—J. Vaughan. First Class Staff Surgeons—Major, Ainger, R. Paton, L. Hynde.—Fifth class.—2nd Class Staff Surgeons, C. H. Johnson, J. H. Keeling, A. A. McDowall, C. McDowall, A. Irvine, G. S. Sutherland, J. Williamson.—Assistant Surgeons, E. Edwards, F. L. Gunn, W. W. Coleman.

**THE SARDINIAN MEDAL.**—The following Officers of the Royal Navy have been selected to receive the War Medal awarded for Military Valour by His Majesty the King of Sardinia to the British Naval Forces engaged on shore in the Crimea during the late war.—Surgeons, D. J. Duigan, M.D., and G. Mason, M.D.

**NAVAL AND MILITARY SURGERY IN CHINA.**—The *Times* correspondent says:—"Our loss in killed and wounded during this short siege does not amount to more than 96 English and 34 French, and of these the wounds are under the average severity. The surgeons say that this is to be accounted for by the want of propulsive power in the Chinese weapons. At an early hour this morning (Jan. 15) I visited the Hercules hospital-ship in this harbour. Dr. Burns and Dr. Smart, with their assistants, were already at their duties; the desperate cases are very few, and the men are in the enjoyment of all the care and comfort which can alleviate their pain and expedite their recovery."

**THE FRENCH MILITARY HOSPITALS.**—The large new Military Hospital at Vincennes is now ready for the reception of patients. The erection of military hospitals goes as far back as Henry IV., who established the first at the siege of Amiens in 1597, wherein Sully declares the patients were as well treated and cared for as if they had been in their own homes. This establishment was, however, only *ambulant* and temporary; and the first stationary hospital was founded at Pignerol by the Cardinal Richelieu. Louis XIV. imparted a stability and an extension to these establishments commensurate with the importance of the military operations of his epoch. To him we owe the first permanent hospitals in cities of war,

and he never had a place fortified without ordering the construction of a hospital. At a later period came the magnificent erection of the Invalides; and under the succeeding reign the Duke of Biron founded at Gros Caillon a hospital for the French guards, whose colonel he was. This is a very important hospital at the present time. The monastery of Val-de-Grâce becoming national property in 1790, was converted into a military hospital by a decree of the Convention in 1793. The Roule hospital was founded in 1848, and is now about to be replaced by the Vincennes hospital.

**ARTIFICIAL ROSE WATER.**—M. Rudolf Wagner has given us a pretty little prescription for obtaining artificial rose-water. The products of the spontaneous decomposition of salicylate of potash are generally characterised by a strong perfume of roses. This salt is quickly obtained by decomposing salicylate of methylen (which can be bought under the name of *essence of gaultheria*), by caustic potash. In this manner a mass of crystals, consisting of salicylate of potash, are precipitated, and the supernatant solution has a strong odour of roses. This liquid gives by distillation an *eau de roses* of a very fine quality, which constitutes a delicious perfume.—*Illustrated Inventor*.

**PHOTOGRAPHIC POWER OF THE MOON AND PLANETS.**—A few years ago it was thought that the moon emitted neither chemical nor calorific rays. More careful experiments have, however, shown the inexactitude of this opinion. Melloni was fortunate enough to observe by means of a lens of three feet in diameter, the most satisfactory indications of an elevation of temperature during different changes of the moon; and photographs of our satellite prove that it reflects also chemical rays in abundance. It is well known that the sun-light reflected from the moon is in all zones more feeble than the sun-light which is reflected by a white cloud in the day time. Some time back astronomers endeavoured to ascertain the different intensities of the light of our satellite during its different phases. Lambert has shown by photometrical experiments, that the light of the full moon is to that of the first quarter as 66 : 42, or nearly as 3 : 2. M. Secchi, of Rome, has just demonstrated that the chemical action of the moon on photographic preparations is, in the same circumstances as 3 : 1. The planet Jupiter, although five times the distance from the sun, is photographed more easily than is the moon, and in less time. The chemical force of Jupiter's light is then considerably superior to that of the moon. It has been known for a long time that the planet Jupiter can be magnified without losing so much light as the moon,—in other terms, when the moon's disc is extremely magnified, its light becomes very feeble in comparison to the loss of light by Jupiter under the same circumstances.—*Illustrated Inventor*.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, March 6, 1858.

### BIRTHS.

Births of Boys, 869; Girls, 775; Total, 1644.  
Average of 10 corresponding weeks, 1848-57, 1675.

### DEATHS.

	Males.	Females.	Total.
Deaths during the week ... ..	694	650	1343
Average of the ten years 1848-57 ... ..	592.1	582.9	1175
Average corrected to increased population ... ..	...	..	1293
Deaths of people above 90 ... ..	...	...	0
Deaths in 16 General Hospitals ... ..	48	27	75

### DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina.	Whooping-Cough.	Diphtheria.	Typhus.
West ....	376,427	1	16	3	14	3	2
North ....	490,396	..	8	5	9	5	6
Central ....	393,256	..	5	6	6	2	3
East ....	485,622	1	17	11	19	5	4
South ....	610,635	2	9	12	11	5	7
Total..	2,362,236	4	55	37	59	20	22

## METEOROLOGY.

## From Observations at the Greenwich Observatory.

Mean height of barometer ... ..	29.420 in.
Mean temperature ... ..	31.5
Highest point of thermometer ... ..	43.0
Lowest point of thermometer ... ..	25.3
Mean dew-point temperature ... ..	25.5
General direction of wind ... ..	E.N.E.
Whole amount of rain in the week ... ..	0.45 in.
Amount of horizontal movement of air in the week ... ..	910 miles.

## BOOKS RECEIVED.

On Pepsine. By M. Boudault. Translated by W. S. Squire, Ph.D. Second edition. London: 1858.  
 Algiers in 1857. By the Rev. E. W. L. Davies, M.A. London: 1858.  
 The Arts of Life. By Lucy Acton. London: 1858.  
 Mortality of the British Army. Reprint from the Report of the Royal Commission. London: 1858.  
 Illustrations of the Constituents of Urine, Urinary Deposits, and Calculi. By L. S. Beale, M.B.F.R.S. London: 1858.  
 On Malformations of the Human Heart. By T. B. Peacock, M.D. London: 1858.  
 The History and Design of the Foundling Hospital. By John Brownlow. London: 1858.  
 The Pacific Medical and Surgical Journal. San Francisco: 1858.  
 Researches on Epilepsy. By E. Brown-Squard, M.D. Boston: 1857.  
 Elements of Practical Midwifery. By C. Waller, M.D. Fourth edition. London: 1858.  
 Gleet: its Pathology and Treatment. By H. Dick, M.D. London: 1858.  
 A Treatise on Electricity. By A. de la Rive. Vol. III. London: 1858.  
 Journal of Practical Medicine and Surgery. No. 1. Paris: 1858.  
 Clinical Lectures on the Principles and Practice of Medicine. By J. H. Bennett, M.D. F.R.S.E. Second Edition. Edinburgh: 1858.

## TO CORRESPONDENTS.

*Dr. Whitehead's* case of Diphtherite shall appear next week.  
*Mr. Wright's* notice of the expected operations at the Westminster Hospital on Tuesday last arrived too late for insertion last week. Such notice, should be at the office before 1 o'clock on the Thursday before publication.  
*Medicus.*—Both the works named are supposed to be addressed to the Profession, but they are clearly intended for popular perusal.  
*Mr. Crookes.*—Thanks.  
*Dr. W.*—The Hospital Pharmacopoeia is not forgotten; but it is necessary to vary our dishes.  
*Mr. Hughes's* explanation of the muco-purulent discharge in the cases he relates is in all probability correct.  
*R.S.*—It is certainly not consistent with the honour of our Profession for any member of it to be in possession of a valuable recipe, and to keep it secret.  
*Dr. Ogilvie, Alexandria.*—The letter has arrived, but not the case.  
*A Constant Reader.*—The request shall be complied with.  
*Dr. Brown, Chatham.*—The typographical error was corrected in the succeeding number.

## THE NEW AND FATAL FORM OF SMALL-POX IN ASIA MINOR—RE-VACCINATION OF OUR INDIAN FORCES.

## TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—As no doubt the above new epidemic will in due course of time find its way to the East Indies, I would humbly suggest, through your columns, (as the sanitary state of the army is now the leading topic,) that all our troops, European and native, out there, should be re-vaccinated by troops or companies, at the earliest possible opportunity. I would further recommend, that all soldiers that may be hereafter despatched to that country should be re-vaccinated "on the voyage out," or immediately after landing. The French Government, "upwards of two months since," despatched a physician to Asia Minor, to study this new form of small-pox! England might emulate her ally by sending out a Medical commission at once. Before this disease appeared, you may remember, our allies ordered every soldier or sailor entering the hospital to be re-vaccinated.  
 I am, &c.  
 March, 1858.

JUVENIS.

*Pro Bono Publico.*—Wanted the formula for Phosphate of Zinc. (Our correspondent adds, "It is to be regretted that Dr. Barnes having used it 'in every case' with success for the last two years, should only just now publish it.")

*Scurvy in the Navy.*—*Juvenis* states that a tablespoonful or more of powdered charcoal to a gallon of lime-juice, will not only preserve it for a length of time, but improve its antiscorbutic properties. During the voyage the charcoal may be replaced by a fresh quantity; in order to do so the lime-juice must be filtered.

## THE SALE OF MEDICINES.

## TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Of all the numerous propositions for rendering the Profession of Physic "respectable," that recommended in your number, March 6, seems the most extraordinary. Some short time ago it was proposed to tax us annually £6 per head to make us "respectable," and now "Medicus" wishes a statute framed, to fine us if we exercise our right as Apothe-

caries in dispensing our own medicines. He can know but little of country practice, when he says, that any place which can support a Surgeon can support a Druggist. Will it add to a Surgeon's respectability to make a patient send at midnight ten or more miles for physic to the grocer-druggist of the village, when by carrying a few drugs in his gig or pocket he might have saved hours, which often includes the life of the sufferer?

I sus; set the patient would prefer the attendance of a man of less statutory "respectability," and more humanity and common sense. If Medical men of the present day are not equally "respectable" with their Continental brethren, they are not to be made so by Act of Parliament.

The course recommended is open to Medicus, but why try to force others to adopt so very inconvenient a course just to humour his whim?  
 March 9, 1858. I am, &c. LIBERTAS.

*A Correspondent* informs us that the following circular has been distributed indiscriminately in Liverpool:—

"Dr. Pollock, who has been Resident Surgeon to the Liverpool Dispensaries for more than three years, has removed from 46, Park-place, to 58, Netherfield-road North.

"P.S.—Fees to the Working Classes moderate, and advice gratis to the poor on Mondays and Thursdays from 9 to 10 a.m."  
 "February, 1858."

Papers by Dr. Robinson, Newcastle, Mr. Z. Laurence, Mr. Musbet, Mr. V. Jackson, Mr. Field, Dr. Halford, Mr. Welford, Mr. Newman, Dr. Byrne and Dr. Sylvester, are in type, and shall appear as soon as possible.

## COMMUNICATIONS have been received from—

Dr. SYMONDS, Clifton; Mr. PAOET; Dr. A. P. STEWART; Dr. G. JOHNSON; Dr. MARKHAM; Dr. A. CLARK; Mr. GAY; Dr. OGILVIE, Alexandria; Mr. BAKER BROWN; Dr. McWILLIAM; Mr. ACTON; Mr. GAMGET; Mr. WRIGHT; Dr. WHITEHEAD, Boulogne; Mr. PARSONS; Dr. BARNES; Mr. EVANS; Mr. SANSON; Mr. WALTERS; Dr. MADDOCK; Mr. CROOKER; Dr. SHARPE; Dr. STILWELL; Mr. MAUNDER; Mr. RIVERS; Mr. C. TAYLOR; SECRETARY, GENERAL BOARD OF HEALTH; Mr. HILLIARD; Mr. McDERMOTT; REGISTRAR-GENERAL; Dr. BROWN, Chatham; Mr. WRIGHT; LYNX; LIBERTAS; Dr. CARNLEY; Dr. ROGERS.

## APPOINTMENTS FOR THE WEEK.

## March 13. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m. Charing Cross, 1 p.m.  
 ROYAL INSTITUTION, 3 p.m.: Professor Bloxam, "On the Chemistry of the Elements which circulate in Nature."  
 MEDICAL SOCIETY, 8 p.m.: Mr. Hancock, "Cases of Punctured Wounds of the Lungs and Stomach, with Remarks."  
 ROYAL COLLEGE OF SURGEONS, 4 p.m. Professor Busk, "On the Invertebrata."

## 15. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopaedic Hospital, 3 p.m.  
 ROYAL INSTITUTION, 3 p.m.; Professor Huxley, "On Biology."

## 16. Tuesday.

Operations at Guy's, 1 p.m. Westminster, 2 p.m.  
 ROYAL INSTITUTION, 3 p.m.: Professor Huxley, "On Biology."  
 PATHOLOGICAL SOCIETY, 8 p.m.  
 ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Busk, "On the Invertebrata."

## 17. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m. Orthopaedic Hospital, 3 p.m.  
 ROYAL COLLEGE OF PHYSICIANS, 4 p.m.; Lumsden Lectures—Dr. Tweedie "On Fevers."  
 MICROSCOPICAL SOCIETY, 8 p.m.

## 18. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 1½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.  
 GROSVENOR PLACE SCHOOL MEDICAL SOCIETY, 7½ p.m.: General Meeting.  
 ROYAL INSTITUTION, 3 p.m.: Professor Tyndall, "On Heat."  
 CHEMICAL SOCIETY, 8 p.m.  
 LINNEAN SOCIETY, 8 p.m.  
 ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Busk, "On the Invertebrata."  
 MEDICAL SOCIETY OF KING'S COLLEGE, 8 p.m.: Annual Meeting.

## 19. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.; Great Northern, 2½ p.m.  
 ROYAL COLLEGE OF PHYSICIANS, 4 p.m.; Lumsden Lectures—Dr. Tweedie, "On Fevers."  
 ROYAL INSTITUTION, 3½ p.m.; Mr. Henry Thomas Buckle, "On the Influence of Women on the Progress of Knowledge."  
 WESTERN MEDICAL AND SURGICAL SOCIETY, 8 p.m.: Dr. Arlidge, "On the Prolongation of the Menstrual Period."

## EXPECTED OPERATIONS.

Westminster Hospital.—The following operations are expected on Tuesday next, at 2 o'clock:—  
 Amputation of thigh; talipes valgus; stricture of urethra (2 cases); by Mr. Holt. Wutzer's operation for radical cure of hernia; by Mr. Holt.



Notice to the Medical Profession.

DR. J. COLLIS BROWNE'S

(M.R.C.S.L., Ex-ARMY MEDICAL STAFF)

C H L O R O D Y N E.

(Entered at Stationers' Hall.)

MEDICAL PROPERTIES—Anodyne, Diaphoretic, Sedative, Astringent, Antispasmodic, Diuretic.

A few Extracts of Medical Reports are furnished in testimony of the exceeding value of this New Remedial Agent.

"The following extract from a letter by Dr. SHORRHOUSE, (late of the Metropolitan Convalescent Hospital) of Carshalton, to a Medical friend in the North of England, is published by permission:—

"And now, my friend, about 'Chlorodyne'—the infallible and incomparable Chlorodyne! The best idea I can give you of my estimate of its value will be in the fact, that I have within the last fifteen months used 160 ounces of it, and, as each ounce contains about fifty adult doses, I have given at least 8000 doses. This is what I have administered myself, and is altogether independent of a large quantity which I have prescribed, and the patients have procured for themselves. It is, as I said before, a remedy quite unique, and its effects totally dissimilar to those of opium or any other English medicine. It requires some little management in its administration, so as to ensure its best effects. Out of the many hundreds of patients for whom I have prescribed it, I have found it disagree with but three.

"Its mode of action is that of an astringent in suppressing hæmorrhage and diarrhoea; an anti-spasmodic in colic and all forms of spasmodic cough; an anodyne in allaying pain and excitement, and producing tranquillity and a most heavenly state of repose.

"The cases (among others) in which I have employed it have been twelve cases of phthisis; eight of these patients had been examined by other Medical men, and had been regarded as genuine cases of consumption, so that the nature of the disease does not rest upon my testimony alone. They were all well-marked cases: for I do not mention several others in an incipient stage. Two of the cases were in the last stage,—i.e. cavities had formed in the lungs; two others were bordering upon this stage. The remaining eight were in the second stage—that of softening; in five of these hæmoptysis was a prominent symptom. All these cases have done, or are doing, exceedingly well. Five of them have quite recovered; the others, with one exception, are in a fair way towards recovery.

"I have used it in many cases of whooping-cough and bronchitis, especially that form of the disease attended with laryngeal complication,—i.e. irritation of the superior laryngeal nerve, with a very harassing spasmodic cough; and in these cases I can speak of it as a remedy of the highest value.

"In dysentery and dysenteric diarrhoea, and in mucous diarrhoea with pain round the umbilicus, it is invaluable; one dose, or at most two, being sufficient. In simple diarrhoea it is hardly worth while giving it a trial. But its effects are most marked in cases of hæmorrhage, which it will arrest almost instantaneously; I have had several proofs of this. In some forms of neuralgia it also affords relief in a very short period.

"I hope I have now said enough to induce you to give it a trial. But don't be misled; it is not a *cure-all*, nor did I ever 'puff it off as a universal panacea for all ailments.' It is what is perhaps better—a valuable therapeutic agent, with which you may successfully combat disease in many of its forms, and those forms most frequent and most formidable. In addition to its astringent and anodyne properties, it also possesses remarkable chemical ones, and has a marvellous effect upon the absorbent and nutritive functions. I have seen cases of secondary sores and indolent ulcers assume quite new features, when the ordinary remedies have been combined with small doses of Chlorodyne."

From W. VESALIUS PETTIGREW, M.D. Hon. F.R.C.S. Eng., formerly Lecturer upon Anatomy and Physiology at St. George's School of Medicine.

"I have no hesitation in stating, after a fair trial of Chlorodyne, that I have never met with any medicine so efficacious as an anti-spasmodic and sedative. I have used it in consumption, asthma, diarrhoea, and other diseases, and am most perfectly satisfied with the results."

FROM THE "MEDICAL TIMES."

To the Editor of the "Medical Times and Gazette."

"Sir,—In reply to an inquiry made by your correspondent, who subscribes himself 'Nota Bene,' whether any cases of benefit from 'Chlorodyne' have come to the knowledge of your readers, I beg to say that I have been greatly pleased at the results in a case of severe pain in the hip-joint and in the vertebrae of the neck, which came on in a man long subject to chronic rheumatism, attended with permanent enlargement of the knees, ankles, and one of the wrists. He could not tolerate Opium, Hyosciamus, or Belladonna, and in despair almost I gave him a prescription for a mixture of Chlorodyne in water, the dose being twelve minims. He only took two doses, which acted so well that he compared his feelings to being transported to Paradise. The effects lasted for several days. Whenever his pains return, he now takes a dose at bedtime, feeling secure of an escape for some days from suffering. I have also applied it locally, with good results, but in too few cases to report much upon it. It produces a certain amount of warmth and perspiration, with a remarkably soothing state of mind, as well as arresting the pain. No headache or other unpleasant symptoms followed its administration.

"I am, etc. THOMAS A. HENDERSON, M.D. L.R.C.P., Physician to the Ramsgate Infirmary.

"The Vale, Ramsgate, September 23rd, 1857."

Extracts from the GENERAL BOARD OF HEALTH, London, as to its efficacy in Cholera.

"1st Stage, or Premonitory.—In this stage the remedy acts as a charm, one dose generally sufficient.

"2nd Stage, or that of Vomiting and Purging.—In this stage the remedy possesses great power, more than any other we are acquainted with, two or three doses being sufficient.

"3rd Stage, or Collapse.—In all cases restoring the pulse. So strongly are we convinced of the immense value of this remedy, that we cannot too forcibly urge the necessity of adopting it in all cases."

From Dr. ANDREW SMITH, Director-General, Army Medical Department.

"I have seen it used, and apparently with much advantage."

From F. E. BARTON, Esq., Surgeon, Dover.

"I have now used your Chlorodyne in numerous cases, and have much pleasure in adding my testimony to its very great efficacy as an Anti-spasmodic and Anodyne, having found it especially valuable in those cases in which opium does not agree well with the patient."

From JOHN E. GOULSTONE, M.D., Knighton.

"I can confidently state that Chlorodyne is an admirable Sedative and Anti-spasmodic, having used it in neuralgia, hysteria, asthma, and con-

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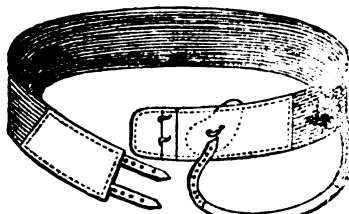
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## ORIGINAL LECTURES.

## GULSTONIAN LECTURES FOR 1858.

AT THE

Royal College of Physicians.

By JOHN ADDINGTON SYMONDS, M.D. F.R.S.E.,  
Consulting Physician to the Bristol General Hospital, &c.

## ON HEADACHE.

## LECT. I.

**DIFFICULTIES** of the subject.—A subjective phenomenon.—The part affected not open to physical exploration.—Similarity of symptoms from different pathological conditions.—Ambiguity of evidence from remedies.—Seat of pain.—How the topography of the body is learned by consciousness.—The vagueness of the information derived from consciousness as to the source of pain.—Sympathetic pain by radiation, and by transference.—What nerves are the seat of pain in headache.—Ganglionic mingled with fibres from some of the cranial nerves.—The agencies by which these nerves are made to ache.—Local and remote.—How remote irritations induce headache.—Inquiry into the mode in which morbid impressions are transferred.—The internuncial function of the sympathetic nerves in morbid changes.—Examples of transferred irritation.—Sympathy between the tegumentary surface and internal organs probably maintained by ganglionic nerves accompanying the blood vessels.—When the irritation is intracranial, difficulty of distinguishing purely nervous pain from that which is dependent on vascular disorder.—Peculiarities of intracranial circulation.—Experiments as to the distribution of the cerebro-spinal fluid in altered positions.—Fatal effects of position in diminishing the amount of blood in the brain.—Is the cerebro-spinal fluid vital or cadaveric?

It seems to me that I should be scarcely manifesting the proper degree of respect for the Royal College of Physicians, and I should certainly be doing violence to my feelings, were I to commence the duty before me without premising one word in grateful acknowledgment of the honour conferred upon me in the appointment to this lectureship, and without expressing my earnest hope that my short-comings may bring no great discredit on the office. To think of my predecessors is enough to overwhelm me with a sense of my unworthiness to follow in their steps, and it is certainly trying to my self-reliance, to know that my *rusticus sermo* will be uttered within walls which have echoed the eloquent wisdom of so many of the great departed, as well as of the illustrious living, and that I am addressing the highest council of my Profession. But it is too late to hint at fear or self-mistrust. Whatever may be the seriousness of the task which I have undertaken, I have undertaken it; and I must do my best to go through with it, being assured that I shall receive as much tolerant attention, and as much clemency of criticism as may, with any reason, be claimed by those who presume to occupy posts and engage in duties which they were quite free to have declined had they been conscious of their incapacity.

The subject which I have selected, is one that has been acknowledged by all thoughtful practitioners to be attended with considerable difficulty—difficulty as to the pathology and diagnosis of headache, and corresponding difficulty as to the remedies which it requires.

Dr. Willis in the second part of his *Pathologia* prefaces what he has to say of headache with these words:—

“*Cephalalgia, etsi creberrimus affectus, originem tam variam, incertam, et non raro contrariam, habet, ut difficillimum videatur exactam ejus theoriam, φαινομενον tam multiplicitum et sæpe oppositorum solutiones continentem, tradere. Morbus hic nulli temperamento, constitutioni, victus rationi, nulli causarum evidentium aut continentium generi constans, frigidos et calidos, sobrios et imtemperatos, juvenes et ventre plenos, pingues et macilentos, juvenes et senes, immo quolibet cujusque ætatis, sortis, et conditionis, homines passim incescit. Hinc, siquidem ægroto cuiquam hujus rationes sciicantibus alias satisfieri nequeat, sæpissimè dicisoleat, omnia ex vaporibus procedere.*”

There is a treatise by Juncker of which I only know the title, which runs thus: “*De Doloribus Capitis; scandalo medicorum, difficulter removendo.*”

One of the most learned of our contemporaries, Dr. Copland, says:—“There is no disorder which tries the science, experience, powers of observation, and acumen of the physician more than this does, and there is none that requires a more precise estimate of the pathological conditions on which it depends, as a basis for safe and successful indications of cure.”

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I am not so weak and presumptuous as to suppose myself capable of dissipating the obscurity of the subject. My aim is only to throw upon it whatever little light I may have been able to gather from my own observation and reflection, as well as from the labours of other inquirers.

The very frequency of the complaint is an excuse for recurring to the study of it. For surely the head is more given to aching than any other part of the body. Put all the breast-pains, stomach-pains and colic pains together, and you do not make such an aggregate of suffering as is furnished by headache; the *dolor dorsi* of the female comes near it. Toothache alone can compete with it, but it has generally some local disorganization to account for it; and were there a like proportion of structural disease answerable for headache, there would soon be an end to the wits, and indeed the life of half Christendom. Barbarism would once more be in the ascendant for a time, though civilization and headache would again overtake it.

One of the first difficulties is that the principal phenomenon is not an objective fact, but a form of consciousness described to us by another. And the region of the body to which the sensation is referred is one which, from its anatomical construction, prevents us from comparing the patient's feelings with information derived from such direct physical examination as enables us by manipulation in abdominal diseases, and by auscultation in those of the thorax, to verify or correct the declarations of the sufferer. The most important part of the head presents a bony barrier impervious to touch, and impenetrable to sight and hearing. To assay the value of the patient's complaints and descriptions, we are compelled to weigh with them or against them, as the case may be, a multitude of facts which relate to the presumed functions of the parts contained within the cranium, as well as to all the other functions of the economy. For a patient to localise pain correctly, even in the best known parts of the body, is often very difficult, and still more so where the head is apparently the seat of pain, the greater part of that region being to him absolutely a *terra incognita*.

Another difficulty which very early presents itself is to ascertain whether the pain, supposed to be in the head, has its origin in that part, or whether it be not merely a reflected sensation, a doleful echo of suffering in some other organ. There are difficulties also offered by the perplexing nature of some of the very knowledge to which we have attained. For instance, we know that the brain when subject to the influence of an increased or lessened amount of blood, presents symptoms closely similar. Delirium, insomnia, and coma, may ensue alike on a hyperæmic or an anæmic state of the brain.

And again, the agencies which remove or relieve headache give very ambiguous evidence. Thus it might seem at first sight that a headache relieved by food must depend on exhaustion. Yet it is quite conceivable that the headache, if dependent on a congestive state of brain, might be relieved for the time by the greater afflux of blood to the stomach in the first processes of digestion; just as the cough of subacute bronchitis is often temporarily relieved by an analogous derivation at the time of a meal, and for a short time afterwards. A stimulant, again, especially if it be very pungent, acts as a rubefacient to the gastric membrane, and thus revulsively takes off the stress from the cerebral vessels for a brief time, though the alcohol received into the circulation will in a few hours increase the evil. The beneficial effect of purgatives is often hastily presumed to prove that the cause of the headache is in the liver or bowels, when it may really import that the circulation of the brain has been lightened. In like manner the constipation attendant on such cases may be less the cause of the headache than the effect of the intestinal torpor consequent on cerebral oppression.

In many instances the complication of morbid agencies gives a considerable intricacy to the diagnosis. Let the patient be of an unacknowledged gouty habit—his headache may be caused by the gouty poison in the blood, or by the general plethora, or by the gastric or duodenal dyspepsia, or by the faults of the hepatic function, or by intestinal inaction, or by the irritability of the nervous system, to some one or all of which disorders gouty patients are proverbially subject.

The pain of headache is, of course, in some of the nerves of the head; but over what tissue are the aching nerves distributed? The mere consciousness of the most accomplished

anatomist suffering this affection (*i.e.* his consciousness unaided by clinical experience), will afford scarcely any discriminative information. A neuralgic or rheumatic affection of the scalp, a pain from pericranial inflammation, or inflammation of the frontal sinus,—these may be distinguished, perhaps, by the mere feeling in the part. And obviously a sufferer may have learned to locate his pain with great accuracy, but it will have been by means of inference, and experience of *juvantia* and *ludentia*. The difficulty is greatest in the common headache, that torment to the individual and pest of society, which so often interrupts the daily occupation, spoils the arrangements of social life, and drives the sufferer to the domestic medicine chest, and thence to the family practitioner and the medical celebrities of the day; while but too often, from their baffled science and art, the patient flies frantic with disappointment to a series of quackeries, ending in greater disappointment, because beginning with more extravagant expectation.

It will, I think, be a fitting commencement of our inquiry into this subject to consider the mode in which we become acquainted with the locality of pain in general.

What is pain? would seem at first sight to be one of the most superfluous of questions, seeing that pleasure and pain are the simplest, least decomposable states into which consciousness can be resolved. But though pain is used in the abstract as expressing in shortest phrase the suffering of the *ego*, it seldom is presented to our notice without the association of some locality of the body. So much is this the case, that if a person complains of pain, we inquire immediately for its seat. Suffering, or a painful condition of the *ego*, may be quite independent of bodily feelings. In sorrow, mortification, and remorse, there is not necessarily any reference whatever to the body; but pain belongs to the body, and is attributed only by a metaphor to the mind.

The assignment of the seat of pain might seem, at first, to require only an appeal to the consciousness; but the inquiry, Where is the pain? receives not unfrequently the vaguest and most erroneous of answers, and sometimes none at all. But supposing the answer to be tolerably correct, let us endeavour to analyse the process by which the pain is referred to some determinate part of the body. Preliminary to this inquiry is another, How do we become acquainted with the topography of our bodies? It is undeniable that, to an enormous majority of mankind, a very large portion of their frames is utterly unknown. They know less of their bodies than even what a person who has never studied geology knows of the structure of the earth. But we will not take into account such knowledge as the anatomist acquires, but only such as those are possessed of who speak of their bodies and their members.

There must have been a time in our existence when our bodies formed a part of the external world, which had to be learned by a gradual process of experience, analogous to that which subsequently made us acquainted with the position, distance, form, and properties of objects external to our bodies.

If you watch a very young infant you can detect no indication that anything is present to its consciousness, but the bodily comfort or discomfort of the moment—hunger or satisfaction of the stomach—warmth or cold; perhaps there may be a faint perception of light and sound; but the strongest recognition of the *non-ego* is in those fibres of the fifth pair which are impressed by the nipple. It is highly probable that the muscular sense gives various impressions to the infant, but they are not as yet so connected with other sensations as to impart the knowledge of body and limbs. This knowledge, indeed, must be the result of the slow accumulation of coherent sensations, such as the sight of the parts in question associated with the tactile sensations excited by the presence or the pressure of that on which the body rests, or of an applied or adjacent limb, as a hand or foot, and with the various muscular sensations incident to the movements of the limbs. The knowledge of some of the superficial parts of the body must be the result of inference or analogy. The shape of the back of the head, and of the trunk, being out of the range of vision, can only be known by the analogy of other human beings. When the parts of the body have been learned and appropriated to the unity of personal existence, a recognition which grows by degrees like the rest of this department of knowledge, and in conjunction with it, the individual is still far from such proficiency as would enable him

to answer that apparently simple question, Where is your pain?

It is often in vain that you ask a child, otherwise quick enough in answering questions, whereabouts he is suffering; and even adults, though indicating a region of the body, seem perplexed in their attempts to define with more exactness. Some automatic actions of children appear at first sight to indicate a knowledge of the seat of pain, as when the hand is carried towards the head in meningitis. But such actions are to be observed in profound sleep and in coma, and in all probability they belong to the class which have their analogues in almost the lowest divisions of animal life, and may be seen in some animals after decapitation.

I think, then, that we may assume that the conscious reference of common sensation to any particular part of the body must be the result of experience, whether it be correct or erroneous in its teaching; the experience itself consisting, as we have already hinted, in the accumulation of associated perceptions. The more frequent in occurrence, and the more diverse these have been, the more accurate will be the reference; as when tact and touch, and muscular sensation, and sight, all contribute their several items. The precision will also be proportionate to the nervous endowment of the part in question, seeing that tactile sensation itself is well defined or confused, according to the more or less liberal distribution of primitive nervous fibres.

However discriminative the sensibility of the skin may be, it is obvious that different impressions are perpetually sent from every portion of the cutaneous surface, whether from the contact of dress or from the collision of outward objects, or from changes of temperature, as well as from muscular movements,—and that by means of these, as well as by sight and analogy, the topography of the surface is well learned, so that when a new impression occurs in any part, the feelings of the part with which it is associated at once denote the locality of the impression.

But while this is the case with the skin, it is far otherwise with those parts of the body which are not so continually telegraphing the sensorium. Take the mucous surface which comes next to the skin and special organs of sense, in relation to the outer world. In the healthy condition of the digestive membrane no sensation is caused by the food from the time it leaves the gustatory part of the apparatus till its final expulsion, notwithstanding all the wonderful changes it undergoes, mechanically and chemically, as well as the immense variety of secretions which it causes to be poured out on the several portions of the surface which it traverses. The membrane seems equally insensible to the variations in the temperature of the solids and liquids applied to it. A man in health may therefore attain to extreme old age, and by reason of his health, and consequent unconsciousness of internal organs, be as ignorant as an infant of the topography of that tube by which he has received his life and strength. A like remark might be made as to the bronchial and other mucous surfaces; and if it be true of the mucous tissue, it is still more so of those which lie still farther removed from the external world, whether as serous linings or as textures composing the parenchyma of viscera, or the fabric of muscles, bones, etc.

Now though all these parts may be most accurately known by the anatomist, and though he may therefore apply the knowledge analogically to his own person, yet it will be very difficult for him to localise a new sensation, such as pain, by mere reference to his simple consciousness, without experience and inference; for mere consciousness will not distinguish mucous membrane from cellular, nor this again from serous. He will arrive at any correct localisation only by a series of experiments and inferences. Some of these consist of observations on the effects of change of posture, or of the relative movements of other parts of the body, or on pressure with the hand, and on the influence of the outer air, or of the contact of foreign bodies, or of food or drink. But others are of a purely medical nature, and depend on previous knowledge of the functions of the parts, the products by secretion, etc. Were he the subject of subacute peritonitis he would need the information of pressure, and of the action of the abdominal muscles. And to say whether a pain in his side were pleurisy or intercostal rheumatism would require all his clinical knowledge.

These difficulties, then, which we meet with when referring to consciousness as distinguished from inference, for infor-

mation as to the seat of pain in general, have peculiar force when we appeal to it for the source of pain in Headache. The patient may entertain a dim idea that it is internal; or the tenderness of the scalp may make him think it external, but as to anything like exact information as to the parts which lie within the cranium, it would be absurd to look for it as the result of consciousness.

We have already hinted that these impediments to our knowledge of the source and seat of pain are enhanced by the fact that pain is easily diffused beyond its original source, or transferred in what we call sympathy. There is an obvious distinction to be drawn between the radiation of painful sensation, and the transference of sensation from one part to another. In the former case pain simply extends circumferentially beyond the part which is impressed by the disturbing agent. Physiologists are agreed that impressions are not communicated from one nerve to another in the way of anastomosis, but that the impressions travel separately along each individual primitive fibre to the sensorial centre.

Now though nerves do not communicate in their course, a hundred facts show that there is a most prompt and intimate connexion between the related vesicles of the central parts in which they terminate. It is by such a communication that that association of sense and ideas takes place which refers the new sensation to a particular part of the body. Say that a wasp has stung the dorsum of the foot. The nervous fibre on which the painful impression has been made, is so related at its central extremity with the nerves, whose several communications have by frequent association or coherence formed that complex idea, that bundle of recorded sensations which we label *dorsum pedis*, that the pain is at once referred to this part, and for a short time there may be nothing present to the consciousness but the point of pain, and the idea of the foot. But in an irritable habit the pain may soon extend to the whole foot, or even the whole limb, without any corresponding extension of the local irritation caused by the wasp poison. The fault is not in the periphery but in the centre. That condition of the central part in which pain consists is communicated to other like central parts, and their pain is by the law of their being referred to their several peripheries. In different subjects there is a vast difference in the readiness with which these communications are made. Persons are called irritable, nervous, susceptible, hysterical, when the proclivities to such communication is very marked. Such persons may also feel pains which have taken their origin from mere ideas. A bodily pain is described, and the idea of the pain is so vivid, and so readily yoked with the idea of the part, that it seems to be projected into that part, being, however, a purely spectral pain—just as a visual conception may be so vivified as to produce the same effect and conviction of reality as if it were a direct outward perception.

It is not uncommon for a person to be able to produce a sensation of cold through the frame by merely recalling some disagreeable sound or feeling of touch, which has elicited such sensation of cold. I know a person who is so distressed by the touch of woolly substances, especially coarse green baize, that when the mere idea of such a substance is recalled to his mind, he suffers a sort of horripilation. I also know an individual who is particularly liable to a kind of vertigo on ascending a ladder, and who can not only bring on the feeling by imagining to himself some giddy height, but who also actually feels when under the influence of the same idea a sensation of pain in the soles of the feet. There is an obvious physiological relation between the plantar nerves and the feeling of equilibrium; but that the mere idea of a vertiginous situation should cause actual pain in these nerves which are only inferentially known to be connected with equilibration, seems to me to be a curious and interesting fact.

There are certain well-known sympathetic pains which do not come within the scope of the law of radiation or diffusion. Such are the pain of the shoulder in hepatic disease, but which in my experience has been oftener related with diaphragmatic pleurisy, the pain of the knee in disease of the hip-joint, the pain along the genito-crural nerve from calculus in the kidney or ureter, the pain over the eye from ice applied to the interior of the stomach, and itching of the nose from ascarides in the rectum.

In these instances the impression is conveyed along certain nerves, reaches their centre, and without awakening a sensation in it, passes on to the vesicular termination of some other

nerve either near or remote. When the origins of the nerves are so near as that of the phrenic and that of the nerves of the shoulder, the communication between their centres does not seem so difficult to understand, though why the impression should be transferred instead of being participated, is still obscure. With more distant nerves, as those of the stomach, even allowing the gastric branches of the vagus to be the afferent nerves in this case, it is not easy to see the mode of communication and metastasis between the origin of this nerve in the medulla oblongata, and the origin of the ophthalmic branch of the trigeminus. One thing I think worthy of notice is, that the metastasis is usually from a less to a more sensitive nerve. In the normal state the shoulder is oftener productive of sensation than the diaphragm or liver, the genito-crural nerve than the renal, and perhaps the knee than the hip; and certainly the nerves of the fifth pair than those of the stomach. When a mistake has been made, one can conceive that if two nervous centres are the seats of an impression, the consciousness may, by habit, refer it to that one, and its corresponding nerves, with which it has been oftener brought into relation. I need not say that the mistake is by no means the rule, the sensation being often referred to its real source; and that when the impression is a very strong one, both parts may partake of it. Thus we have known in a violent diaphragmatic pleurisy the pain in the side attended with equally severe pain in the shoulder and the neck, to such a degree as, together with the absence of auscultatory signs, to have induced the erroneous belief that the case was one of rheumatism.

We shall have to return to this sympathetic translation of feeling when tracing the causes of headaches. In the meantime it may be remarked, that to the student of final causes some of these morbid sympathetic sensations are all but insuperable difficulties. What warning does that supra-orbital neuralgia give against the ingestion of ice? How seriously have the comfort of patients and the reputation of surgeons been affected by that misplaced pain of the knee! It may be that the general good of the economy may have required that the centres of certain nerves should be so related to each other, and to the nerves which originate the knowledge of localities in the body, that nevertheless in morbid states they may present this false information; but, so far as the sympathetic pain is concerned, it seems, like so much of pain in general, to be an unquestionable evil. Pain may often be curative or prophylactic, as if St. Michael had compelled it to be so; but not unfrequently it seems to be the true friend and servant of Lucifer. Perhaps a more philosophical rationale would be, that made on a certain plan conformable to the general laws of organization, in which decay and death are contemplated no less than genesis and preservation, the organism has pain for one of its destructive elements.

Putting aside for the present any reference to the patient's feelings, what do we learn from anatomical considerations as to the probable source of pain within the cranium when a person is the subject of headache? It does not appear to be in the nervous matter, whether vesicular or tubular, of the cerebral hemispheres or of the cerebellum. No evidence of feeling has been obtained by vivisections till they approached the sensory ganglia—the thalami optici and corpora quadrigemina. But these are the centres of sensation to all parts of the body, as well as to the head. All analogy must further look for nerves as the source of the pain (though some writers are hardy enough to doubt the necessity of nervous matter as instrumental in sensation). And what are the nerves? Numerous as are the nerves which come out of the cranium, there are to a superficial view very few that go into it. A branch of the sub-occipital accompanies the vertebral artery; but a large majority of the other nerves, destined for intracranial purposes, are derived from the sympathetic. These, then, are the nerves which are of the chief interest to our present inquiry. Nerves of this class accompany blood-vessels; and when we observe the large amount of these vessels, the brain and its membranes being more liberally supplied with blood than any other organ, the quantity being computed as one-fifth of the blood of the whole body, we might, without searching further, feel convinced that there must be a correspondent supply of ganglionic nerves. But the minute examination of modern anatomists has tracked them in great abundance.

If we may trust the delineation in the plate representing the cephalic termination of the Great Sympathetic, in the magnificent work of MM. Bourguery and Jacob, which plate embodies



the results of the dissection on which was founded the memoir presented by M. Bourguery to the Academy of Medicine, there is a vast interlacement of nerves at the base of the brain, derived from the plexuses of the vertebral, the basilar, and carotid arteries, mingled with threads communicating with the third, fourth, fifth, and sixth pairs of cranial nerves, besides branches in the cavernous plexus derived from some of the upper cervical nerves, as well as those connected with the pituitary body otherwise called the cephalic ganglion. The nerves proceeding from this network and accompanying the arteries of the brain must possess the mixed endowment of the several sources. But whether or not the sensory properties of ganglionic nerves are entirely dependent on the cerebro-spinal fibres contained in them, as Valentin believes, or whether they arise from the grey fibres which become sensitive when altered by disease, as Volkman supposes, these are questions which it would be irrelevant to discuss on the present occasion.

It is enough for us that the composite nerves of this class seem to fulfil almost every conceivable function of a nerve. Whatever they may effect on the chemical processes in the molecular laboratory of ultimate tissue; whatever regulation they give to the blood-vessels, it can scarcely be doubted that in many parts of the body they send messages of pain, if not of pleasure, to the sensorium, and that they transmit influences from the seat of emotion to the parts where they are distributed, and it is not proved that they do not possess a kind of reflex function. They only seem not to attempt to convey motor impulses from the will. That our general sense of well-being must derive its favourable tidings from the viscera through these nerves can hardly be doubted; but certainly there is no other channel through which flow the miseries and anguish of ordinary visceral disorders.

Admitting, then, that the ganglionic nerves distributed through the brain and its membranes are implicated in painful affections of the organ, our next inquiry would be turned to the agencies which so act upon them as to cause painful feeling. Some of these are obviously local changes in the cerebral structure from organic disease, inflammation, and injuries. There are also changes in the blood, as in the headache of fever. But there are also disordered states of the nerves themselves resulting from functional causes, as in excessive mental exertion and emotional excitement. Other causes again act by sympathy; through the nerves of special sensation for instance, as when vivid light and loud noises excite headache. There are also very familiar examples of pain in the head, occasioned by impressions on branches of the fifth pair, as well as on gastric and intestinal nerves.

(To be continued.)

## LECTURE

ON

## PIROGOFF'S AMPUTATION AT THE ANKLE-JOINT,

DELIVERED AT THE

Crossbencher-Place School of Medicine,

MARCH 5, 1868,

By T. SPENCER WELLS, F.R.C.S.

Lecturer on Surgery at the School; Surgeon to the Samaritan Hospital, &c.

GENTLEMEN,—At our last meeting we practised various partial amputations of the foot. On one side of the subject before us we will now practise Syme's amputation at the ankle-joint, and on the other side an operation coming into fashion here, devised by the celebrated Russian surgeon, Pirogoff, who was chief surgeon in Sebastopol during the greater part of the siege. I have brought his own description and the drawings he has published of his operation with me, that we may follow his directions exactly; for I have seen what has been called his operation performed in a very different manner, and with very different results to those he describes.

I will now translate to you his own words, and, having his drawings before us, we will follow carefully the various steps of the operation as he directs. He says:—

"I commence my incision close in front of the outer malleolus, carry it vertically downward to the sole of the foot, then transversely across the sole, and lastly obliquely upwards to the inner malleolus, where I terminate it a couple

of lines anterior to the malleolus. Thus all the soft parts are divided at once quite down to the os calcis."

Here is the diagram. The inner extremity of this incision



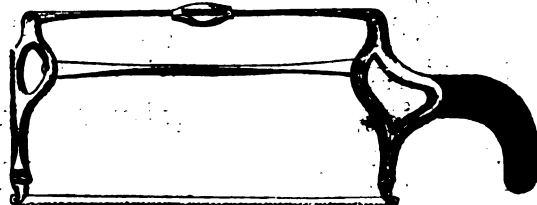
is carried obliquely forward some lines anterior to that on the outer side, in order not to cut through the posterior tibial artery until after its division into the plantar branches. Now let us make this first incision and proceed.

"I now connect the outer and inner extremity of this first incision by a second semilunar incision, the convexity of which looks forward, carried a few lines anterior to the tibio-tarsal articulation. I cut through all the soft parts at once down to the bones, and then proceed to open the joint from the front, cutting through the lateral ligaments, and thus exarticulate the head of the astragalus."

You see I have made this second incision, have opened the joint, and using only the point of the knife upon the strong ligaments which keep the astragalus in its place, have completed this part of the operation with the greatest facility. The joint is found very readily by fixing the malleoli, and alternately flexing and extending the foot. It is opened with the greatest ease by holding the foot strongly extended, and as the capsule is very broad, the joint opens at once. The internal lateral ligaments are easily divided. The only difficulty in disarticulating the astragalus is about the outer malleolus, but it is easily overcome by cutting closely with the point of the knife all round the malleolus, so as to divide the ligaments which pass from it. Keeping up the extension of the foot the head of the astragalus starts out, and then "it is only necessary to cut through the posterior wall of the capsule to expose the sustentaculum tali." Now for the third step:

"I now place a small narrow amputation saw obliquely upon the os calcis behind the astragalus, exactly upon the sustentaculum tali, and saw through the os calcis, so that the saw passes into the first incision through the soft parts."

Just look at the skeleton: see how the os calcis is grooved on its internal surface. Here about the middle of this surface is the process—sustentaculum tali—supporting the anterior part of the astragalus. I now follow Pirogoff's directions. The saw I use I should have called "Butcher's" a week ago, but it is one just sent me by Mr. Hilliard, an instrument-maker of Glasgow, who says it was given many years ago to Dr. Laurie by Dr. Grahame. You may call it Grahame's saw or Butcher's saw, as you please. It answers our



present purpose admirably by either name, though not better than one of the narrow resection saws of Langenbeck you have seen me use so often.

Pirogoff says very truly,—"Saw carefully, or the anterior surface of the tendo achillis, which is only covered by a layer of fat and a thin fibrous sheath, might be injured."

You see a very few strokes serve to cut through the os calcis, and a touch or two of the knife upon a few shreds left undivided in the sole close to the bone separates the foot. So



far the proceeding is a very rapid one. I would be bound to do it easily without the least hurry within one minute.

This sawing the os calcis may be called the third step of the operation; now for the fourth. Lastly, says Pirogoff:—"I separate the short anterior flap from the two malleoli, and saw through them at the same time close to their base."

Well, this is done without the least difficulty; and now you see the great difference between this operation and Syme's. I say nothing now of the much greater ease and rapidity with which it is done; but you see at a glance that the posterior flap is not a hollow, it forms nothing like a cap or bag, but it contains the posterior tuberosity of the os calcis with the insertion of the tendo achillis. This diagram represents the appearance very well.

"I turn this flap forwards, and bring the ~~cut~~ surface of the os calcis in apposition with the articular surface of the tibia. If the latter be diseased it is sometimes necessary also to saw off from it a thin slice with the malleoli." In the drawing the articular surface is shown, though not so accurately as in the original, the artist not having exactly caught the line of demarcation between the cut bone and the cartilage.



Now let us see what advantages Pirogoff claims for his method. He says:

"1. The tendo achillis is not divided, and so we avoid all the disadvantages connected with its injury.

"2. It also follows that the base of the posterior flap is not thinner than its apex, while the skin on the base of the flap remains united with the fibrous sheath of the tendo achillis.

"3. The posterior flap is not cap-like, as in Syme's method, and its form is therefore less favourable to a collection of pus.

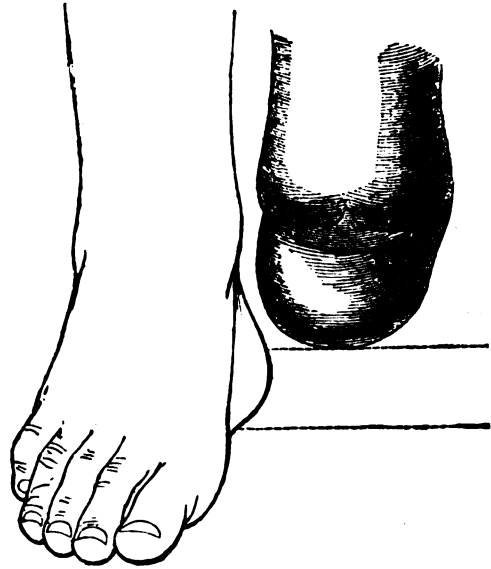
"4. The leg after my operation appears an inch and a half (sometimes even

more) longer than in the three other operations, (Syme, Baudens, Roux,) because the remnant of the os calcis left in the flap, as it unites with the inferior extremities of the tibia and fibula, lengthens them by an inch and a half, and

"5. Serves the patient as the point of support."

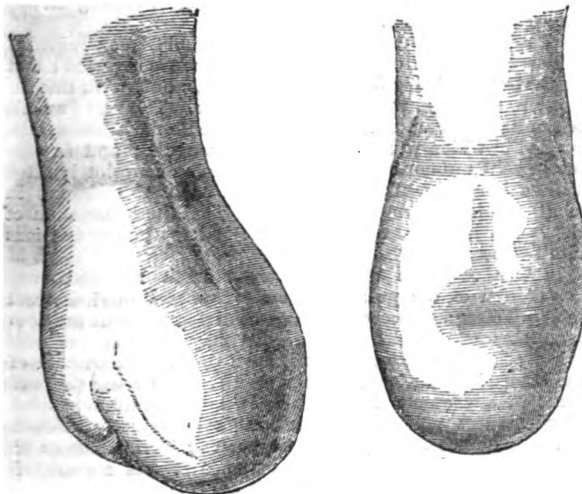
But to return to the case before us. I will use three or four sutures to keep the flaps together, and now see how beauti-

fully they fit. Look at the stump from the side. Look at it from behind. It is really admirable, and by bringing the feet together you may see that this diagram is quite correct, and that the difference in length of the two feet when the pelvis is placed square is not more than from an inch and a quarter to an inch and a half.



After operating on the living subject, Pirogoff leaves the two angles of the wound quite open, to admit of free discharge.

In reply to the objection that the remnant of os calcis left in the flap might die, and act as a foreign body, he says the fear that this might prove to be the case prevented him from adopting the operation on the living subject long after trials on the dead had shown its advantages. He also feared that this remnant of os calcis, even if it did not die, would still not adhere to the surface of the tibia, and consequently would become useless as a point of support. But after reflecting upon the facts, that the periosteum of the tuberosity of the os calcis is very closely united both with the skin and with the fibrous sheath of the tendo achillis, and is very plentifully supplied with vessels by the *rete calcanei*, he resolved to try the operation on the living, especially as cases occurred which taught him that in wounds of the head by sabre strokes, flaps containing considerable segments of the cranium reunited with the bone below, both by first and second intention. Up to April 1853 he had performed the operation in three cases, the ages being 12, 13, and 19. All these recovered well, and two of them walked well without stick or crutch, and without limping or tottering. These cases proved undeniably that the tuberosity of the os calcis left on the flap does unite with the tibia, and adds so much to the length of the stump that it nearly reaches the level of the sole on the sound side; secondly, that the tendo achillis is not stretched by the altered portion of the tuberosity; and thirdly, that the progress and healing of the wound need no special attention not required after the other amputations at the ankle. Collections of pus in the sheaths of the divided tendons are observed after any of these amputations. Pirogoff proposes that graduated compresses should be used, and fixed with the immovable plaster of Paris bandage in the course of the tendons on either side of the leg. He believes also that the tendons should not be cut off too short, in other words, "not too near the spot where their synovial sheaths are cut through; their ends should rather project a little. If they are cut too short they conceal themselves in the fibrous canal, or what is worse, when the limb is moved they slip upwards out of their sheaths." He adds:—"I fear nothing so much as this, namely, when the belly of the muscle contracts, and draws up the tendon divided, or half destroyed by suppuration, out of the sheath. I am convinced that the fixing of the



tendons before and during the operation by methodical pressure, and the continuous maintenance of the limb in one and the same position by the plaster bandage may contribute a great deal towards the successful result of these operations."

I will also read you his concluding observations, as they have a very important bearing upon the selection of cases for the operation. They are as follows:—

"It was also worthy of remark that in one of these cases, notwithstanding the suppuration and the considerable gravitation of pus into the flap (in the third case); notwithstanding the softness and fatty degeneration of the os calcis, which could be cut with the knife (in the second case); and lastly, notwithstanding the bleeding fungus excrescences which formed on the bones (also in the second case), still the remnant of os calcis united firmly with the tibia and fibula. Lastly, one of the cases (the third) proves that the exarticulation at the ankle-joint after my method—at least in children and young people—may be undertaken even in cases of diseased ankle-joint, provided disorganisation has not extended too far over the soft parts about the articulation. In the boy in the second case, I found pus in the capsule during the operation, the cartilages softened and decayed, the ends of the bones also softened and in a state of fatty degeneration, yet the result of the operation was most successful."

Here, gentlemen, I must stop. I can tell you nothing of the results of the operation in this country, but I can repeat that in some of the cases where it has been said to have been performed, it most certainly was not done in the manner and with the precautions I have brought before you. Whether it has succeeded or not I cannot say, but I do say that in some cases it has not been fairly tested, and I think it is worthy of a full and fair trial. This is the reason why I have quoted so fully the precise words of the eminent surgeon whose name it bears.

## ORIGINAL COMMUNICATIONS.

### CASE OF ACUTE MANIA, WITH SOFTENING OF THE BRAIN,

AND SUDDEN DEATH, FROM THE IMPACTION OF A FIBRINOUS  
COAGULUM IN THE PULMONARY ARTERY.

By GEORGE ROBINSON, M.D.

ON December 29th, 1857, I was requested to visit Miss —, aged 29, whom I found talkative, restless, and excitable, but intelligent and capable of answering most questions correctly. She was tall, well-made, of the nervous temperament, had enjoyed good bodily health, and the catamenial function was quite regular. I was informed that from infancy she had been clever, but irritable and capricious; that during the last two years this irritability had increased, and that, though highly educated, she often exhibited the petulance of a child, and would even strike those around her. Two days previously, she had appeared more excited than usual, called at several places unnecessarily, and both mind and body were in a state of abnormal activity. A little aperient medicine was ordered, to be followed by a sedative mixture; she was allowed plenty of plain, nutritious food, of which she took a considerable quantity. During the two following days she continued in this state of excitement, taking food freely, sleeping two or three hours every night; but the mental disturbances had increased, as the incessant talking betrayed great incoherence in her ideas, and the existence of numerous delusions as to various persons being present in the apartment, &c. There was also a disposition to strike at those around her, and to destroy articles within reach. A suitable attendant was therefore procured, and remained with her constantly. The bowels acted moderately, she took food well, and there were no particular indications of debility or internal disease.

On January 2nd, the case presented all the features of acute mania, and it was the wish of her friends that she should be removed to my asylum at Bensham. In the meantime, cold applications to the head, which had previously been employed, were continued, a dose of the sedative mixture, equal to

gr. ss. of morphia, was given in the morning, without any apparent effect, as regards quietude or sleep. A turpentine enema was administered in the afternoon, and she took a considerable quantity of beef-tea and other food during the day. At 6 p.m. Dr. White and Dr. Dawson called for the purpose of examining her with the view of signing the requisite certificates, but were informed that she had an hour previously fallen into a calm natural sleep, and under the impression that this might be productive of a beneficial change, those gentlemen very properly declined to disturb her. At 9 p.m. I myself called, and, understanding that the sleep continued, also abstained from seeing her. It was arranged that another attendant and a servant should remain with her during the night, and we were to meet the next day and ascertain what effect the sleep had produced. Soon after 5 o'clock on the following morning (the 3rd) Dr. Dawson and I were hastily summoned, and found her dead. It appeared that she had continued to sleep until 11 o'clock on the preceding night, when she awoke, took some beef-tea, and part of an orange, and, after talking incoherently for an hour and a half, again fell into a sound sleep. The attendant and servant watched her carefully during the night, and observed her to sleep calmly until 5 o'clock, when she drew a few deep inspirations and expired.

The shock to all interested in the patient was necessarily very great, as nothing in her history or symptoms suggested the idea of an early and sudden death. I could only explain to her relatives, who were persons of intelligence and good sense, that sometimes death did occur suddenly, without any obvious cause, but that there was a possibility of an examination disclosing some unsuspected morbid condition. I further mentioned the additional light recently cast on the causes of sudden death, by the discovery of fibrinous clots obstructing the large blood vessels, and instanced the case of the late Duchess of Orleans. Having obtained the requisite permission, my friend, Mr. Bolton, House Surgeon of the Newcastle Infirmary, kindly undertook to conduct the post-mortem examination, and, as the weather was very cold, no perceptible decomposition had occurred when it took place on January 5th, fifty hours after death.

The head was first examined.

The brain appeared well developed, and the veins on its surface somewhat engorged. On attempting to remove it, the crura cerebelli were found to be so much softened as to render it difficult to lift the cerebellum simultaneously with the rest of the organ. This softening also affected, but in a less degree, the posterior columns of the medulla oblongata. The crura cerebri, and a small portion of the base of each of the anterior lobes, were also less firm than natural, and, as far as the somewhat imperfect light enabled us to judge, there was very little departure from the natural colour of the softened structures. There was no congestion or effusion at the base of the brain, or in the ventricles.

On removing the medulla oblongata, the processes of bone which are situated on either side of the basilar groove of the occipital bone were observed to be unusually prominent, and that on the left side was developed almost to a point. These processes were in close contact with the posterior columns of the medulla oblongata, the anterior columns resting on the groove between them.

The chest was the only other part of the body examined.

The lower lobe of each lung was much congested; that on the left side being less firm than natural; but, with this exception, the lungs were free from disease. The right auricle of the heart was enormously distended with dark blood, suspended in which were some fibrinous coagula; and on examining the pulmonary artery it was found completely filled with a long firm fibrinous coagulum about four inches in length, which, when drawn out, exhibited the bifurcation of the vessel, and the separation of one of its primary divisions into two secondary branches.

In this case the conclusion that death resulted from obstruction of the pulmonary artery appears obvious, and the very circumstance of its thus occurring without previous symptoms of disordered circulation may suggest the propriety of great caution in similar cases, on the part both of the Medical practitioner and the public, in referring the fatal event to any assumed cause. It is not difficult to imagine circumstances under which blame might be unjustly attached to the remedies employed, or to persons having charge of the patient, and in the present instance it was a source of

satisfaction to all concerned that this unfortunate lady had not been removed to the asylum.

I cannot but connect the softening of the brain at that particular part with the abnormal development of the bony processes alluded to. The relative size and condition of these processes in cases of mental disease appear to me worthy of observation from their intimate anatomical relation with important structures, and from the ascertained influence of prominent spiculae of bone in disordering the cerebral functions. It may also be a question in this case whether the congestion found in the lower lobes of the lung may not have been connected with the diseased state of the medulla at the point of origin of the pneumogastric nerves.

Newcastle-on-Tyne.

ON THE

## TOXICAL AND MEDICINAL PROPERTIES OF NITRATE OF OXYDE OF GLYCYL.

By A. G. FIELD, F.R.C.S.

Late Demonstrator of Anatomy at St. George's Hospital Medical School.

In the evening of the 3rd of February, 1858, I was conversing with a homœopathic practitioner, when he mentioned a medicine which possessed peculiar and extraordinary qualities, some of which he described as having affected himself, though he had taken it in very minute quantities. I laughed at his credulity, and offered to take as much as he pleased, upon which he let two drops of what he called the first dilution of glonoine fall on my tongue. After swallowing this small quantity of fluid—I was assured the quantity did not exceed two drops—I asked what effects I must expect, but was told to wait and observe for myself. I then purposely conversed on other subjects. In about three minutes I experienced a sensation of fullness in both sides of the neck, to this succeeded nausea, and I said, "I shall be sick." The next sensation of which I was conscious was, as if some of the same fluid was being poured down my throat, and then succeeded a few moments of uncertainty as to where I was, during which there was a loud rushing noise in my ears, like steam passing out of a tea-kettle, and a feeling of constriction around the lower part of my neck as if my coat were buttoned too tightly; my forehead was wet with perspiration, and I yawned frequently. My intellects returned, however, almost immediately, and I remember saying, "This has nothing to do with homœopathy, but it has to do with a very powerful poison; there are more things in heaven and earth than are dreamt of in the philosophy of some of us." I also reproached my friend for not having tested the anæsthetic power of the medicine, by inflicting a slight wound on me. I need scarcely say I am this minute in my description of what occurred, that an accurate idea may be conveyed of the actual effect produced on me, as well as to justify the uses to which I have since put the medicine. When these sensations had passed off, which they did in a minute or so, they were succeeded by a slight headache, and dull heavy pain in the stomach, with a decided feeling of sickness, though without any apprehension that it would amount to vomiting. I lay on a sofa, feeling rather languid, but talking cheerfully, conscious at the same time that I could very well exert myself both mentally and physically, if I liked, but that it was more pleasant to be idle. This condition lasted about half an hour, at the end of which I was quite well, and walked home, a distance of half a mile, with perfect comfort. I slept soundly from one o'clock till six, when I was called up, having a slight amount of general headache, but not such as I should have regarded but for the recollection of last night's adventure.

The physician to whom I am indebted for this overdose told me, that when his first impression that I was shamming had passed off, my condition caused him the greatest alarm, for he really thought he had killed me. I learn from him that my head fell back, my jaw dropped, I was perfectly white, breathing stertorous, and no pulse at the wrist for the space of about two minutes. He immediately rushed to a closet, and procured some stimulant, which he poured down my throat. I had never been in better health and spirits than on the day of

this occurrence, and had taken nothing for hours but a little cold tea.

This same first dilution of glonoine consists of one drop of a peculiar chemical compound, dissolved in ninety-nine drops of rectified spirit; and glonoine itself I learn to be a nitrate of oxyde of glycyll, prepared by adding nitric and sulphuric acids to glycerine, the temperature of the fluids being kept down by a freezing mixture.

My own personal experience of the very marked and peculiar effects produced by this drug made me anxious to test its qualities still further. As a direct sedative to the nervous system without possessing any stimulating or permanently depressing qualities, without affecting secretion, together with its power of subduing muscular action, it appeared to promise to become an invaluable agent in the treatment of a large class of nervous and spasmodic diseases. By a strange perversion of all reason, as it appears to me, my friend, who is an enthusiastic disciple of Hahnemann, began to rejoice, when all appearance of danger had passed, that he had discovered what he considered a splendid remedy for apoplexy, on the principle of *similia similibus curantur*. I leave him to the enjoyment of his opinions, feeling only grateful that he did not give me a second dose to cure me on a like principle, while I consider the best mode of applying the drug in a precisely opposite direction. With this object I procured some of the first dilution of glonoine from a homœopathic chemist, and proceeded to institute a series of experiments before applying it to the treatment of disease.

Anxious to inform myself on the effects of a smaller dose, I got a Medical friend to join me. We each touched our tongue with the cork moistened with glonoine solution, and recorded the sensations produced by it. They were nearly as possible identical—a sense of constriction of the neck, slight nausea, with fullness, and some pain in the head, as if the brain were expanding. But I think my friend must have experienced more decided effects than I did, for he declared he would never take any more. The sensations lasted about five minutes, and then passed off without leaving any unpleasant effects.

Animals, as far as my experiments have extended, appear to be almost unaffected by this drug, which acts so powerfully on the human organization.

I have repeatedly given it to cats, rabbits, and other animals in doses varying from two to thirty drops without producing any immediate effect. One rabbit had diarrhoea an hour after, and the cats appeared cold and lazy all the next day. Some smaller animals, such as mice and pigeons, died after having taken the glonoine some hours, but they appeared to have suffered from alcoholic poisoning rather than from any symptoms at all resembling those produced by the glonoine on the human subject.

Disappointed in my endeavours to gain any information from experiments on animals, I still thought I had seen and felt enough of the physiological action of the medicine to justify my cautiously employing it in the treatment of disease.

Case 1.—Mrs. L., aged 68, had for some days been under treatment on account of a very painful nervous affection, which she designates spasms. This recurred regularly every three hours, and is described by herself and her attendants as most distressing, and my own observation of one or two seizures fully bears out their statements. Each attack commenced suddenly with intense pain in the epigastrium, extending up to the top of the chest, and then down the inner side of the left arm; it lasted about half an hour, and then subsided, leaving her exhausted, but otherwise well in the intervals. They recurred during the night with equal regularity. She was at the same time the subject of uterine derangement. Fœtid ammonia, assafetida, chloroform, valerian, hyoscyanus, camphor, and prussic acid, with counter-irritation, having failed to give her relief, I had recourse to morphia every two hours, which relieved her only after several doses had been taken, and partial narcotism had been produced. She would then enjoy a few hours' peace; but the attacks always returned when the influence of the morphia had passed off.

Feb. 6th.—She had slept well all night from the morphia which had been taken in the previous twenty-four hours, and was awoke in the morning of this day by one of her painful attacks; but it yielded in three minutes to a quarter of a drop of the solution of glonoine in a dessert spoonful of water. After this she had four more attacks before noon. For three

she took the same medicine, and was quickly relieved; but having exhausted her supply when the fourth occurred, she suffered as much as on former occasions.

My daily notes of this case are nearly a repetition of what I have just stated, till the evening of the 10th, when she appears to have taken an over-dose, which produced effects very similar to those from which I suffered on the 3rd. This gave rise to so much alarm, that she refused to take any more. I therefore again had recourse to the morphia; but she suffered so severely the next day and night, that she begged to be supplied with the glonoine again, and no sooner had she taken it than relief was obtained. The dose has been continued every four hours, with the happiest results. Her attacks now are reduced to two or three in the twenty-four hours, and always readily yield to the quarter of a drop of solution of glonoine. The only other treatment she has required has been a few ten-drop doses of the tincture of *Canabis indicus*, to relieve uterine hæmorrhage.

**Case 2.**—Mrs. W. had suffered severe pain from a decayed tooth for several hours. The pain was so great, that she would gladly have had it extracted; but her dentist was anxious to preserve it. In the evening she begged me to give her something, for she said, "It cannot be made worse." I placed about half a drop of the solution of glonoine (1 per cent.) on her tongue. Soon after she experienced a pulsation in the neck, fullness in the head, throbbing in the temples, and slight nausea. The toothache subsided, and she became partially insensible, disliking very much to be roused. When fully sensible she had headache, but the toothache was gone. Mrs. W. remarked, "Certainly that medicine allays pain wonderfully." She slept unusually well that night, and experienced no ill effects in the morning.

**Case 3.**—Elizabeth M., a stout, healthy young woman, had severe tooth-ache. I was applying a very small piece of lint dipped in glonoine solution (1 per cent.) when it accidentally fell into her mouth and was swallowed. In about five minutes, after feeling giddy and sick with headache, she became insensible. Her countenance, naturally florid, was unaltered, breathing tranquil, pulse full, and rather quickened. Knowing, as I did, that she had taken but a small quantity of the drug, I kept my finger on her pulse, and allowed myself time carefully to observe her condition before applying a restorative. I tested her sensibility to pain, and called loudly to her, but without producing any impression. Directly I detected a slight failure in the pulse, in about three minutes after insensibility commenced, she had some stimulant poured down her throat, when she quickly recovered. Some headache was complained of, but the toothache was cured. The next morning she was quite well.

**Case 4.**—Mrs. R., aged 45, pale, anæmic, with feeble circulation, has for the last month suffered from headache, daily increasing in severity. When I first saw her, February 15, she had had leeches applied to the temples, and had taken drastic purgatives, since which the pain had been much worse, and she could not sleep. I gave her a quarter drop of glonoine solution in coloured water every four hours. On seeing her the next day, she expressed the greatest gratitude for the relief the medicine had afforded her, and she said her head was much better after taking the first dose, and she slept four hours. The glonoine was of course given only as a palliative in this case, while iron and generous diet were relied on as a means of effecting a cure.

I have not yet met with one well-defined case of neuralgic or spasmodic disease in which this medicine has failed to afford relief. No vague, over-sanguine expectations are entertained of its power to cure disease where spasm or pain are but symptoms, excepting only in those cases where these consequences themselves become the cause of death, their cause being of a transient nature, and liable to subside if the patient's life can be maintained for a certain time, such as temporary irritation of a nervous centre, or inflammation of such a part, which might terminate in resolution or be subdued by remedies, if existence were prolonged sufficiently for their action; and also in cases where we may suppose symptoms such as spasm may react on their exciting cause, preventing the necessary tranquillity for recovery, the offspring, as it were, maintaining its parent. With such a remedy may we not look forward hopefully to the treatment of tetanus, hydrophobia, and other similar diseases?

28, Old Steine, Brighton.

## A PROTRACTED CASE OF OPIUM POISONING.

By W. BOYD MUSHET, M.B. Lond.

Julia Lyons Kavanagh, a flabby, ill-nourished child, about 3 months old, was brought to me at 3 p.m., on September 14, 1857, labouring under symptoms of poisoning from opium, which had been administered about two hours previously.

The aspect of the child was calm, pale, deathly. It was completely comatose, unrousable, insensible to sharp pinching, not convulsed, but arms rigid, fingers clenched, nails not livid; lips pallid, mouth occasionally puckered, not drawn; lids closed, pupils contracted to a point, insensible to light; eyes supraverted, and divergent; legs slightly drawn up; extremities warm; skin not perspiring; pulse very feeble, difficult to count; respiration, 34 in the minute, slightly stertorous, with inspiration of a stridulous character. Five grains of sulphate of zinc were administered in warm water, and the fauces tickled with a feather to produce vomiting. In a few minutes the emetic was repeated, and slight (colourless) vomiting ensued. The stomach-pump (a catheter) was not resorted to, in consequence of the early age of the patient, which rendered its introduction difficult and dangerous, with the additional risk of instant asphyxia, as the child was collapsed and sinking. Moreover, the poison had been swallowed two hours, and had been absorbed from the stomach, as manifested by the intensity of the coma. The child was next undressed, wrapped in flannel, and agitated by roughish nursing, alternated by cold affusion, friction, and slapping with a wet towel. Meanwhile the electro-galvanic apparatus was prepared, previous to which two ounces of warm coffee, a teaspoonful of brandy, and half-a-teaspoonful of sal volatile, were injected into the rectum. Respiration became more markedly stertorous, and death appeared impending, as the treatment produced no result. Galvanism was now used, but produced scarcely any contraction of the muscles, although so strong a current was maintained as to be unpleasant to those around. Respiration took place at longer intervals, and no benefit being derived from galvanism, it was discontinued, and more coffee, brandy, and ammonia introduced per rectum, but the child became colder, and appeared gradually to cease breathing. Slight convulsion of right arm, with spasmodic drawing of the mouth upwards to the right, now (6 p.m.) took place, the rectum discharged its contents, and the child became cold, and apparently dead to all around. On opening the flannel a few minutes afterwards, it was observed to gasp for breath, when it was taken to the fire, again rubbed, and some warm milk and brandy were injected. The child remained insensible, and in an almost lifeless state until 12 p.m., when respiration was reduced to two or three in the minute, the eyes were much sunken, and death appeared to be at hand. More milk and brandy were administered, warmth and friction were continued, and in a short time the respiration increased in frequency (32), and the pulse and slow regular action of the heart could be distinguished; surface and extremities became warmer; pupils remained contracted; coma still profound, and no result from pinching; power of deglutition remained lost.

September 15.—Brandy and milk again injected at 3, 6, and 9 a.m., at which latter time the respiration became more natural without stridor or stertor. Pulse tolerably good, 136. Slight movement on pinching, but no cry uttered. Surface warm, dry. Pupils a little more dilated; no lividity of general surface, lips, or nails. About two ounces of milk injected at 11 a.m. and 1 and 3 p.m.

At 3 p.m., twenty-four hours after admission.—There are very slight spontaneous movements of limbs. Urine several times passed, and two or three motions. Milk to be injected hourly, as the child cannot swallow.

6 p.m.—Breathing hurried without stertor; surface warm; complete unconsciousness to external impressions; eyes less turned up; pupils as in the morning.

7 p.m.—Râles in throat; apparently sinking; eyes natural in position; pupils still contracted; no lividity. Attempt to give fluids by mouth causes cessation of respiration, and they return partly through the nose.

12 p.m.—Large mucous râles, and death imminent; pupils still contracted; no convulsion; surface warm; pulse dis-

tinguishable, laboured; no lividity; complete unconsciousness; brandy and milk at intervals per rectum.

16th, 9 a.m.—Much the same, but rales less noisy; pupils rather more contracted than last evening; unconsciousness as before; surface cooler; no lividity; milk administered by rectum; partly returns.

10.20 a.m.—Milk and brandy again injected; immediately rejected; rales increasing, and respiration less frequent.

1.50 p.m.—Milk and brandy administered; partly retained; respiration infrequent and laborious; no rales; pupils as before.

7 p.m.—Respiration very infrequent, five or six per minute, suspicious in character, occasional intervals of a minute between each inspiration; face calm, expressionless; pupils moderately dilated, but probably not to natural extent; surface cold; no lividity; absolute insensibility to external impressions, but the child has uttered three or four distinct but feeble wails or cries—the first sound since admission; pulse imperceptible, but heart can be distinguished by ear; limbs completely flaccid; has passed much water and yellowish motion; milk and brandy injected; mostly returned.

9.20 p.m.—Death fifty-four hours after admission, and about fifty-six hours after ingestion of the poison, preceded by clapping of the hands and general convulsion.

*Post-mortem examination, 18 hours after death.*—Weather warm. Pupils moderately dilated, right rather more than left; aspect calm; general surface and lips pale; sufflation across loins and occiput. Rigor mortis tolerably well marked in limbs, most on right side of the body; fingers clenched; thumb of right hand drawn across palm; nails livid. Very little subcutaneous fat.

*Head.*—Reflected scalp, very pale; calvarium well ossified; dura mater natural. A small fibrinous clot in posterior part of superior longitudinal sinus. Surface of hemispheres rather paler than natural. No subarachnoid effusion. Substance of brain, for the age, firm, and section presents a very pale, almost anæmic appearance. Whole of brain on section very pale and puncta-vascular generally not perceived. Ventricles merely moistened with fluid. Choroid plexus very pale. About 3j. of sanguinolent serum at base; lateral and other sinuses filled with dark semi-coagulated blood.

*Chest and abdomen.*—Pharynx and œsophagus pale. Stomach, no special (but cadaveric) odour, pale, rugose, neither softened nor eroded; contains about 3ij. of brown tenacious fluid. Small intestines congested, but mucous surface not ulcerated; large intestines pale, and contain feculent fluid matter, with small whitish particles, apparently of biscuit or cake. About 3j. of serum in peritonæum. Mesenteric glands, many nearly of the size of a pea. Spleen pale; kidneys pale, lobulated; liver healthy. Some very tenacious dark bile in gall-bladder. Bladder empty.

Thymus not so broad, but lower than usual. Lungs anteriorly healthy; left lung posteriorly, especially lower lobe, in state of collapse; right lung exhibits same character, but posterior part of lower lobe is non-crepitant, hepatized, reddish, hard to the feel, but not granular; sinks at once in water.

Larynx healthy. Trachea and divisions much injected, and containing tenacious reddish, non-frothy mucus. Right pleura healthy, but about 3j. of reddish serum on left side of chest. Heart healthy; about 3ss. of fluid in pericardium: fibrinous clot in right auricle; ventricle empty; left cavities contain a little dark semi-fluid blood.

*Remarks.*—The foregoing case is especially interesting from the fact, that no case ultimately proving fatal is recorded of so protracted duration. Forty-eight hours is the longest period hitherto known in fatal cases, and the particulars of these have not been detailed. They therefore lose their interest. Dr. Christison mentions twenty-four hours as the longest term in his own experience, death usually occurring within eighteen hours.

When the tender age of the infant, its ill-nourished condition, and the unpromising nature of the symptoms from the outset, are taken into consideration, I think the opinion is justified, that the period which elapsed before death was due rather to the assiduity which was evinced in the remedial measures adopted, than to the smallness of the dose. Although its amount could not be ascertained, it was, nevertheless, sufficient to induce intense coma, and it may consequently be presumed, speedy death, had the case been uninfluenced by treatment. If this be admitted, it warns us

to persist in our endeavours in cases apparently hopeless, at the same time reminding us to resort early to nutritive and stimulating injections, if the power of deglutition be lost, as marked benefit, indicated by increase of warmth, pulse, and respiration, followed their exhibition. The latter measure especially obtains in proportion to the tender age of the patient, explicable on physiological conditions. The absence of convulsion and lividity deserve notice. Also the insusceptibility of the infant to the galvanic stimulus (? due to paralysis of the muscles from the poison introduced into the circulation). The stridor present is also worthy of note. It appears to be an occasional symptom in opium-poisoning, as it was observed in an infant treated by Mr. Colahan, whose case is recorded in "Taylor on Poisons."

With regard to the post-mortem appearances, the pulmonary collapse was no doubt, at least partly, of some duration, and accounted for the pallid and weakly appearance of the child, being the result of defective nutrition from imperfect oxygenation of the blood. The pneumonia, I conceive, was consequent on, and not antecedent to the symptoms of narcotism. It appeared to be recent from its limited extent, its situation at the posterior part of the lower lobe, the absence of symptoms during life announcing its existence, and of any trace of the third stage of the disease, together with the information that the child was well previous to the administration of the drug. The anæmic condition of the brain was somewhat singular, but it must be remembered that the child survived fifty-six hours, and that congestion might have existed at an earlier period, although it is not improbable that the general pallor from the condition of the lungs was participated in by the cerebral organs, and obviated the ordinary pathological evidence of the poison.

*Note.*—No poison was detected on analysis of the stomach, but the fluid in the bottle, (about ten minims) when treated in a glass scale with tincture of sesquichloride of iron, gave tolerably evident rusty colour, (meconate of iron,) which was not decolorised by solution of bichloride of mercury. Another portion of the rusty coloured fluid treated with solution of acetate of lead, gave scanty whitish granular deposit, (meconate of lead.)

Milton-street, Dorset-square, Nov, 1857.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### THE ROYAL LONDON OPHTHALMIC HOSPITAL.

#### REPORT OF OPERATIONS PERFORMED FROM FEB. 1st TO MARCH 1st, 1858.

By Dr. C. BAKER, Registrar to the Hospital.

##### EYELIDS.

Two cases of entropium of the upper and lower lid, treated by grooving the anterior surface of the fibro-cartilage near and parallel to its palpebral edge; and one case treated by removing the portion of the lid which includes the eyelashes. In the three cases bleeding has been prevented during operation by the compressorium forceps. One case in which the palpebral aperture was narrowed for the reception of a glass eye, by removing an oval piece of the conjunctiva of the lower lid. One case of injury to the eyelids, producing paralysis of the palpebræ and laceration of the lower lid; the latter had been torn just to the inner side of the lower lachrymal punctum, where it is peculiarly apt to give way when mechanical force acts on the lower lid. The entropium of the lower lid has been remedied by excising a V-shaped piece of the everted portion, including the cicatrix, the cut surfaces then being brought together with sutures, and its palpebral margin carefully adapted.

One case of ectropium with everted lower lachrymal punctum, has been satisfactorily treated by Mr. Critchett's plan of excising the posterior lip of the slit-up lachrymal canal.

##### STRABISMUS.

Fifteen cases of internal strabismus. In thirteen of them both internal recti divided subconjunctivally.

A ready explanation has been afforded by the ophthal-



moscope in some cases in which vision was very defective. Where both recti had been divided the restoration of symmetry was most complete. In one case of internal strabismus, which had been operated upon three years ago by the subconjunctival method (?) slight external strabismus began lately.

The case does not invalidate the value of the operation, since there is a disease of the retina, and there have been repeated divisions of either internal rectus at different periods. Both external recti were divided after the old method.

#### CORNEA.

Two cases of staphyloma of the anterior portion of the globe (consequent on injury) were treated by removal of a part (cornea) of the staphyloma with the ~~cataract~~ knife. Troublesome bleeding and sickness followed the operations, although "wet lint" had been put on immediately, and pressure applied."

The patients left the Hospital, the one on the fifth, the other on the fourteenth day after the operations. The blood which fills the globes will be absorbed gradually, and after long and troublesome treatment a glass eye will be worn. The cases form good contrasts to the simplicity of excision.

One case of conical cornea treated by Mr. Critchett by extraction of both crystalline lenses. The right eye had been successfully operated upon two months ago. The left lens was broken up with the needle on the 22nd of January. On the 23rd, the swollen lens substance was removed by a small corneal wound.

The consequent pain and irritation (treated by leeches and hot fomentations) subsided after a fortnight, when the patient left the Hospital. Three weeks later she was able to read ordinary type with a strong concave glass (No. 17). The defect of vision commenced after a severe illness (affection of the spine ten years ago).

#### IRIS.

Two cases of detachment of posterior adhesions of the pupillary margin, consequent on specific iritis.

No inflammatory symptoms were present at the time of operation. Both patients (Mr. Streatfield) were much improved—the one who could see lines on a printed page before the operation, reads ordinary sized type two weeks after the operation. The broad needle and blunt spatula were used as usual.

One case of detachment of adhesions of the iris to a corneal cicatrix preparatory to the treatment of traumatic cataract.

One case of foreign body in the iris. It had entered the eye the day before, probably through the sclerotic, the pupil was contracted, and a small whitish nodule of lymph was visible near its inner pupillary edge; the irritation and conjunctival redness were considerable. Mr. Bowman made a small corneal incision at its outer edge. On extracting the nodule of lymph with the canula forceps, a very small black body fell into the anterior chamber, and was removed with the scoop: four days later the eye had returned to its normal state.

Four cases of artificial pupil for corneal opacities.

When these were central the pupils were formed opposite the inner corneal edge. In one case a silk ligature was placed round the portion of iris withdrawn, with the view of making it form a nodule outside the cornea, and preventing its slipping back. The silk would not hold the rotten iris tissue.

In the other cases the portion of iris was either left in the corneal wounds, or partially removed with scissors. In a case (patient of Mr. Wordsworth) of adhesion of the whole pupillary edge to a corneal cicatrix, part of the iris was detached with the broad needle, withdrawn with the hook, and snipped off.

Three cases of excision of the upper fourth of the iris for glaucoma. In two of them both eyes were operated upon simultaneously; hardly any inflammatory symptoms followed the operations, but vision was not improved. The ophthalmoscopic appearances in all were cupping of the optic nerve entrances, partial loss of transparency of the retina, etc. The patients were of the ages of 70, 64, 60; vision had been lost gradually, and without pain; the consistence of three of the globes was normal; three were harder; the pupils were inactive, their arcæ greenish; no enlarged ciliary veins.

#### CRYSTALLINE LENSES.

Two cases of uncomplicated cataract at the ages of 60 and 32. The latter case had been operated upon for internal strabismus a week before. In both cases the lens was removed

through an upper corneal section; in the one the iris was wounded, in the other some vitreous came forward before the escape of the lens. The patients were able to read common type on leaving the Hospital three weeks after the operations.

One case of extraction has been performed on a patient, aged 45, whose eyes spontaneously inflamed ten months ago. At the time of operation both pupils were occluded by a greyish-white exudation, the anterior chambers were large, and the aqueous yellowish, without other inflammatory symptoms. The right eye perceived; the left recognised large objects. The left lens, which was slightly yellowish, transparent, and of the consistence of jelly, was extracted. The adherent rigid pupil prevented its easy escape. On the fifth day the corneal section had completely united; a grey membrane, resembling detached retina, was perceptible through the pupil, which was central, ~~immovable~~, and hazy. The patient has fair perception of light. A similar case (of a patient aged 19) has been treated by linear extraction. He left the Hospital with a central black pupil, nineteen days after the operation. Vision (fair perception of light) was not improved; a grey non-vascular membrane behind the capsule intercepted the light of the ophthalmoscope. One case of congenital cataract (aged 23), in which both eyes had been repeatedly operated upon elsewhere (eighteen years ago). Both globes were oscillating, the right staphylomatous; the left showed, on dilating the pupil, a flat, waxy-looking lens. The patient had perception of colours, and no inflammatory symptoms in the eye. The greater part of the lens was removed with canula forceps and scoop, through a small corneal opening. The right globe was excised. The eleventh day after the operation the remaining swollen flocculi of lens substance were removed (under chloroform), and a fortnight later the patient recognised the different fingers.

In one case of double extraction (of July last), the false membrane behind the pupil was opened out with the needle.

#### EXCISION OF THE GLOBE.

Ten cases. Of these, three were for staphylomatous enlargement of the globe. Four cases of acute inflammation of the globe, in which vision had been destroyed by former inflammatory attacks. Two cases without active inflammatory symptoms in the diseased eyes, which were removed to prevent their compromising the healthy eyes. One case of some congenital disease of the deeper parts of the globe, with loss of vision, and recent inflammation affecting the sound eye. In several cases the outer canthus was divided, to allow the staphylomatous globe to press through the palpebral aperture. The bleeding (generally inconsiderable) is best stopped by continual application of cold water, keeping the palpebra open with the speculum. The introduction of lint does not answer as well.

Of the above globes, three are particularly interesting. One (excised by Mr. Dixon), inflamed during the recovery of the other eye from extraction. Cataract had existed in both, and had been successfully extracted from the right eye. Three weeks after the operation the left eye inflamed, pain, etc., continued for two months, and the globe was removed to save the right eye. Mr. Dixon divided conjunctiva, superior, inferior, and internal rectus (without using the hook), and the optic nerve. The globe advanced out of the orbit, and the external rectus and remainder of its soft attachments were divided. A quantity of lymph had been deposited throughout the vitreous humour, and by its changes, shrinking, etc., had detached the retina.

In a case (of Mr. Poland's) excised for melanosis of the globe, the development of the cancerous growth (from the choroid near the yellow spot) was distinctly seen. The melanotic mass consisted of millions of transparent tubes, which, commencing in the choroid, branched out, and opened into the eye; to the different branches long oval cells were attached; the branches and cells were surrounded by rust-coloured blood corpuscles, and pigment debris. The growth had filled the globe within a week, and had caused effusions of lymph on the outer surface of the sclerotic beneath the insertion of the oblique muscles, which rendered excision somewhat tedious. Six hours later, the contents of the globe formed a smeary chocolate coloured mass, none of the tubes being recognisable.

In the globe, which had been removed for some congenital defect and pain, etc., by which it compromised the good eye, an irregular shaped dead white mass (the lens) had been visible through the cornea and dilated pupil, suspended in



the transparent ciliary pigment. On opening the globe, a fibrous cord was found attached (on the surface of the retina) to the portion round the yellow spot and entrance of the optic nerve, and thence stretching through the vitreous humour, was inserted into the hyaloid fossa, to whose anterior surface the dead white shrivelled lens was firmly adherent, so that, on dragging it with a needle, the retina was detached to the extent of the insertion of the fibrous cord. The latter inclosed numerous blood-vessels, most of which branch backwards before reaching the hyaloid, and form the central point of insertion for the transparent strings which originate from the inner surface of the hyaloid, and by their number appear to cause the consistence of the vitreous humour.

Total of major operations, 71.

## ST. BARTHOLOMEW'S, GUY'S, AND OTHER HOSPITALS.

### NOTES ON THE ABSORPTION OF PUS, CONSIDERED IN ITS RELATIONS TO PRACTICAL SURGERY.

In the early periods of histological research it was a question of frequent debate as to whether true pus could ever be re-absorbed. A pus corpuscle was, it used to be asserted, too large a body to be capable of being taken up either by lymphatics or veins, and among theorists there was a strong disposition to maintain that serous fluids alone could be removed without breach of any part of their containing sac. This is now generally admitted to have been the most puerile logomachy. That pus corpuscles as such cannot penetrate unbroken membranes is certain, but that they may disintegrate, and after having thus been resolved into their molecular and fluid elements, that they may be wholly re-absorbed, is now acknowledged by almost all. The state of the case is with them exactly as it is with those of blood; and every one will grant that the latter fluid is easily susceptible of absorptive removal. Assuming, however, the general principle to be granted, there still remain several questions of great, and almost daily interest to us all in connexion with this matter, about which opinions are by no means unanimous. Does the absorption of purulent collections practically often occur? Under what circumstances may it be hoped for? By what treatment may it be favoured? When it does occur, is any injurious influence exerted upon the system?

In the hope of contributing data towards the solution of some of these, we have thrown together the following brief and very imperfect notes:—

And first, in reference to the frequency or otherwise of the absorption of large collections of pus, let us quote the opinion of an exceedingly clever pathologist and surgeon. (a) "In the surgical treatment of large chronic abscesses, it used often to be tried to obtain cure without discharging the matter, by promoting (as was then thought) the absorption of pus. Bleeding or purging, or vomiting or sweating, or other evacuations were had recourse to, and not infrequently the fluctuating tumour vanished. But this was only for a time. A large proportion of the serum had been withdrawn from the contents of the abscess, and these had been reduced to little beyond cells; but as soon as the blood had recovered its natural constitution, these cells (just like the nucleated cells of glands) again exerted their power, and surrounded themselves with their natural atmosphere. Accidental circumstances will often act like the treatment to which I have referred, and will reduce the fluidity of pus so that an abscess apparently vanishes; but the cells may remain quiescent for an indefinite time, and may presently again surround themselves with fluid blastema, forming the same amount of pus as at first. The perfect and permanent absorption of an abscess consisting not only in the removal of its serum, but in the destruction and dissolution of its corpuscles, so that the part shall retain no tendency to the re-accumulation of its previous contents; this, I am persuaded, is among the very rarest occurrences in surgical practice."

There is much of truth in these remarks, although we cannot but think them too strongly put. Without admitting with Mr. Simon that the cells of pus tend to secrete around themselves a fluid blastema by any similar power to that possessed by nucleated gland-cells, there can be no difference of opinion as to the fact that the first stage in its absorption is the removal of its fluid, and that its solid constituents remaining behind give a great tendency to relapse. Do they not effect this more by the irritation of foreign material tending to relight the original inflammation? We do not speak of cases in which the serous part of an abscess has been partially drained off under the influence of violent diuresis, and the refilling of which, when the circulating fluid has been again supplied, is fully explained by the law of endosmosis, but of those cases in which the absorption has been slow, and coincident with improving health. In these latter is there not enough in what is known in the liability of all inflamed tissues to again take on the diseased action, especially when a permanent source of irritation remains behind, to save us from the necessity of assuming that pus-cells possess an active secreting function? But enough of speculation; let us pass on to the record of facts.

NOTE I.—Ophthalmic practice furnishes us with by far the best and most irrefragable examples of the absorption of pus. We recollect hearing Mr. Critchett declare to his clinical class at Moorfields, that he had over and over again witnessed the complete removal of undoubted pus from the anterior chamber of the eye. We mention his name only because we chance to have a clear recollection of a most positive expression of this opinion, not because he is at all peculiar in holding it. All ophthalmic authorities, we believe, admit the possibility of the absorption of hypopyon. In not a few cases what is called pus in the anterior chamber of the eye, is, in reality, a mixture of pus and lymph, but still there can be no cavil, that it is not unfrequently a homogeneous fluid, capable of displacement by any motions of the globe, and in no respect distinguishable from true pus. As the cornea, in these cases, often retains perfect transparency, the progress of the absorption may be easily watched. It is often very rapid, almost as much so as that of blood. The only remark to be made as to the treatment which favours its absorption is, that it is usually that which subdues the inflammation which had caused its secretion.

NOTE II.—The absorption of fluid from inflamed glands is a very frequent occurrence. As to whether such fluid is pus or not, there is, of course, room to doubt. That it is so, however, in a vast majority of cases, few reasonable men will deny. How seldom do we, on using the lancet to a bubo, find its contents merely serous. Yet how often, after fluctuation has been plainly detectable, do we witness its disappearance without any evacuation. We published, some years ago, a note on Mr. Hilton's treatment of buboes, and stated that that gentleman held that absorption might almost always be procured. His method of treatment consists in the application, over the whole surface, of a saturated solution of nitrate of silver, containing a few drops of strong nitric acid. It is a most powerful counter-irritant, and usually vesicates sharply. The principle is the same as that adopted by many other surgeons. Mr. Lloyd, at St. Bartholomew's, for instance, often orders a blister over an abscess which it is wished to have absorbed, and the strong solutions of iodine are favourites with many for the same purpose. Both Mr. Hilton and Mr. Lloyd we have repeatedly heard speak most positively as to the practicability of procuring the absorption of the fluid from glandular abscesses, especially from venereal buboes. We have ourselves repeatedly known it to occur, and many of our readers will have, doubtless, also done the same.

NOTE III.—A lad was some years ago under Mr. Birkett's care in Guy's, on account of a large collection of fluid in the front part of the thigh. It was doubtful as to what was its cause, as there was no positive evidence of diseased spine, hip or femur. That it was either of lumbar origin or an abscess in the cellular tissue, were the most probable conjectures. Mr. Birkett one day directed our attention to the case as an example of the absorption of pus, stating that there had at first been "half a pint, if any." Its removal had been slowly effected, nine months having been occupied in the process. The local treatment had consisted in painting the part with iodine. As absorption became complete, the parts around assumed an indurated and cicatrix-like

(a) Simon's Lectures on Pathology, page 115.

condition. The lad had greatly improved in health whilst under treatment.

**NOTE IV.**—In cases of carious disease of the vertebrae, there is rarely any doubt as to the nature of the fluid secreted. It is almost invariably purulent. We can indeed scarcely suppose that extensive destruction of the vertebral bodies can take place without the formation of an abscess. Yet how frequently do we see cases of spinal curvature in which no scars exist! A very good example of this we made a note of in November, 1862. The patient was a man under Mr. Lloyd's care in St. Bartholomew's, for diseased ankle. He was bent double by an angular curvature of the dorsal spine, but the anchlosis of the bones had long been perfect, and he enjoyed good use of his limbs. There could be no doubt that the bodies of several vertebrae had been destroyed. He stated that the disease had begun at the age of five, and that for some time he had been paralysed in his legs. He was quite certain that there had never been any discharge whatever from any part. We examined his back and sides carefully, and could find no trace of a scar. An almost precisely similar instance came under our notice at the Victoria-park Hospital, some years ago, in a man under Dr. Bennett's care for diseased lungs. In these, however, it may be alleged by the sceptical that there is no proof of an abscess having ever existed. The following is less open to doubt:

**NOTE V.**—In 1856 we saw a young gentleman of delicate family who was invalidated by supposed spinal disease. In his left lumbar region, just beneath the short ribs, was a prominent, freely-fluctuating swelling, and there was an angular prominence of one of the lower dorsal vertebrae. The disease had existed several months. A physician as well as another surgeon saw the case, and no one doubted as to the existence of a large collection of matter. Counter-irritants (nitrate of silver) were fully employed, and cod-liver oil and tonics were given. By slow degrees the fluid diminished, and at length finally disappeared. The patient is at present in very fair health, and although the angular projection of the vertebra still remains, yet he is so little inconvenienced that he is accustomed to enjoy very free exercise of all kinds. It is now more than a year since all evidence of the existence of matter ceased to exist, and there can, therefore, be little doubt but that the absorption is permanent.

**NOTE VI.**—A woman was treated under Mr. Hilton's care, in Guy's, about two years ago, for a peculiar form of contraction, with partial paralysis of the arm. An abscess, or, at least, a large collection of fluid, attended with surrounding inflammation, formed in the front aspect of her fore-arm. It was quite expected that this would have to be opened; but, contrary to what was looked for, it gradually subsided, and underwent complete absorption. Some months later the arm was amputated, and, in the site of the supposed abscess, was found still existing a small quantity of yellow curdy material, quite dry, and exactly resembling the remains of concrete pus. Mr. Hilton at the time directed especial attention to this interesting case, as affording one of the most indubitable instances of the absorption of an abscess which he had ever met with. There was every reason to believe that the removal, even of the cheesy matter, would soon have been effected had not the limb been amputated, since all inflammation about it had wholly passed away.

## THE GREAT NORTHERN HOSPITAL.

### POISONING BY ACETATE OF LEAD.

A case was admitted last week, under Dr. Leared's care, in which self-destruction by acetate of lead was attempted. A healthy young man took before breakfast two pennyworth of the salt in half a tumbler of water. He was careful to swallow the portion remaining undissolved. In about a quarter of an hour he vomited. He had now some epigastric and frontal pain, severe abdominal pain ensued, and in about three quarters of an hour from the time of swallowing the acetate he was purged once freely. Two hours subsequently he was brought to the Hospital. The only thing he then complained of was the abdominal pain. The pulse presented nothing remarkable. He was immediately given sulphate of zinc as an emetic. The next day sulphate of magnesia was given, as the bowels were constipated. He was discharged well on the day following.

It was ascertained from the chemist from whom it was procured that one ounce of acetate of lead is sold by him for twopence.

Dr. Leared remarked that the case was interesting, as affording additional evidence of the comparative harmlessness of the acetate of lead, although popularly regarded as an active poison; also the purgative action of an astringent salt, owing to the largeness of the dose, was instructive.

## NOTES AND QUERIES.

*Be that questioneth much shall learn much.—Bacon.*

### No. 229.—A PLEA FOR THE RED PETTICOAT.

A friend, who is both mesmerist and transcendentalist, maintains that this article of dress, now so fashionable, is suggested by a physiological principle, lying deep in the female mind, although the possessor is unconscious of it, that the wearing of it indicates a true and innate idea of modesty, as the following extract from an old author shows; from which also we learn that clairvoyance existed long before the time of Mesmer. As so much has of late been said on ladies' dress, we are happy in placing the subject in a right point of view:—"Père Lebrun, in his 'Critical History of Superstitious Practices,' cites a letter of the celebrated Huygens to the Abbé Marsenne, dated November 26, 1640, in which it is related that they had a prisoner at Antwerp who could see through all kinds of stuff and clothing, provided only the same were not red. Once came several charitable women to him in the prison, with a view to comfort him in his ill fortune; but in the midst of their Christian-like discourse he began to laugh, and being asked of the reason of this unmannerliness, made answer without shame, 'Because one of you hath no shift on.' Now, if this virtuous woman had by chance had on a red petticoat, she would not have been thus put out of countenance."

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## Medical Times & Gazette.

SATURDAY, MARCH 20.

### TRUE AND FALSE CHARITY.

In the year 1840 a report was presented to both Houses of Parliament by Mr. Fletcher, Secretary to the Commission of Inquiry into the Condition of the Handloom Weavers. This report contains a great deal of information upon the industrial, physical, pecuniary, and moral condition of the ribbon weavers of the midland districts of England, with some conclusions which apply not only to weavers, but to the working classes generally throughout the country. The remarks of Mr. Fletcher upon the difficulty of distributing charity funds without producing mischief through the too-wide anticipation of their benefits, are so strongly confirmatory of the arguments we have advanced in favour of a reform in the existing system of our Medical Charities, that we quote one paragraph which appears peculiarly apposite:—

"When it is borne in mind that every exertion of industry or of providence checked, by the removal of the stimulus of self-interest or self-preservation, is a dead loss to society, it will certainly appear difficult to devise a scheme by which to administer, without incurring much of such loss, large funds which must be applied in gifts to those who can make out the best case as objects of *pity*. It appears exceedingly invidious to attack institutions to the benefits of which the poorer classes have an undoubted right, which the trustees faithfully administer with gratification to themselves, and the claims to which the freemen esteem one of their most valuable rights. But, when it is put upon its best footing, the present system is, to a great extent, only a mischievous *lottery*, the candidates being more numerous than the prizes, and relying so much and to such an extent on the prospect of enjoying somewhat of these common funds, that the balance of misery induced over the good rendered by them is considered by some of the inhabitants to be most decisive. Whether such funds, with legislative sanction, might not be so administered, equally for the benefit of the poorer classes, and yet so as to invigorate rather than to benumb the fundamental virtues of civil life, is worthy of the deepest consideration. The Self-supporting Dispensary embodies a principle capable of great and beneficial extension. As uniting an exercise of charity with an encouragement to industry and providence, it demands especial notice, and is worthy of general imitation."

The following extract from one of the reports of the Coventry Self-supporting Dispensary affords a good summary of the principal advantages of these Institutions:—

"They render Medical aid more accessible to the poor than any other kind of Dispensary; and by providing them with Medical advice in the earliest stages of sickness, tend to prevent disease among that class of persons, and to mitigate the numerous evils consequent on delay in the application of efficient remedies.

"The mode of extending Medical relief to the sick poor in these Institutions is more satisfactory to the patients than in any other, as they have the choice of their Medical adviser, and receive his services without any sacrifice of independence, and without the sense of degradation which attends the reception of gratuitous charity.

"In a moral point of view Self-supporting Dispensaries are highly important in assisting the poorer classes to maintain themselves in honest reliance on their own industry, in exciting and encouraging among them habits of prudence, forethought, providence, and mutual assistance, and in thus aiding Friendly Societies, Savings Banks, and all other Institutions calculated to render them permanently independent, and to elevate the feelings, character, and condition of the working community."

All this seems so true, so undeniable, that the wonder is why a system so good in principle, and which has proved so successful in practice in many of our large towns, has not been adopted in the metropolis. It cannot be for the want of a class likely to be benefited by the system, for it is difficult to believe that, if the *shifting* population of London be set aside, there is, or can be, any medium class of poor who should be considered above the resort to parochial aid, and yet unable to enrol themselves as members of a Self-supporting Dispensary. If there be such a class, it has been created by the demoralising influence of indiscriminate charity. Those who would consider resort to the parish a disgrace, are not above accepting relief gratuitously at hospitals or dispensaries. The popular mind should be disabused of this error, and taught that there can be little distinction between parochial relief and that of any purely charitable institution.

But something more than this must be done to inaugurate a reformed system of medical charity in London. The ground, however, is prepared, and it is only necessary to revive a dormant (not an extinct or dissolved) Society, to carry out this most desirable object. We have before us the General Report for the year 1850 of the "London Society embodied to promote the establishment of Provident Dispensaries." Probably many of our readers never heard of this Society,

yet it contains in its list of officers men of the greatest weight and influence in the Profession. Sir Benjamin Brodie and Sir Charles Locock are among its Vice-Presidents. Mr. Bacot, Mr. Bowman, Mr. Blagden, Sir James Clark, Dr. Conolly, Dr. Copland, Mr. Ferguson, Dr. Little, Mr. Partridge, Mr. Probert, Mr. Skey, Dr. Sharpey, Dr. Tweedie, Mr. Toynbee, Dr. Forbes Winslow, and many other well-known London names appear on the list of Council. Edinburgh and Dublin are also represented by good men, and the provinces send the Bullars, of Southampton; Cowan, of Reading; Martin, of Reigate; Paget, of Leicester; Robertson, of Northampton; in addition to gentlemen who have assisted in working the system at Derby, Burton-on-Trent, Coventry, and other towns. Sir John Forbes, Dr. Watson, Dr. Benoe Jones, Dr. Todd, and others also appear as expressing their approval of the principle of the Society.

Yet this Society, so well supported by eminent names, has done nothing beyond issuing its Report for 1850. If we ask the reason why, one gentleman says, "It was not supported by the Medical press;" another that "It was opposed by the General Practitioners, who were misled as to the objects of the Society." There is probably some truth in both of these opinions, but we believe the principal reason of the temporary failure—we say temporary, because we deem the ultimate success to be certain—is to be found in the fact that no one person took an active energetic personal interest in the success of the Society's objects. Mr. Smith, the benevolent originator of the scheme, could not leave Southam for London. The Secretary, it appears, was not adapted for his post, and eight years have been lost. But it is "never too late to mend." Let the Society be resuscitated—reorganised if necessary—and let us have the bearings of these Provident Self-supporting Dispensaries upon the poor and the Profession thoroughly discussed.

## THE WEEK.

THE "battle of the bills" is to be fought again this Session in the House of Commons, if we are to trust to notices given on Tuesday night by Mr. Cowper and Lord Elcho. Mr. Cowper merely announced his intention of introducing a Bill; Lord Elcho got the start of him, however, and actually had his Bill read a first time. He is reported to have said that it was identical with that introduced by him last Session; but it is understood that he is not likely to press for more than one uniform general examination by a Government board, giving a legal right to practise throughout the empire, and a State registration to enable the public to distinguish legal from illegal practitioners, the present Universities and Corporations being left to compete for candidates for diplomas, which would become purely honorary. Mr. Cowper's Bill will probably be a modification of that of Mr. Headlam. If both be persevered with, it is quite clear that neither can succeed, and unless the Universities and Corporations can agree to adopt some middle course, the present Session of Parliament will afford another illustration of the difference of Doctors, and the indifference of Government. If Lord Elcho's simple measure, embodying uniform qualification, unrestricted right to practise, and State registration, cannot be accepted by the Corporations, surely both parties might unite in obtaining the ROYAL COMMISSION of inquiry we have so frequently insisted on as a necessary preliminary to satisfactory legislation.

Some weeks ago we announced that the College of Surgeons contemplated a material reduction in the number of lectures to be attended by candidates for the College diploma. The proposal has been submitted to the College of Physicians, and received the marked approval of this learned body. We

are not at liberty to mention the precise changes which are likely to be adopted, as they are understood to be under the consideration of the Colleges of Dublin and Edinburgh; but we may state that while it is proposed that not less than four years shall be devoted to professional study, only two years and a half will be occupied by a stated curriculum. It is probable that the number of *courses* of lectures to be attended will be diminished, and that the courses will be shorter. For instance, only one course of Physiology is to be demanded, and that a much shorter one than the 100 to 130 lectures to which it has extended in some schools. Two courses of Anatomy will be required, but only one of Surgery. These are the leading changes, the object evidently being to enable the student to devote more time to Hospital practice and Dissection, and to give him more opportunity for the best of all education—self-training. There will be two examinations; one anatomical at the end of the second winter session, the other surgical, at the close of the fourth year's study. Both examinations will be made far more practical than at present by the use of preparations, and requiring actual dissections and operations on the subject. It is not desirable to be more explicit until the details are finally decided upon, but we have said enough to show that the change is one quite in accordance with the spirit of the age, and that it is one likely to have a very beneficial effect upon students, teaching them to think, work for, and depend upon themselves; to discourage the system of cramming, and rather to test a man's knowledge, than be satisfied with certificates that he has paid for the opportunity of acquiring it.

The local authorities in France, in case of breaking out of epidemic disease, have the power of very peremptorily demanding the services of the Medical Practitioners of the locality, irrespective of the detriment this may prove to their private practice. It will hardly be believed that the local tribunals have declared that such services need not be remunerated when called for on public emergency. However, Dr. Andreux, doubting whether the law of such a decision was much better than its honesty, having been summoned by the Mayor of Bar-le-Duc to give his services during the prevalence of cholera, and being refused payment, appealed to the Court of Cassation. This, the supreme court of the realm, has decided that no man must be called upon to sacrifice his time, labour, or industry, even in the case of public calamities, without suitable remuneration; and that the mere fact of applying for his aid implies the intention of paying for it. The decision of the inferior court was therefore reversed.

Dr. Thompson makes the following important observations in his last monthly report on the health and climate of Marylebone. "During the month, 47 inhabited stables have been improved in their sanitary condition: 16 of these have been supplied with new closets, of which they were previously destitute; 24 have been drained, most of them having no means whatever of carrying off the fluid soil. Such stables have usually a cesspool in the stall in which the soil stands, evaporates, escapes by overflow—as the case may be—or sinks into the interstices of the pavement on which the horses stand. The result of this horrible arrangement is, that the sulphates of the soil become deoxidized by the animal matter; sulphuretted hydrogen—one of the most poisonous of gases—is generated, and carrying with it other exhalations, mixes with the air breathed by the poor animals, and makes its way into the apartments above, occupied by the still more unfortunate servants. Stables which are painted, speedily have the surface of the pigment completed blackened by the union of the sulphur of the gas with the metal of the

white lead. This unhealthy condition is sufficient to account for the fatal form which scarlatina, measles, and hooping-cough assume when they attack children inhabiting Mews. It is to similar emanations from sewage soaking into the lower levels that we must ascribe much of the aggravation of epidemics of diarrhoea and cholera, which has been demonstrated to be in the direct ratio of proximity to the Thames. Sulphuretted hydrogen, derived from imperfect and untrapped drains in areas and cellars, may be observed to attack the painted fronts of many houses in this parish where oil paint has been employed."

There is a grievance to which Medical practitioners are subjected under the late Registration Act, and of which they loudly and justly complain. They are compelled under a penalty to transmit to the Registrar of the district a certificate of every death occurring in their practice; and in this document, besides a variety of other details, they must state their *professional opinion* as to the cause of death in each case. This necessarily involves much trouble, as well as responsibility, and we do not see on what plea the Legislature can justify its right to demand services for which it gives no remuneration, and at the same time punish Medical men for non-performance of such service. If the information conveyed in these certificates be of any public benefit, it is surely worth paying for; and if on the other hand it be of no benefit, why subject the Profession to this trouble? Indeed, with no greater degree of injustice, in so far as involves principle, might all the Parochial Registrars throughout the country be compelled by an act of the Legislature to perform gratuitously the duties devolving on them in connexion with the Registration Act. There has not been any general movement in the Profession to obtain redress, but in the meantime the initiative has been taken by the Medical practitioners of Montrose, who have forwarded to Parliament a petition, of which the following is a copy:—

"Unto the Honourable the Commons of Great Britain and Ireland in Parliament assembled, the petition of the undersigned Medical Practitioners in Montrose,

"Humbly sheweth,—That whereas by an Act passed in the seventeenth and eighteenth years of the reign of her present Majesty, intituled 'An Act to provide for the better Registration of Births, Deaths, and Marriages in Scotland,' Medical Practitioners 'who shall have been in attendance during the last illness, and until the death of any person, shall, within fourteen days after the death of such person, and under a penalty not exceeding forty shillings in case of failure, transmit to the Registrar a certificate of such death.' And no compensation is provided by the Act for such professional service; and whereas such unremunerated service under such penalty is felt by your petitioners to be both unjust and oppressive,

"May it therefore please your Honourable House to repeal so much of the said Act as compulsorily exacts such service from Medical Practitioners, or to enact that they shall henceforth be entitled to receive a just and adequate remuneration for the same. And your petitioners will ever pray.

(Signed)

"HENRY HOILE, M.R.C.S.  
DAVID JOHNSTON, M.D., L.R.C.S. Ed.  
S. LAWRENCE, M.D., L.R.C.S. Ed.  
JOHN BURNES, M.D.  
A. M. OFFICER, M.D.  
JAMES C. HOWDEN, M.D.  
JOHN A. ROSS, L.R.C.S. Ed.  
Geo. STEELE, M.D., L.R.C.S. Ed."

The matter is one well worthy of attention.

The Medical Court appointments, consequent on the death of Mr. Travers, had not been completed at the time of going to press. It is supposed that three will be made: the Serjeant-Surgeon, a Surgeon Extraordinary to the Queen, and

a Surgeon Extraordinary to Prince Albert. The names of several gentlemen have been freely mentioned, but as nothing has yet been decided upon we think it better not to allude to the matter further at present.

Mr. Griffin has this day published his pamphlet upon the grievances of the Poor-law Medical officers. He commences his task by an energetic appeal to the Members of the two Houses of Parliament, showing the gross injustice with which the Poor-law Medical service has been uniformly treated by the local Guardians and by the Poor-law Board. He has also printed his draft of an Act for the better regulation of Medical relief to the poorer classes in England and Wales, and in a copious commentary he explains the arguments and the facts on which the different sections of the proposed Act have been founded. In connexion with this portion of the pamphlet is a scheme for the better performance of vaccination throughout the country, imposing penalties on parents or guardians for neglecting the operation, and defining adequate compensation to Medical officers who are engaged as vaccinators. There is also a plan for the establishment of a Superannuation Fund for the benefit of those Poor-law Medical officers who have been disabled from their duties by age or disease. Then follow some articles from the General Consolidated Order, and other orders of the Poor-law Board relating to the duties of Medical officers; and afterwards numerous extracts from the official circulars of the Poor-law Board, referring to matters connected with the Poor-law Medical service. The pamphlet concludes with a list of subscribers to Mr. Griffin's Fund from the Poor-law Unions; and some idea may be formed of the magnitude of the existing evils, and of the general desire for redress, by the fact that the list of Medical officers fills no less than fifteen closely printed pages! When we consider the tyranny to which this portion of our Medical brethren are subjected, and the wretched salaries which are doled out to them, it is easy to understand the sense of wrong which has caused them to come forward in such numbers, and to add their contributions to the general fund. Some of them, it is true, have been deterred from publishing their names, no doubt from the fear of dismissal at the hands of their vindictive task-masters; and in many cases, therefore, we find them mentioned only as so many Medical officers from such and such a Union; but the great majority boldly came forward with their names and their money in support of the righteous cause. Such an array of names must surely speak trumpet-tongued in favour of speedy redress, more especially when taken in connexion with the pregnant fact, that no less than *seven hundred and forty-four* Medical men have quitted the service of the Poor-law Board during the last three years,—some from dismissal, many from disgust, some actually from disease and death brought on in the discharge of their duties! Such continual changes are, indeed, to be deplored, as Mr. Griffin truly remarks, for the services of Medical officers become more valuable in proportion to the experience which they obtain, while the constant transferring of the sick poor to the hands of new and inexperienced Practitioners must be in the highest degree detrimental to the public interests. We most earnestly beg the attention of the Members of the Legislature to Mr. Griffin's very able address, and to the startling facts and powerful reasons which he adduces. That the Poor-law Commissioners have had committed to them the power of rectifying many of the evils of which the Poor-law Medical officers complain, is most distinctly proved; and as they have, in this respect, most grossly neglected their duty, it becomes the office of the two Houses of Parliament to administer to them, through the President of the Poor-law Board, that wholesome correction which is usually bestowed in our free Constitution

upon political delinquents. Never was a time more opportune than the present for the appearance of Mr. Griffin's pamphlet. The new President of the Poor-law Board has only just entered upon his office, and upon the principle that new brooms sweep clean, we hope that he will lose no time in removing the injustice to the Poor-law Medical officers, to which his predecessors have so long subjected them.

## REVIEWS.

*The Ganglionic Nervous System: its Structure, Functions and Diseases.* By JAMES GEORGE DAVEY, M.D. M.R.C.S. Pp. 309. London: 1868.

THE precise part which the ganglionic system plays in the human body has never yet been determined, nor have its lesions been definitely associated with well-recognised forms of morbid action. It is true that Medical writers of no mean celebrity have from time to time attributed certain forms of disease to derangement of the ganglionic or organic system of nerves, but these views have been mere hypotheses, and have never been supported by pathological investigation. Experiments upon the lower animals, and pathological observations in the human subject have pretty well established the relative functions performed by the brain, the cerebellum, the spinal cord, and the nerves of sensation and motion, but the office of the ganglionic system is still involved in doubt and mystery. The only circumstances which seem to throw any light upon the functions of the ganglionic system are the existence of monsters, which perform certain vital actions, such as circulation and nutrition, although they are without a brain or spinal cord; and experiments similar to that recorded by Dr. Davey, where the heart of a frog continued to pulsate for three hours after the cerebro-spinal structure was annihilated. But it may, we think, fairly be questioned whether such cases prove the direct agency of the sympathetic system, and whether they do not rather belong to the class of phenomena often observed in the lower animals, where an organ or structure continues to exhibit automatic movements although separated from, or even destitute of, any nervous centre. It may be true, indeed, as is urged by Dr. Davey, that in the very lowest classes of animals, as the infusoria, the polypes, and the sponges, there may be a nervous system, and that this system may correspond to the ganglionic; but still we are bound by the evidence of our senses, and we can no more assert the presence of nerves in the fresh-water polype, than we can in the sensitive plant or the water-lily; both of which plants, with many others, present phenomena very similar to those usually effected by nervous agency.

In the above remarks we have embodied the principal questions contained in Dr. Davey's work. His object appears to be to show that the ganglionic nervous system exists in all classes of the animal kingdom, even the lowest, and that it is equal, in the importance of its functions and its derangements, to the cerebro-spinal system.

The pathological portion of the work consists chiefly of papers written and published by the author many years ago; of cases which have occurred to him from time to time in his public and private practice, and which he thinks illustrative of his views; and of quotations from the cases and remarks of other writers.

*A Practical Treatise on the Diseases of Infancy and Childhood.* By T. H. TANNER, M.D., F.L.S.; Licentiate of the College of Physicians; late Physician to the Hospital for Women, &c. &c. Pp. 408. London: 1868.

Dr. Tanner is already favourably known as an author. He now comes before his professional brethren with a new and comprehensive Treatise on the Diseases of Children. A glance at the table of contents will show that the scheme of the book is truly a comprehensive one. It begins with an Essay on the Duration of Life, and the Conduct of Women during Pregnancy; then gives a chapter on the Diagnosis and Prognosis of Infantile Diseases, and the peculiarities of the countenance, gestures, circulation, and so forth; next there comes an entire body of *Materia Medica* and Therapeutics adapted to the period of infancy; then a chapter on Manage-

ment and Education; then, one after another, an account of the various accidents, diseases, and deformities, with their treatment; and, lastly, an Appendix of Formulæ.

Dr. Tanner evidently possesses one essential qualification for authorship. He has been a reader himself; hence his style is clear and intelligible, sometimes even ornate, rising (when the subject admits of it) to something like eloquence, and everywhere enriched with a multiplicity of quotations from authors of the best age of English literature—Bacon, Jeremy Taylor, South, and Addison; to have become familiar with whose writings must ever be considered as one of the most creditable modes in which a young Physician can employ his leisure. Besides, his quotations from the works of his Medical brethren are numerous and varied, and the names of West, Maunsell and Evanson, Underwood, Trousseau and Watson,—in fact, of almost every modern writer of repute, are quoted with due acknowledgments.

Our space does not admit of quotations; but we may state, that an extreme aversion to bloodletting is a characteristic of Dr. Tanner's rules of practice.

Of course the book has some defects; for example, the scheme is far too comprehensive to be carried out in the space allotted; hence many subjects, such as glanders and elephantiasis græcum!! are touched on, although the amount of information conveyed respecting them is necessarily too small to be of much use. Some omissions, too, there are. But these are faults which are generally corrected in a second edition.

We will allude to one more point. Dr. Tanner is a sturdy opponent of bleeding in any form, and for any, or almost any disease. He believes bloodletting is a cause of mortality in croup. He quotes and condemns Dr. West's recommendation of bleeding in pleurisy and pneumonia, even when the symptoms are urgent, and the previous health good; and he will not allow of it in bronchitis, or acute desquamative nephritis. So far so good. It is better never to bleed, than to bleed wrongfully; and a prepossession of this sort is a safe thing for young practitioners, who are not gifted with much power of thought. Nevertheless, Dr. Tanner is even profuse in his recommendations of tartar emetic, than which no drug whatever is more hazardous for children, when administered by unskilful hands. He gives at least a dozen formulæ containing it; besides which prussic acid, lobelia, digitaria, belladonna, and in the case of infants, something like starvation, are recommended in a way which we think would be dangerous to act upon too implicitly. Fancy, for the simple diarrhoea of a sucking infant, the recommendation that it "ought to be taken from the breast for twelve hours or so, until the irritability of the stomach ceases; a few tea-spoonful of plain water or barley-water being given occasionally to quench the thirst." Luckily, however, Nature herself would compel any mother who held a sick infant in her arms, to break through any such medical direction. We may remark, in conclusion, that in the Appendix of Formulæ many of the doses appear large, not to say dangerous. For instance, a grain to a drachm is given as the proper strength of a solution of sulphate of atropine for dilating the pupils of children. This is at least eight times too strong.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### AN EPIDEMIC OF ULCERATIVE OMPHALITIS.

By M. MEYNET.

M. Meynet describes this epidemic as he observed it in the wards of M. Valette at the Charité Hospital, Lyons; and his paper is interesting as showing the marked efficacy of chloride of zinc. It resembled in its characters hospital gangrene more than erysipelas, properly so called. At the commencement the appearances merely consisted in an exaggerated condition of a very ordinary phenomenon, the slight inflammation accompanying the fall of the cord. This inflammation, then, being accompanied by ulceration, cicatrization of the umbilicus was delayed, and soon the symptoms of intense phlegmasia were developed. The umbilical region became of a deep redness, and was surrounded by an enormous, but circumscribed tumefaction. The cutaneous border surrounding the base of the cord became ulcerated and

everted, and the ulcer, getting deeper and wider, was covered with a grey, pultaceous membrane, and generally discharged a thick, purulent, fetid sanies. In proportion as the ravages of the ulceration extended the red circle enlarged, taking on a wine-ley colour, and the tumefaction, more and more voluminous, became hard and resisting. In many cases the red areola was encircled by small, more or less confluent, roundish, dirty-white pustules, containing turbid or purulent serosity. Beneath, the dermis presented small, round, depressed ulcerations. Sometimes the erysipelatous circle was covered by enormous sanguinolent phlyctenæ, and when these broke the ulceration soon invaded the exposed dermis. The general health was not always affected at the commencement; but very soon the child refused to suck, cried continually, wasted away, and was sometimes carried off within thirty-six or forty-eight hours. Sometimes the progress of the disease was slower, but very often even then fatal.

In other cases, the disease commenced at once by ulceration, which soon committed great ravages, either propagating itself along the umbilical vessels, or over the abdominal parietes. Its form was irregular, and its surface was either of a violet grey, exhaling an odour of gangrene, or was covered by a soft adherent false membrane, as in hospital gangrene. In these cases the surrounding livid circle was less circumscribed, there was less tumefaction, and the pustular eruption was often absent. The general symptoms also came on sooner, sometimes preceding the ulceration; the infant soon passing from a state of great agitation into fatal collapse.

The various remedies usual in such cases, including the actual cautery, were tried in vain, when M. Valette had recourse to chloride of zinc paste, spread on linen. This was completely applied to the ulcerated surface, and the result was, that in place of an invading ulcer, a limited and clean wound, with tendency to cicatrization, was produced. Whenever the disease was thus treated at an early stage, and the caustic could be applied to all parts of the ulcerated surface, it never failed in its effects, one application usually sufficing.—*Bull. de Thérap.* tom. liii. p. 226.

#### ON CATAPLASMS AND CALORIC IN CHRONIC ARTHRITIS.

By Professor TROUSSEAU.

For a very long period M. Trousseau has derived the greatest advantage from the application of cataplasms to joints suffering from chronic inflammation; cataplasms, however, prepared in the following way: When the knee or other large joint is the one in question, 3lb. (troy) of bread are boiled down to a consistency admitting of its due application and retention on the part. When the bread has nearly reached such consistency 20 or 30 drachms of spirit of camphor are to be added, and the boiling continued awhile. The poultice thus prepared is to be put on a cloth, and the following mixture is to be spread over its surface, viz., powdered camphor, extract of belladonna,  $\text{aa}$  150 grs., extract of opium 75 grs., alcohol q.s. to render the extract sufficiently soft. Finally, to prevent the cataplasm becoming dried at its edges, these are covered by a slight coating of glycerine. This poultice is an expensive one at first, but then it is to continue applied for eight or nine days, during which time it retains its moisture, and does not undergo fermentation. The poultice is surrounded by a large piece of oiled silk, and by flannel bandages. The case which gave occasion to this description was a serious example of puerperal arthritis, in which leeches and the ordinary cataplasms had failed to give relief. From the time this other form of poultice was applied, amelioration became progressive, and after the third application, i. e. twenty-five days of treatment, the limb, before inflexible, could be moved, and the pain had nearly gone. For the next fortnight, linseed poultices, on which a mixture of belladonna and opium was spread, were applied; and then, as the condition of the joint seemed stationary, bags of sand, heated almost to burning, were laid on the knee. After two days' application of the hot sand, which was repeated twice in the twenty-four hours, the improvement again became considerable. In M. Trousseau's opinion, some of the mineral waters which are of such remarkable efficacy in chronic phlegmasias, owe this rather to their excess of caloric than to their chemical composition. By means of bags of hot sand, hydatrothes, which have resisted the usual treatment, sometimes disappear with remarkable rapidity.—*Gaz. des Hép.* 1857. No. 104.



## EXCERPTA MINORA.

**Bromide of Potassium in Spermatorrhœa and Satyriasis.**—M. Binet strongly recommends this substance, which may either be given in powder or solution, according to the following formulæ: *R. Brom. pot. xv. to xxx. gr., sacchar. gr. c.; divide in xii.; cap. i. 2dis. horis. R. Brom. pot. 3v. aq. 3lxxv.* Dose, a table-spoonful.—*Presse Belge*, No. 8.

**Chloroform in Vomiting in Consumption.**—Dr. Baron calls attention to the advantage he has derived from the administration of small doses of chloroform in the vomiting which so frequently accompanies the cough in phthisis. In all the patients he has tried the plan, amelioration has rapidly ensued. He gives 12 drops in a gummy julep in the course of the twenty-four hours, and in some cases still smaller doses relieve. He is about to try the same treatment in the vomiting of pertussis and pregnancy.—*Gazette Méd.* No. 7.

**Tartar Emetic in Bright's Disease.**—M. Legroux, of the Beaujon, has derived great benefit from the employment of tartar emetic in sufficient doses to produce frequent vomiting and purging, giving the patient when much exhausted by the treatment a few days' interval of rest. He attributes some of the advantage he has derived to the simultaneous employment of the *spirea ulmaria*, as a tisane, this being a valuable diuretic, though not always a faithful one.—*Gaz. des Hôp.* 1857, No. 97.

**Percussion at the posterior part of the Thorax.**—When we percuss perpendicularly to the axis of the body over the supra-spinal fossæ, or between the scapulæ, we may always observe, even in the healthiest persons, a certain amount of resistance or dullness, situated deeply, and due to the fact that the anterior portion of the first ribs and the clavicle are in front of the shock, and are only separated from the posterior surface by a very thin layer of lung. To remedy this, M. Piorry places his plessimeter and percusses in such a manner that the shock is sent in the direction of the longest diameter of the lung, i.e. vertically. By this plan doubtful pulmonary indurations may be often detected.—*Ibid.* No. 151.

**Myocarditis as the Cause of Rupture and partial Aneurism of the Heart.**—M. Mercier, in an interesting essay giving an account of ten cases of partial aneurism of the heart which have come under his own notice, and from the consideration of these and cases published by other observers, comes to the following conclusions:—1. That almost all the spontaneous perforations of the heart are the results of a circumscribed myocarditis, which has continued its progress unchecked. 2. The fibrous transformation of the muscular tissue of the heart is produced by the resolution of this inflammation, when it has become arrested at a certain point. 3. Dilatation is brought about by the pressure of the blood on this tissue, which has lost its contractility, and has become elastic like all fibrous tissues.—*Gaz. Méd.* 1857, No. 40.

**Chlorine in Dissection Wounds.**—M. Nonat states that since 1830 he has repeatedly treated even serious cases of dissection wounds with the best effect by means of solution of chlorine. If the wound is recent, it should be at once freely washed with water, and if it is large and bleeding such washing will usually suffice; but when it is narrow the washing is not enough, and the chlorinated water must be also employed. When the wound even dates several days, is painful and inflamed, and is accompanied by inflamed absorbents and general symptoms, the chlorine will give relief, providing symptoms of purulent infection have not set in. Some inspirations of chlorine may be usefully conjoined.—*Gaz. des Hôp.* 1857, No. 97.

**Condition of the Uterus in Hæmorrhage.**—M. Paul Dubois observes that the opinion has gained admission into almost all works on midwifery that in hæmorrhage the uterus is soft and flaccid, and its walls are not distinguishable. Without denying the possibility of this being the case, he has never himself observed it. It is very rare for the uterus to contain much blood, even in the case of internal hæmorrhage. It is, in fact, a contractile cavity, and the blood passes into the vagina, where it accumulates, because the vagina does not possess the contractility of the uterus. Examination always shows the presence of a large quantity of blood in the vagina, the uterus containing very little. Internal uterine hæmorrhage is a very rare occurrence, as this organ does not become distended after delivery, the blood being propelled into the vagina.—*Ibid.* No. 102.

## GENERAL CORRESPONDENCE.

## DR. HENRY SILVESTER'S NEW METHOD OF TREATING APNŒA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Your correspondent in your Journal of February 12, 1858, appears to have overlooked the drift of my last paper on artificial respiration, which you did me the favour to insert on February 6, 1858, and has expatiated on a matter of detail which I had purposely omitted, namely the management of the tongue in cases of apnœa.

The object of my last paper was to give the results of three kinds of experiments on the dead body, which proved, 1stly, that when there was no obstruction to the entrance of air into the trachea, the *Postural Method* did not produce a greater amount of respiration than was produced by simple pressure on the front of the chest by the hand of the operator. Also that neither by the postural method nor by simple compression of the chest was the actual capacity of the thorax at all enlarged. 2ndly, that the actual capacity of the thorax was greatly enlarged, and that a large quantity of air was immediately inspired by drawing up the arms of the subject by the side of its head so as to raise the ribs by means of the pectorals, and was then expired by pressing the arms down again on the sides of the chest, as I have before fully explained. The quantity of air respired according to my experiments on the dead body appears to be about ten times greater in my method than in the postural method.

It is, of course, of consequence to get as much air into the lungs as possible; because there can be but little doubt that fresh air is the proper stimulant to the respiratory efforts, just in the same way that light is to the eye and sound to the ear, but acting more entirely by reflex action.

I now pass on to make a few remarks on the management of the tongue in connexion with artificial respiration. In cases of asphyxia the tongue is usually swollen, and falls back into the throat, so as to act as a plug to the pharynx, and a valvular cover to the otherwise patulous orifice of the larynx. This perhaps tends to prevent the entrance of foreign bodies into the lungs.

In the postural method, when the body is turned on the face, no doubt the tendency is to throw the tongue forwards. This, however, is of little consequence, so far as respiration is concerned; for the very compression of the chest by the weight of the body itself forces out the air from the lungs, and so lifts up the valvular covering of the larynx, so that the tongue does not offer any serious obstacle to expiration when that is induced by compression of the thorax, by whatever means employed.

With regard to inspiration, in the pronation and supination method, the moment the patient is rolled "on the side, and a little beyond," the tongue falls back again into the throat, and its "semilifeless relaxed tissue" covers securely the orifice of the glottis, and its accurate closure is probably further insured by the suction generated by the return of the thoracic parietes to their natural level; so that the greater the previous compression of the chest, the more firmly is the tongue pressed down as a plug into the throat.

The expedient which I recommend for adoption is as simple as it is efficacious. It raises and draws forwards the patulous orifice of the larynx, so that nothing intervenes between it and the natural channel of air through the nose. It prevents entirely the tongue falling into the throat, whilst the exact extent the windpipe is put on the stretch is clearly indicated. The pharynx also is sufficiently opened to allow of the removal of liquids, etc., from the mouth, nose, pharynx, etc., if these have not been entirely displaced by previous suitable treatment.

The tongue is to be used to regulate the position of the larynx. The tongue having been drawn forwards, and protruded beyond the teeth, the lower jaw is to be gently raised, so that the teeth may hold the tongue in the required position. Should it be necessary, the tongue may be so retained by passing a handkerchief under the chin, and fastening it over the head.

I am, &c.

HENRY R. SILVESTER, B.A. M.D., Lond.

High-street, Clapham, Feb. 23, 1858.

## BLEEDING IN ARMY MEDICAL PRACTICE.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your issue of last week appears a letter bearing the signature "W. O. Markham," containing the usual misapprehensions concerning the Medical Department of the Army, and their professional practice.

It is not much the custom of the service to rush into print, either to puff themselves into notice, or even to correct the frequent mis-statements that have appeared from time to time in the columns of the public press since the Crimean campaign; but I will step out of the usual course on this occasion to rescue the service from the unjust insinuations contained in the second portion of the letter referred to, and point out to that gentleman what he might have easily ascertained by simply asking one of the Medical Officers of the Guards quartered in the metropolis, instead of assuming, as he appears to have done, "that the practice of large or indiscriminate bleedings in inflammation still exists in the army."

It may perhaps be some information to him to know that the Medical Officers of the Army rather took the initiative in the abandonment of large and frequent bleeding in inflammation, and that it was a retired army-surgeon, Dr. Dickson, who was one of the first to point out to the Profession, in a pamphlet published in 1843, the injurious excess to which this practice had been carried in civil life.

I happen to be just now in a somewhat favourable position to answer Mr. Markham's queries concerning Army Medical practice in general, and the practice to which he refers in particular. Having recently visited a large number of the Military Hospitals in England, I can assure him, his fears and surmises on this head are utterly groundless, notwithstanding the orthodox case of the magnificent Guardaman; and I have no doubt the Medical Officers of the Guards will similarly relieve his mind on this point.

The Medical Officers of the Army, having received their Professional education at the very same schools and colleges as their brethren in civil practice, and being, so far as I am aware, unrestrained in the adoption of whatever practice is most conducive to the welfare of the sick entrusted to their care, treat them pretty much in the same manner, and according to the same principles as their black-coated *cofrères*. If there is anything at all peculiar in Army Medical practice, it is the absence of quackery in every form.

It is not my intention to enter upon the disputed question of the total abandonment of bleeding in inflammation. I believe there are few professional men of any eminence or experience who do not admit the occasional necessity of the practice, at the same time that they condemn its incautious use, and denounce its abuse. Such I know to be the sentiments of a large proportion of Army Medical Officers.

I am, &amp;c. JAMES MOUNT.

Junior United Service Club.

## LEUCORRHOEAL AND GONORRHOEAL OPHTHALMIA.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having paid much attention to the subject of infantile leucorrhoea, both in a surgical and medico-legal point of view, and my name having been mentioned in connexion with some cases of this description in your Hospital Reports in the last number of your Journal, allow me to observe thereon.

The first two cases presented in sisters aged 6 and 4 years, now under the care of Mr. Critchett, at Moorfields Hospital; and here I may observe *in limine* that in reviewing the opinions alluded to in the paper in question, I know not that I am differing in the slightest degree from Mr. Critchett or Mr. Hutchinson; I am only questioning opinions and statements put forward in your Report. These children had some purulent ophthalmia, and their cases were set down as cases of true gonorrhoea, because the inflammation of the genitals which co-existed "was more acute than is generally seen in the bastard diseases of infants;" and because "the mother stated that a lodger who slept in the same room as the [elder] girl was known to have 'the disease,' and she feared the child had caught it by using a soiled cloth;"

the younger child, it is said, "contracted the disease from her sister, as they slept together, and were much exposed." The writer then goes on to comment upon leucorrhoea, and says: "We quote the case chiefly because it shows how liable young children having true gonorrhoea are to have the eyes infected. It is well known that the spurious disease often exists for months together; that it is common among the most neglected children, and yet how almost never do we find the eye suffer! This is doubtless because the discharge in these cases is non-contagious, and we have in the circumstance a means of diagnosis which will occasionally be very useful."

Now, Sir, not only is the foregoing not fact, but it is a most dangerous doctrine, calculated to mislead practitioners, and likely to be attended with gross injustice to the community.

It is not true that in the infant or young girl gonorrhoea causes a greater amount of inflammation of the genitals than leucorrhoea; on the contrary, the very reverse occurs, so much so that in some cases sloughing and death has followed.

There is no warrant whatever, either in law or common sense, for believing that the first child had been infected.

It is well known that true gonorrhoea often exists for months together; that it is common among the most neglected and filthy adults, and yet how seldom do we find the eye suffer; but the eyes do suffer from contact with leucorrhoeal matter, as I have already shown in your Journal in January last year. I have shown that the matter in leucorrhoea is *highly contagious*, infecting the eyes and male genitals, therefore what is stated about its being "non-specific" is contradicted by the weight of evidence.

In cases of rape the detection of spermatozoa in the child's vulva will be unanswerable, but it must be recollected that in those cases to which I have directed attention, and in which your reporter very graphically says, "Not a few innocent men, the victims of circumstantial evidence and of mistaken diagnosis, have undoubtedly been sentenced to punishment for abominable offences of which they knew nothing;" the accusation is never made for many days, and often not for weeks after the alleged date of the offence.

Your reporter relates the particulars of Mr. Hutchinson's case, where the prisoner was sentenced to two years' hard labour, and in which there was no circumstantial evidence against the prisoner, except that he had gonorrhoea, but because a druggist, a "druggist" first, and then an experienced surgeon, stated that the child had "the disease;" so far as I can glean from the statement afforded in your last number, I cannot see any reason to find the prisoner guilty; and certain I am, that had Cooper or Lawrence examined the case, they would have come to a different conclusion. Notwithstanding all that has been written upon the subject, many eminent Medical men are still of opinion, that "innocent men, the victims of circumstantial evidence and mistaken diagnosis," are sentenced annually in our courts of law. Not three months ago a man was tried for murder preceded by a rape, said to be committed on a girl ten years of age, and was sentenced to penal servitude for life; yet the opinion of half a dozen of the highest authorities in the land was that the child was not raped at all, but died of "*noma pudendi*." Here, in Ireland, in one of our southern counties, at the present assizes, a man was found guilty because one child has leucorrhoea and another purulent ophthalmia, both of six weeks' duration prior to the accusation.

I am, &amp;c.

W. WILDS.

1, Merriem-square North, Dublin.

## PERINEO-PLASTIC SURGERY.—PROLAPSUS UTERI.

[To the Editor of the Medical Times and Gazette.]

SIR,—With the view of deciding an important Surgical question you some time ago placed the *Medical Times and Gazette* at the disposal of all who might have anything to communicate on Perineo-Plastic Surgery. My papers I intended as a contribution or furtherance of the best objects of Medical journalism; certainly not to decide on rival claims to a mere invention. The Profession, of course, is far more concerned about the veracity and soundness of the statements and arguments of your contributors on other grounds—

thus in my sketch of the history of the subject I did my best to be entirely correct. A glance will show that the claim to originality is not with Mr. Brown, but it does not follow that Mr. Brown was acquainted with the history of the operation before he adopted it, and it was never my object to show that he was. In fact, he affirms he never till lately heard of Fricke and Geddings, which is quite sufficient. If he had not devoted a considerable part of his book to a "Surgical History" of the subject, no one would have thought twice about the matter; and whilst it can in fairness be asserted that it is chiefly owing to his numerous and highly interesting reports that the perineal operation can take a leading place in the surgical catalogue, and that the ingenuity, skill, and dexterity distinguishing his performance of it cannot be surpassed, Mr. Brown can surely leave Caesar in quiet possession of all which belongs to him.

In common justice it is right to say thus much, and it was not my purpose to say more. However, the concluding paragraphs of his letter in your last impression oblige me to express my regret at finding that Mr. Brown is still too susceptible and too hasty. A too hurried compliance with your wish to have a summary of his experience, led to a controversy of the most painful character. An imperfectly considered claim to originality led to the discovery that he had no claim of the kind whatever. A similar fault led to the omission of the names of Fricke and Geddings, and of course also of the least allusion to their operations in his chapter on the "History of the Subject." Yet Fricke's name appears in every systematic work, and Geddings's cases in Braithwaite.

The Profession are waiting for the Statistical Summary you have been all along so properly anxious to give them. This is impossible, unless Mr. Brown can or will accord a little more time and pains to the subject. In round numbers he, in the communication which gave rise to the controversy I allude to, states his cases as 75, all successful. He was reminded of the case of failure rejected at our Hospital, that of Julia L., and now he mentions three more. Failure in four cases out of 75 instances of success in relieving the most distressing and intractable malady conceivable, can dim the lustre of no man's reputation. But is this really all? Is it too much to ask Mr. Brown to give us some reliable assurance that he has been reasonably scrupulous? Again, he says in this same letter of last week, "Having observed the effect of my operation in keeping the womb *in situ*, etc." If he means keeping the womb in its normal situation, I must remind him that no perineal procedure will keep the womb *in situ*. I am quite sure this is his opinion too. He means, keep the womb from falling out of the vagina. One great advantage of candour in physic is the saving to others mistakes in pioneering. What unestablished operation in this world succeeded 75 times without a failure, or without suggesting some necessary precaution not at first apparent? Besides, the practitioner has a right to demand reasonable precision on the part of those voluntarily addressing him on matters of practice, especially when these happen to be unusual, difficult, or undecided; and I only refer to the misuse of the term successful as offering an additional excuse for expressing a hope that he will, in his final summation of cases, not allow the pressure of his vocation to betray him into a style inconsistent with the maintenance of that confidence to which his well known energy in this branch of our art, I believe, should entitle him.

I am, &c.

HENRY SAVAGE.

3, Gloucester-place.

P.S.—Is Mr. Brown quite sure he takes "as much away as I do?" because, if so, my experience justifies me in advising him to look out for failures in every case where he removes the deep sutures on the evening of the second day.

## DR. BROWN-SEQUARD ON EPILEPSY.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the review of my work on Epilepsy, in your last Number, it is said that the end of the work does not agree with the beginning; and the reviewer gives it to be understood that in one part I have tried to show that the seat of the disease is in the spinal cord; and in another, that this seat is in the encephalon. Neither of these views is mine. I have tried to show that the disease may originate from almost any

part of the nervous system, and that its organic cause may be as well in the spinal cord as in a peripheral nerve, or in the brain. Instead of supposing that the seat of the disease is in the spinal cord, I have related many facts to prove that, even when the spinal cord is the only organ where an alteration is found, the seat of the affection may have been elsewhere. I have tried to show that, whatever part of the nervous centres be first altered in epilepsy, the symptoms may be the same; while, on the contrary, they may vary, although the primitive alteration in different cases may be at the very same place.

As the seat of the disease is, according to what I have attempted to prove, in the part of the cerebro-spinal axis, which gives origin to the nerves first affected; and as there are great differences in this respect, it follows that the seat of this affection is variable. But daily observation, in man as well as in my epileptic animals, shows, that almost always the first parts affected are animated by nerves which come from the base of the encephalon, and from the upper part of the spinal cord. The conclusion to be drawn from these observations is, therefore, that the seat of epilepsy is most frequently in the named parts of the encephalon and spinal cord.

I am, &c.

E. BROWN-SEQUARD.

Paris, March 15.

## CHLORODYNE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I observe in your Number of Saturday last a letter from Mr. Davenport, regarding my analysis of a preparation called "chlorodyne." This compound is represented by the manufacturer to be a perchlorate of a new alkaloid, which is said to have been discovered by Dr. J. Collis Brown while serving her Majesty in India.

Some time ago a bottle of this chlorodyne was placed in my hands for examination. I submitted it to the usual processes adopted by modern investigators for isolating the constituents of organic mixtures, and to my great surprise I obtained (about 50 per cent. of chloroform, besides distinct evidences of prussic acid. It really appeared to me very strange that a "perchlorate of a new alkaloid" should yield such constituents; and this circumstance led me to examine it more minutely. The examination I made of it was a very general one. I submitted a fluid ounce of the chlorodyne to very gentle distillation by a water-bath, and obtained a colourless distillate measuring half a fluid ounce. This distillate separated into two strata, the upper and smaller one being an aqueous solution of prussic acid, the lower and larger one chloroform. I next examined the dark-coloured residue. When a portion of this was heated strongly it intumesced very violently, indicating perchloric acid. To determine the presence of this acid with certainty I mixed with a portion of the residue (after all the chloroform had been separated) a small quantity of pure alcoholic potassa evaporated to dryness and ignited. By this means I combined the perchloric acid with the potassa, and formed perchlorate of potash. By igniting this the oxygen of the perchloric acid was evolved, and burnt off the organic matter in a few seconds. The white residue when tested with nitrate of silver was found to consist of chloride of potassium. In this manner I proved perchloric acid to be one of the constituents of chlorodyne. On further examination of the dark-coloured residue I recognised the odour of peppermint, the pungent and unmistakable taste of capsicum; and by other tests I recognised liquorice, with which there might have been a little treacle. In this residue I moreover recognised the presence of a basic substance, which in its properties bore a remarkable resemblance to morphia. To have investigated the base I isolated fully, I should have required at least half a dozen bottles—an expense I did not think it worth while to incur, especially after finding the chief constituent of chlorodyne to be chloroform.

Mr. Davenport does not deny the correctness of my analysis, but he says my statements (by which I presume he means my conclusions) are untrue, and that his chlorodyne contains a something which my chemistry cannot detect! Now I am ready to admit that chlorodyne may contain a new alkaloid, the nature of which I have not yet taken the trouble to determine, and which he says he has "compounded

with other organic products, and for the expressed object of preventing detection and misleading the analyser." Now, if Mr. Davenport, or any one else, has discovered a new alkaloid possessing valuable medicinal properties, the Profession will not object to Mr. Davenport keeping the source of that alkaloid a secret, in order that he may reap a pecuniary reward for his discovery. This is legitimate enough; but it certainly appears to me a very extraordinary proceeding on the part of Mr. Davenport to "disguise" his pretended new alkaloid by upwards of 50 per cent. of two such potent agents as chloroform and prussic acid. Mr. Davenport may rest assured that with the rapidly increasing knowledge of chemistry the Profession will not allow an unscientific and unchemical mixture of the most potent and dangerous remedies to be received as "a perchlorate of a new alkaloid!" He may rest assured that, disguise his "new alkaloid" as he may for the purpose of "misleading the analyser," it will not escape the scrutiny of hard-working, zealous investigators, who have devoted their lives to organic chemistry.

Apologising for the length of my communication,

I am, &c.

H. MEDLOCK.

20, Great Marlborough-street, London.

#### BLEEDING IN ARMY MEDICAL PRACTICE.

[To the Editor of the Medical Times and Gazette.]

SIR,—One would suppose, from the tenor of the letter signed "W. O. Markham," published in the last number of the *Medical Times and Gazette*, that your correspondent must be impressed with an idea, of which I would wish to disabuse his mind as speedily as possible, as I believe there is no class of Medical men so keenly and fully alive as Army Surgeons are to the requirements so much needed in the formation of bone and muscle—viz. blood.

I am at a loss to think how, in these days of advancement in science and practical knowledge, your correspondent could for a moment suppose that any class of educated gentlemen could be so lamentably ignorant of the first principles of their Profession as—as a general rule—to bleed largely, even in acute inflammatory disease,—a practice which cannot be too highly deprecated (were it not unnecessary and uncalled-for) in the treatment of soldiers; while we possess such valuable remedial agents as antimony, digitalis, opium, leeches, etc.

For my own part I have long since ceased to use the lancet, except for vaccination, and I believe the habit of phlebotomising has for many years past been quite exploded from military as well as civil practice.

While the mortality in the Army generally—but more especially in the Guards—is much to be deplored, and is justly a matter of the gravest concern, and demanding the closest reflection and consideration, not only on the part of the Profession, but of the public at large, still it must be attributed, and can be traced to other and more fertile sources of disease than malpraxis or venesection.

I am, &c.

M. FENTON MANIFOLD, Staff-Surgeon.

Templemore, March 16, 1858.

#### POST-MORTEM EXAMINATIONS.

[To the Editor of the Medical Times and Gazette.]

SIR,—Dr. Renton asks in the last number of your Journal what is the practice at the London Hospitals with respect to the publicity given to post-mortem examinations? As Pathologist to a large Hospital, allow me to state that our inspection-room is open to all who choose to enter it, and any one is allowed to take notes of the case; and as regards the records made by myself, they are deposited in the museum, open to the view of students and others, permission merely being asked as a matter of form if a copy is requested, a refusal never being offered.

I am, &c.

Guy's Hospital, March 15, 1858.

M.D.

The Queen has been pleased to appoint William Aurelius Harland, Esq., M.D., to be Colonial Surgeon for the Island of Hongkong; and Joseph B. H. Collings, Esq., M.D., to be Auditor-General for the Island of Malta.

#### REPORTS OF SOCIETIES.

#### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 9, 1858.

Sir C. LOCOCK, Bart., President, in the Chair.

Mr. HUMPHRY read a paper on

#### EXCISION OF THE KNEE.

The paper contained an abstract of thirteen cases operated upon by the author. Of these, one (a little child in whom the operation was performed on account of acute suppuration of the joint) died; in four amputation was required, the patients all recovering; and the remaining eight did well, retaining, or with the prospect of retaining, a useful limb in each case. In none were any severe constitutional symptoms excited by the operation, from which it might be inferred that the operation is not in itself one of much danger. Nevertheless, the processes of reparation are more difficult than after amputation; there is likely to be protracted discharge and recurrence of abscesses, etc., and therefore, when the patient is of strumous temperament, or in a very reduced state, amputation is to be preferred to resection. The results of excision are likely to be favourable in proportion as the disease for which it is performed is slight and not acute. Amongst the most suitable cases are those in which the severe stages of disease have passed by, and left the joint crippled, and the limb, consequently, useless. The cases also in which simple inflammatory disease, commencing in the synovial membrane, involves the cartilage and bones, destroying the former to such an extent as to leave little hope of a useful joint, are well suited to excision. But where the disease remains long confined to the synovial membrane, inducing great thickening and various other changes in it, the prospects of excision are less good, because the subjects of this form of disease are generally of strumous temperament, and some portions of the morbid structure are liable to be left, and so become sources of irritation and suppuration. Nevertheless, the author would not altogether decline to perform the operation in this latter class of cases, inasmuch as the remaining fragments of the diseased membrane may fall into a quiescent state and disappear, and the cases do well, provided the bones become firmly united to one another; and if the health begins to fail, the limb can still be removed. The operation is also well suited to some other cases of rarer occurrence, such as certain cases of chronic rheumatic arthritis, knock-knee in the adult, unreduced dislocation, compound fracture of the patella, etc. In performing the operation, Mr. Humphry makes a crucial external incision, takes away the patella, and dissects the soft parts away from the bones no more than is absolutely necessary for the removal of their articular ends, is careful to tie the bleeding vessels, and to secure good apposition of the cut surfaces of the bones and of the skin. The straight position and quiescence of the limb are secured by splints and bandages, which should be changed no oftener than is necessary for cleanliness. The after-treatment was very simple in all the cases related; opiates were very rarely given, and stimulants were generally avoided.

Mr. HOLMES COOTE said he could not agree with the author in the conclusions at which he had arrived. Thirteen cases of resection had been detailed, six of which had been followed by amputation or death. Eight were young persons, and five adults. The author stated that resection should be resorted to only in slight cases, and among these he enumerated knock-knee in the adult, cases of contracted joints, &c. He (Mr. Holmes Coote) might be permitted to state what was the result in the largest hospital in London, having 642 beds, and 389 surgical beds. There had been admitted a vast number of cases of joint disease in every possible form, but during the last twelve months there had been but ten cases of amputation, and not a single case of resection. He ventured to say, in the presence of his senior colleagues, that there was not one case of diseased knee in which any man could have ventured to perform the operation of resection with an easy conscience. Resection should be regarded in a

two-fold point of view, as applying to the young and to the old. In young persons the result was often surprising, whilst in grown-up patients, the varied diseases of the internal organs to which they were subjected rendered the operation far more formidable. Of the ten amputations to which he had referred, three only had been upon young subjects. One of these was a pallid little Irish boy. There was not sufficient disease to require amputation under ordinary circumstances; but as the boy's health suffered, and the lungs were diseased, the limb was removed for the purpose of restoring the general health. Had it not been for the disease of the chest he had no doubt the knee would have ultimately recovered. The next case was that of a child who had met with an accident. The third was a young girl who suffered from necrosis of the femur; the limb was removed, and the patient died. In not one case had it been deemed necessary to perform the operation of resection. It might be said that patients had probably died in consequence of that operation not having been performed; but he had gone over the list of deaths with a view of ascertaining the point, and he found that during the past year there was scarcely a case upon record in which death had occurred from diseased knee. In only one case not operated on had death occurred—the case of a child (under Mr. Lloyd) who died from phthisis. He was unable to say why no operation had been performed. He, therefore, concluded that in children diseased knees, if properly treated, and in the absence of any great cause of excitement, would in time do well. Even in adults but few deaths had occurred from diseased knee-joints. There had been two cases in the hospital during the past year, and in both the men refused amputation. He would also mention the result of experience acquired in the Orthopædic Hospital, where cases of joint disease in every form were constantly brought, many of them having been condemned by other Hospitals, and the patients declining amputation. Since 1851, between 300 and 400 cases had come under the notice of Mr. Tamplin, and the idea of amputation or resection never entered his head. Most of the cases had been relieved. Between the 10th of December last and the 10th of January he could recall six cases of children who came to the Hospital with joint diseases, all of whom told the same tale—that they had been to other hospitals, and that their limbs had been condemned, some for amputation and some for resection; but he was confident that in the course of a few months they would be able to walk far better than they could with a wooden leg, or an excised joint. He did not know of a single case in which resection had been performed in the upper ranks of society.

Mr. SKEY said he listened with considerable attention to the details of the various cases recorded by the author, who he fully expected would himself have concluded from the evidence he had adduced that he ought not to recommend the operation of resection to the Society. There were thirteen cases and five amputations! Had the author calculated that five amputations out of thirteen cases of resection amounted to something like thirty per cent. of failures? Were they in the habit of recommending any operation which exhibited such an enormous proportion of failures? He considered that the inventor, as well as the modern re-introducer of the operation of resection had great claims upon the acknowledgment of the Profession, because he considered the operation to be a great invention or discovery, which might be subservient to the most important uses in the restoration of limbs. But the question was not whether, by sawing off the extremities of a bone, and bringing the two surfaces into contact, a useful limb might be retained; but the question was, Who should determine when such an operation should be performed? The author had alluded to a "judicious selection of cases." He might refer, however, to the statistics mentioned by Mr. Coote, showing that St. Bartholomew's Hospital, in the course of the last five years, had produced no aggregate equal to that of the author alone. Another striking fact was, that these remarkable cases of excision came from comparatively few quarters, and were not spread over the whole of the Profession. It could not be said that one practitioner had three cases and another five; but twelve cases came from one surgeon, fifteen from another, and fourteen from another, the whole number being confined to a few persons with whom the practice appeared to be the rule rather than the exception. It behoved the authorities of the Profession to stand forward and declare where the line should be drawn. He knew of no disease that required more patience, more know-

ledge, more perseverance, more anxious watching day by day before the end was accomplished, than joint disease. He had before him the vision of his own master and friend Abernethy, who narrowly watched cases of that kind week after week, and month after month, and rarely failed in restoring them without having recourse to the operation of resection, which he regarded as a substitute for amputation, and which ought only to be regarded as a *pis aller* when all the other methods of treatment had failed.

Mr. CURLING said he thought Mr. Holmes Coote had been a little too credulous in believing the statements made by the patients coming to the Orthopædic Hospital, to the effect that their limbs had been condemned elsewhere. He believed there was scarcely a case of diseased joint in children requiring amputation, and he did not believe that the statements made to Mr. Coote were true.

Mr. HUMPHRY said his statement was, that excision of the joint should be performed in cases where the joint was not likely to be restored to usefulness. He had remarked that such diseases rarely terminated fatally; and he did not propose excision as a means of saving life, but as a means of restoring a useful limb. It might be true that amputation was not required to save the patient; but the question was, what kind of joint had been left in the cases treated in the ordinary way. Frequently the disease passed off after a time; but when it reached the point to which he had referred in his paper, it was not often that a useful limb was left; but by the operation of excision in such cases the use of the limb was in a great measure recovered, without danger to the patient's life.

Mr. TAMPLIN could not conceive that any surgeon was justified in putting the life of a patient in danger for the chance of restoring a limb, in the way proposed. According to statistics recently published, the operation was fatal in one case out of six; and even from the author's statement it appeared that the operation was not free from risk. As to the result of the more favourable cases, he was not aware that bony union was established except in a few instances; if that did not take place, the operation was a great failure, and there being no ligaments to hold the bones together the limb was like a fall. The first case mentioned was that of simple contraction of the knee-joint—displacement upwards and backwards; and cases of that kind had been from the first successfully treated at the Orthopædic Hospital by extension, and by subcutaneous division of the tendons. Not one fatal case had occurred at the Hospital, and out of the large number of cases of diseased joint in children, he had not seen one that failed to be cured by the most ordinary care and attention. Some time ago, a boy came to the Hospital with thirty openings extending from above the condyles of the femur to the ankle-joint. Amputation had been recommended by more than one surgeon. The boy, on applying, was about 10 or 11 years old; he was now about 17 or 18, and every wound was healed, the joint being no larger than the other, and he had no doubt that the leg would be entirely restored. He had asked the patient whether he would have preferred to have his leg off six years ago, or be in his present condition, with the prospect before him of having a straight leg; and he had expressed but one opinion upon the subject, which was in favour of the course of treatment that had been adopted. Dr. Sigmund, of Vienna, had told him that he never amputated, nor did he think a surgeon was justified in amputating, in young subjects, unless there was a prospect of hemorrhage. The Society then adjourned.

## EPIDEMIOLOGICAL SOCIETY.

MONDAY, MARCH 1, 1858.

Dr. GREENHOW in the Chair.

Dr. RICHARDSON read a paper

### ON THE INVESTIGATION OF EPIDEMICS BY EXPERIMENT.

He commenced by pointing out the weakness of the present system of epidemiological study, which sought after results by trying to descend from the general to the particular. This method lets pass simple laws, which lie at the root of all inquiries. It is painful to say, as a fact, yet a fact proper to be said, that the researches at present so laboriously conducted

do not lead to such proofs of unanimity, or to such positiveness of science, as might, on *a priori* reasoning, be expected from them. The present modes of research may bring out negatives, the present modes of research may bring out partially-accepted positives, i.e. a sufficient of positive evidence to satisfy a section of men, but as yet they have failed to educe such demonstrations, that all who are educated to the same mark can read off the same phenomena by the same process of thought and inductive learning. Dr. Richardson next proceeded to point out carefully such experiments as might be reasonably instituted for the purpose of investigating particular epidemic disorders—especially small-pox, scarlet fever, and typhus; commenting also on the care which should be taken in the selection of the animal subjected to experiment, and showing that in inquiries relating to the three special diseases named above, the pig is the proper animal to be selected, as one more easily susceptible of these diseases than other members of the inferior animal kingdom. Thence leaving proposition for the history of experiment itself, as a means of investigation, the author explained what had been done in recent times towards the production of some diseases artificially, and the information derivable from this form of investigation. He followed up this argument with a minutely recorded account of some experiments performed by himself, in which all the characters of typhus—symptomatology and pathological—were produced by the introduction of alkalies into the system. He showed further, that the typhous condition which could be induced by the injection of animal putrid matters were coincident with, and dependent on, the development of a supra-alkaline condition of the blood; and he connected the pathology of putrid fever, so called, with conditions analogous to those which had thus been artificially produced. In a connected, simple mode of argument, which peculiarly arrested the attention of the audience, the question was next put, Whether, when the virus of a disease is introduced into a healthy animal, so as to reproduce that disease, the symptoms and the pathological changes are due to an absolute reproduction of the virus itself, and to the actual presence of such virus; or whether the virus actively setting up such new changes in the body that a product generated secondarily, and differing in character from the original poison, were the cause of the symptoms? He (Dr. Richardson) was inclined to the latter view, and gave some clear experimental evidence in support of his position. He admitted, at the same time, that further experiments were required, and argued that until this point was defined, no sound progress could be made in the study of epidemics. It is impossible in an abstract to give more than the briefest outline of a communication written in so condensed a style, and opening up for consideration so many subjects, each differing in detail, yet having but one object. But the final propositions laid before the Society were as follows:—1. That by experiment it might be ascertained in what excreta the poisons of certain of the epidemic diseases are located. 2. By what surfaces of the body such poisons may be absorbed, so as to produce their specific effects. 3. Whether the virus of a disease, in reproducing its disease in a healthy body, acts in the development of the phenomena by which the disease is typified primarily or secondarily—i.e. by its own reproduction and presence, or by the evolution of another principle or product. 4. Whether climate, season, or other external influences modify the course of epidemics by producing modifications of the epidemic poisons, or modifications in the system of persons exposed to the poisons.

A discussion followed, in which Dr. Greenhow, Dr. Camps, Mr. Hunt, Dr. Delimer, Dr. James Peird, and Dr. M'William, took part.

Dr. RICHARDSON having replied, the meeting adjourned.

**THE MEDJIDIE.**—The following names were omitted in the list of Medical officers to whom permission has been granted by Her Majesty to accept and wear the Imperial order of the Medjidie conferred upon them by the Sultan. See pp. 1253, 1267, *London Gazette*, March 2, 1858. Officers on the British Staff attached to the Ottoman Army:—4th Class—Acting Inspector-General of Hospitals, Alexander Farquhar; 5th Class—Acting Inspector-General of Hospitals, Frederick Le Mesurier, M.D.; Surgeons:—Samuel Dougan Bird; Thomas Buzzard; Charles Francis Edwards. Dresser—Charles Turner.

## HARVEIAN SOCIETY OF LONDON.

THURSDAY, MARCH 4, 1858.

Dr. HAMILTON ROSE, President, in the Chair.

### UREA IN EPILEPSY.

Dr. SIEVEKING referred to the supposed suppression of the secretion of urea as a cause of epilepsy. He related a severe case of epilepsy in which there was excess of urea; and in several cases since examined he found invariably a large excess of urea, which necessarily resulted in great debility.

### DEFORMED RIBS FROM LUNG-DISEASE.

Dr. GRAYL HEWITT exhibited a cast of the upper ribs and cartilages of the left side from a child just under two years old. The preparation was a marked and very interesting example of a deformity frequently observed by Dr. Hewitt in badly-nourished children about this age, who have been the subjects of bronchitis. The cartilages were bent inwards, close to the junction with the ribs, that of the second rib forming a projection inwards of half an inch. The effect was produced during inspiratory efforts by atmospheric pressure, the chest walls being unusually deficient in firmness; and it was remarkable that this extreme degree of deformity existed over a part of the lung peculiarly liable to be affected by collapse in these cases of bronchitis in young children. The lungs were greatly reduced in size, and showed a high degree of collapse or apneumotosis.

### SYCOSIS.

Mr. WERDEN COOKE exhibited two drawings, one showing extensive sycosis of the nose and upper lip existing for two years, and the other the healthy aspect of the face after a month's treatment. Mr. Cooke observed that this disease most commonly affected the chin, which was more difficult to cure, owing to the continuous irritation of the bulbs of the beard. The treatment adopted was linseed poultices to remove the scabs, and then a solution of the manganese c. potassa (3ij. to the pint of water) to be constantly applied. This quite healed the ulcers in one month, and the man was discharged from the Hospital cured.

Mr. HARRY WM. LOBB then read a paper

### ON GALVANISM AS A THERAPEUTIC AGENT.

The author proceeded to explain the theory of the production of galvanic electricity, during the combination of zinc with the oxygen of the decomposed water and sulphuric acid, and the direction of the current, and showed how the penetrative power or intensity of the fluid is increased in the same ratio as the number of separate systems. The secondary, or coil of induction of Professor Faraday, was then described. "I shall now endeavour to show," said the author, "that the nerve-force circulating in the nervous systems of animals bears a very striking resemblance to electricity." He mentioned the *gymnotus electricus* as an example, the electricity generated by that animal being identical with chemically generated electricity, as has been proved by Professor Faraday, M. Gassiot, and others. He then gave a condensed abstract of his views upon the generation and distribution of nerve-force, extracted from his lately published work, "On Nervous Affections." The different kinds of apparatus adapted to the administration of galvanism were then described. He passed a very high eulogium upon the Pulvermacher chain, by which a continued current of electricity in an uniform direction was generated; and he performed the experiment with its aid of decomposing water with a current of electricity which had already passed through the body. The electro-magnetic apparatus was then described, and the method of administering the fluid derived from it, with the class of cases likely to be benefited by the two distinct forms of application. The author advanced the opinion of several French physicians upon the utility of galvanism as a therapeutic agent, and read a communication by M. Hiffelsheim from the *Gazette des Hôpitaux* of the 9th of February, in which that gentleman highly approves of the "continued persistent voltaic current." He then described the effect on the different forms of electricity upon the circulation in the web of the frog's foot, as observed by the aid of the microscope, from which he established this law: "That an inter-



rupted current of voltaic electricity stimulates muscular contraction, and that a continuous current of the same excites the circulation and relaxes muscular contraction." After describing the advantages to be expected from each form of administration, he read the notes of four cases in which he had effected cures or afforded relief with their aid:—1st. A case of stammering, in which, by the administration of electro-magnetism, the patient had been enabled to pass a viva voce examination. 2nd. A case of rheumatism, or rather neuralgia of the brachial plexus, cured with the aid of the continuous current generated by Pulvermacher's chain. 3rd. A case of deafness which had lasted ten years, and had resisted the efforts of several distinguished aurists to relieve; this gentleman had by the use of galvanism so far recovered his hearing as to be able to hear the service in Church, which he had not done for years, as also to obtain an appointment in Australia, which before he could not accept on account of his malady. 4th. A case of severe fracture of the leg, in which through want of use the muscles of the calf had withered and were hardly perceptible: by the aid of electro-magnetism they resumed their form and tone, and the patient (with the exception of a slight limp, caused by the fracture) can now walk perfectly well. The author concluded with an appeal to the Profession not to allow a therapeutic agent of such extreme power and undoubted value to again slip from their hands "into the ready laps of a tribe of greedy and ignorant quacks, always ready to seize upon that which we too easily relinquish to their use; but to study the laws governing this subtle fluid and its administration, and make it of real advantage to the public and ourselves."

Dr. THEOPHILUS THOMPSON had ordered electro-galvanism in partial paralysis. One case of constipation, the result of an injury to the head, resulted in great benefit. He had formerly seen the greatest good produced by galvanism in cases of chlorosis and amenorrhœa; but either from the time employed, or the difficulty of getting this agent properly applied, it certainly had fallen into undeserved neglect by Physicians generally.

Mr. SQUIBB had found electro-galvanism beneficial in facial paralysis, and in cases of innervation, dyspepsia and torpid liver. He related the case of a lady of property, who was enabled to make a very important codicil to her will, and sign it, by the stimulus of galvanism applied by Mr. La Beaume.

Dr. FULLER had not seen much good done by electro-galvanism in paralysis. Of 150 cases electrified in St. George's Hospital, only three derived decided benefit from it. In an inquiry he had made at Guy's Hospital, the same unfavourable report was given. He acknowledged that the muscles of the paralysed limb became less flaccid under its influence, and that in amenorrhœa, when accompanied by the exhibition of steel, it seemed to produce some beneficial effects. In rheumatism he had very rarely seen any good done by galvanism. The cases said to be relieved by this agent ought to be classified, and the mode of applying the instruments should be more distinctly indicated.

Mr. BALLARD wished to know if the author had seen any mineral (lead or mercury) deposited from the body in the electric bath. Certain advertisements pronounced that such effects were obtained.

Dr. HUTCHINSON POWELL thought that without other internal remedies electricity was at present of little avail.

Dr. HANDFIELD JONES had seen life probably saved by galvanism in spasm of the heart. In a case of opium poisoning galvanism was used, and the patient recovered. In atonic affections of the uterus good was likewise effected.

Dr. GRAILY HEWITT referred to a case of hemiplegia, the result of acute softening or clot, in which much improvement was effected; and thought that the introduction of needles to the deep-seated muscles was a desirable improvement in the application of this agent.

Mr. WEDDEN COOKE wished to know if there were really two different actions produced by galvanic agency—viz. a tonic or stimulating action, and an absorbent, sedative action. If it were so, the kind of cases to which electro-galvanism was applicable would be clear. The interrupted current was said to produce the tonic effect, and the continuous current the absorbent effect. He instanced the benefit derived from the use of the interrupted current by relating the case of a gentleman, who, at 40 years of age, from residence in India, and having been attacked by some of the diseases of that

climate, returned to England with his virile powers greatly impaired, so that he feared to marry, as he wished to do. By means of electro-galvanism, and acid given internally, to arrest a discharge of phosphates in the urine, which was said by some notorious quacks to be seminal fluid, he was quite restored.

Mr. LOBB having replied, the Society adjourned.

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in Classics and Mathematics on Tuesday and Wednesday, the 16th and 17th inst. :—

ATTWOOD, JAMES, Southwick-place, Hyde-park-gardens.

BROUGHTON, HENRY TODD, Manor-road, Bradford.

CARTER, FREDERICK, Billericay.

COOKSON, SAMUEL, Needham-market.

COOKSON, ALBERT, ditto.

CORBIN, WILLIAM JOHN, Hampstead-road.

COX, HENRY WILLIAM, Dorchester.

DOOLEY, WILLIAM, Liverpool.

ECULES, EDMUND, Longridge, near Preston.

EDDOWES, WILLIAM, Pontesbury, Shropshire.

FAWCETT, FRANCIS M., Yatm.

GALE, HENRY STANLEY, 47, High Holborn.

HAYDEN, WILLIAM GALLIMORE, High Wycombe.

KEMPE, CHARLES MARSHALL, Falmouth.

KENT, JOHN GEORGE DAVIS, Brigg, Lincolnshire.

LITTLE, FREDERICK, Eye, near Peterborough.

MEECE, JOHN THOMAS, Guy's Hospital.

MISKIN, GEORGE ALBERT, York-road, Lambeth.

MORRISH, THOMAS FOX, Christ's Hospital.

MORTON JOHN, Holbeach.

PAGE, WILLIAM IRVING, 3, Ulster-place.

PHILLIPS, GEORGE RICHARD T., Pentonville-road.

PICK, THOMAS P., Dalemene-street.

REES, HOWARD, 17, Canonbury-square.

SQUARREY, CHARLES EDWARD, Salisbury.

STUBBS, HENRY, Wye.

SUTTON, CHARLES FREDERICK, Wragby, Lincoln.

THOMAS, DAVID BOWEN, Newcastle Emllyn.

TROTTER, ARTHUR E. H., Stockton.

WAGSTAFFE, WILLIAM WARWICK, Walcot-place, Lambeth.

WAGSTAFFE, MATTHEW MAWE, ditto.

WATTS, WILLIAM EYRE, Hampstead.

WINTLE, RICHARD, Kensington.

## DEATHS.

**BAYLE.**—M. A. L. J. Bayle, nephew of H. L. Bayle, so well known by his works on pathological anatomy, and great-grand-nephew of the celebrated author of the "Dictionnaire Historique," has just died, aged 59. He commenced his Medical career by a brilliant dissertation on primary chronic meningitis, in which he first made known the existence of a disease which is now known to be so prevalent in France, viz. the general paralysis of the insane. He pursued the subject in various other works on mental pathology, and in 1854 received the Academy prize for his essay on the "Organic Cause of the general Paralysis of the Insane." He also published the well-known collection of memoirs, the "Bibliothèque de Thérapeutique," and was editor of the influential publication, "Encyclopédie des Sciences Médicales." He was one of the chief contributors to the pages of the "Revue Médicale;" and had recently published a summary of his Medical doctrines in his "Éléments de Pathologie Médicale."

**CHIBNALL.**—On the 9th November, at Cuba, West Indies, Charles Chibnall, aged 27.

**FAITHFULL.**—On the 1st February, at Bombay, John James Faithfull, Surgeon, Bombay Army, aged 39.

**LANG.**—On the 13th instant, at Howley-place Villas, Maida-hill, C. H. Christian Lang, M.D., aged 76.

**MAGRATH.**—On the 17th of February last, at Kingston, Jamaica, Joseph Magrath, M.R.C.S. Lond. 1812, aged 69, for many years Senior Surgeon to the Public Hospital, and President of the College of Physicians and Surgeons of this Island.

**PRING.**—March 6, at 2, Park-row, Bristol, aged 38, John Pring, M.D., King's Col. Aberdeen, 1854; M.R.C.S. Eng. 1852.

**SHEAN.**—On the 11th inst. at Southsea, Robert Shean, M.D. Edin. 1836; late of 7th Royal Fusiliers, aged 66.

**SIMMONS.**—On the 7th inst., at Hatcham, Nicholas Fenwick Simmons, M.R.C.S. Eng. 1837, upwards of seventeen years Surgeon of the Royal Naval School, New Cross.

**BREEDING LEECHES.**—M. de Quatrefages has communicated to the Institute various essays made at Algiers and in Paris, to show that the little leech called in Africa *dragon* is as vigorous and profitable as the French leech. He points out the means of multiplying it and of turning it to good account, and on that occasion he states a fact of the highest interest: the use of a small apparatus which he calls a *domestic marsh*, that every one can construct for himself with a tube of sand-stone, and in which leeches may be conveyed from one place to another without any kind of danger to their preservation. Nay more, these annelides, deposited in the earth contained in these apparatuses, multiply there admirably. M. de Quatrefages obtained thousands of young leeches by that process.

**ADDRESS TO THE LORD LIEUTENANT OF IRELAND.**—On Monday the 15th inst., a deputation from the Apothecaries' Hall of Dublin waited by appointment on the Earl of Eglinton at the Castle, to congratulate his Excellency on his resumption of the office of viceroy of Ireland. In reply, his Excellency said, "I am aware of the great utility of men of your Profession and companies such as yours, and you will not find me backward in assisting you in carrying out measures which are likely to increase civilization and improve the sanitary condition of the community."

**THE ASSOCIATION OF MILITIA SURGEONS IN IRELAND.**—An important meeting of this body was held in the Rotunda on the 13th instant, Dr. Bushe, Mayo Rifles, president, in the chair; Dr. Guinness, County Dublin Regiment, honorary secretary; when after several communications had been read relative to surgeons being placed on the staffs of their respective regiments on a more permanent footing, amount of pay, etc, for which object a deputation is to wait on General Peel, Secretary of State for War, it was unanimously resolved that the Society be amalgamated with that of the English and Scotch, into one general association for the welfare of the militia service, and their mutual interests as a professional body.

**AMERICAN VIEWS OF CANCER-CURING.**—The editor of the *New York Journal of Medicine* observes: "It will be seen, by referring to the review department of this number, that the novelty in the treatment of cancer, which the learned Surgical staff of the Middlesex Hospital accord to Dr. Fell's method, namely, that of incising the cancerous tissue before the application of the caustic, is not new, but, in fact, was a favourite practice of some of their own eminent, but evidently long-forgotten surgeons. The humiliation of these *savans*, who have been for the last year gravely sitting in judgment upon one of the most transparent systems of quackery yet practised, is complete. They are condemned by the voice of their own fathers, who have arisen from the dead to claim the honours which their degenerate sons have attempted to confer on a shallow empiric."

**ACTION OF LIGHT ON ANIMALS.**—M. Bernard has been making some curious observations on the action of light on animals. It appears from his experiments that differently coloured lights, or, in other terms, the different rays of the solar spectrum, have a very different influence on the development of young animals, on the hatching of eggs of insects, etc. The experiments of M. Bernard are simple enough, and can be repeated at leisure by any physiologist. Taking a certain quantity of eggs of the common blue-bottle fly (*Musca carnaria*, L.) he divides them into separate groups and hatches them under different coloured glass jars. If in four or five days' time we examine the larvæ that are produced, we shall find that those coming from the eggs which were placed under the blue and violet coloured jars are far more robust, or more fully developed than the others. Those coming from eggs which were placed under the green jar have taken the least development. By more minute examination we shall observe that after the larvæ of the blue and violet jars, come

next, in strength and development, those hatched under the influence of red light; then, those under the yellow and white (or transparent) jars, and finally those of the green. The series, beginning at the coloured light most favourable to the development of these eggs and larvæ, may thus be set down:—Violet, blue, red, yellow, white, and green. The larvæ developed in a given time in violet light are more than three times as large as those hatched and bred in green light. On birds and mice being placed under the same coloured jars, no difference was observed in any physiological function; their respiration, for example, was exactly the same in these circumstances as if they had been placed in ordinary day-light. The author attributes this to the circumstance that light cannot come in contact with the bodies of these animals, on account of their feathery and hairy coverings. Frogs, on the contrary, being animals with whom cutaneous respiration is very perceptible, give different results:—A given weight of frogs living entirely in green light, evolve far more carbonic acid in a given time, than the same weight of frogs under the influence of red light. If the frogs are deprived of their skin the result is precisely the reverse.—*Illustrated Inventor.*

**THE FEVER IN BERMUDA.**—The House of Commons has ordered the publication of the copy of a despatch from the Governor of Bermuda, enclosing a report from the Commissioners appointed to inquire into the first appearance and the spread of yellow fever at Bermuda in the year 1856. The Commissioners conclude that the said epidemic was not introduced *ab extra*, but that it originated in the colony itself; that it appeared, not at one, but at several points, distinct and widely separated (at two such points simultaneously); that it did not spread through contagion or infection, but through the same causes that had given rise to it—an inferred epidemic constitution of the atmosphere, exploding in attacks of the disease where it encountered the other required elements, predisposition in individuals, bad sanitary condition in localities, or both combined; that at present nothing is known which is calculated to prevent absolutely a recurrence of epidemic yellow fever in the colony; that some new organisation is required to carry out sanitary measures effectively, and that quarantine should be applied only to ships with yellow fever, and not to the crews of such ships.

**ASSOCIATION OF GENERAL MEDICAL PRACTITIONERS OF IRELAND.**—The Annual Meeting of the above body was held in the Board-room of the Apothecaries' Hall of Dublin, on Wednesday last, St. Patrick's day, John Nalby Esq., M.D., President, in the chair. A report of the proceedings of the past year was read, in the absence of the Secretary, by Mr. Vance, the Treasurer, who made special allusion to the efforts of the Association on the subject of Medical reform. A resolution was unanimously adopted, that the Association gladly hail the announcement made in Parliament that Lord Elcho intends shortly to bring in a Bill for a reform of the Medical Profession, and that the President be instructed to furnish his Lordship with the views of the Association, as embodied in their address recently sent to the Right Hon. W. F. Cowper, M.P. The following were elected officers of the Association for the ensuing year:—President, Dr. Moore; Vice-President, Mr. Gorman; Treasurer, Mr. Vance; Librarian, Mr. Shaw; Secretaries, Dr. Ryan and Dr. Long. A vote of thanks to the outgoing President, Dr. Nalby, for his very valuable services during his year of office, was unanimously passed.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, March 13, 1856.

### BIRTHS.

Births of Boys, 1043; Girls, 964; Total, 2007.  
Average of 10 corresponding weeks, 1848-57, 1683.

### DEATHS.

	Males.	Females.	Total.
Deaths during the week ... ..	771	716	1487
Average of the ten years 1848-57 ... ..	695.8	590.7	1186
Average corrected to increased population ... ..	...	...	1306
Deaths of people above 90 ... ..	...	...	...
Deaths in 15 General Hospitals ... ..	37	34	71

## DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Pop- ulation. 1851.	Small- pox.	Measles.	Scar- latina.	Hoop- ing- Cough.	Dia- rrhoea.	Ty- phus.
West ....	376,427	..	14	8	9	2	6
North ....	490,896	5	7	9	14	5	10
Central ....	393,252	..	4	5	10	2	2
East ....	483,512	1	28	12	19	6	9
South ....	616,635	1	6	7	17	5	7
Total..	2,362,236	7	59	41	69	20	34

## METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer ...	29.526 in.
Mean temperature ...	54.7
Highest point of thermometer ...	50.8
Lowest point of thermometer ...	23.6
Mean dew-point temperature ...	29.9
General direction of wind ...	N.W.
Whole amount of rain in the week ...	0.25 in.
Amount of horizontal movement of air in the week ...	865 miles

## TO CORRESPONDENTS.

*A Non-Medical Reader.*—The letter has been forwarded to Mr. Mackenzie.

*Dr. Ogilvie's case of Poisoning by Strychnia* has arrived, and shall appear in an early number.

*G.*—There can be no doubt of the possibility of perfect recovery in such cases.

*Isicus.*—We know nothing of the individual named. The book is not one to be relied on—quite the contrary.

Papers by Dr. Halford, Mr. Newman, Mr. Welford, Mr. Jackson, Mr. Lawrence, Dr. Silvester, Mr. Byrne, Mr. Mofton, Dr. Whitehead of Boulogne, and Mr. Thompson, are in type, but are unavoidably postponed; as are reports of the Pathological, and Western Medical Societies.

## PRACTICE IN CANADA.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I shall feel greatly obliged if you will kindly inform me, in the next number of your journal, if an English Surgeon can practise in either Upper or Lower Canada without passing an examination there? If there is a good chance of succeeding in general practice? and which is considered the best locality for settling? An answer to the above will greatly oblige me.  
M.R.C.S.E.

[Perhaps some correspondent with personal knowledge of Canada will reply to the above.—Ed.]

## ADVERTISING SURGEONS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—With reference to the advertisement extracted from a provincial paper and commented on in last week's Gazette, I beg to state that the office of House-Surgeon to this Hospital has never been filled by any one bearing the name of "William Preston." I am, &c.  
Guy's Hospital, London, S.E. JNO. CHAS. STEELE, Superintendent.  
March 16, 1858.

## INDISCREET PUBLICATIONS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I forward you by this post one of the numerous filthy publications which are constantly being thrust into the bosom of families by unprincipled quacks; three married officers of this ship have each received a copy by this morning's post. It is full time some measures were enacted to rid society of this class of impertinent pretenders, who are constantly doing their utmost to poison the minds of our youth, and at the same time are an annoyance to persons of maturer years. I am, &c.  
H.M.S. "Implacable," Devonport, L. H. J. HAYNE, R.N.  
March 11, 1858. M.R.C.S. Eng.

[The work alluded to by our correspondent is entitled "Human Frailty." It is published, according to the title-page, by Messrs. Sherwood, Piper, and Co., 23, Paternoster-row, London, and written by *Medicus*, 19, Berners-street, Oxford-street, London. We think the tendency of this disgusting production so demoralising, that we have forwarded the copy to the Society for the Suppression of Vice, and sincerely hope that at least one prosecution may be instituted under Lord Campbell's Act.—Ed.]

*ERRATUM.*—In last No., p. 280, col. 2, line 29, for *Hornton* read *Thornton*.

*A Secretary.*—We thought it advisable to allow Mr. Acton's long letter—objecting to our criticisms on certain of his schemes—to appear without comment. But a remark of his requires notice, which says, that we have only superficially looked at his book, for had we read it we should "have found that domiciliary visitation was not proposed by me." Now, in answer to this, we must observe that Mr. Acton cannot know what has been published under his name, or we do not know the ordinary value of words. At p. 123 of the work on Prostitution, known as Mr. Acton's, the author says, "It might be insisted on . . . that all houses and persons notoriously harbouring prostitutes, if not already under the

operation of licensed victualler's or common lodging-house acts, should be compelled, or compellable to become so." He goes on further, "Thus we should bring all casinos, pleasure-gardens, brothels, and accommodation-houses, not already under supervision as licensed public-houses, under the action of a special branch of the police, who should have powers of domiciliary visitation," &c. And he adds, admitting the tenderness of the ground he is treading, "It is fair to say that more than one of the most eminent lawyers who have illuminated the seat of justice in this country, have expressed themselves against domiciliary visitation as 'contrary to the spirit of English law.'" That the term brothels above mentioned includes all houses where prostitutes reside is evident from other parts of the work. At p. 16, all houses occupied by prostitutes are generically termed brothels. And at p. 96 the author speaks of lodging-houses crowded together, and called generically by the police "notorious brothels." As far as we can find, he gives no description of the particular quality of the lodging which is to exempt the prostitute inmate from domiciliary visitation. According then to his plan, as we plainly read it, every lodging-house that notoriously holds a prostitute or prostitutes is to be subjected to domiciliary visitation; and if this is not the thing in full force, we know not what would be deemed to be so. The other parts of Mr. Acton's letter refer merely to matters of opinion, concerning which we differ from him. He says "yes" of them, and we say "no." Whose judgment is most correct time alone can decide.

## COMMUNICATIONS have been received from—

Dr. SYMONDS, Clifton; Mr. WILDS, Dublin; Dr. CUMMING; Dr. BROWN-SQUARD, Paris; Dr. COILVIE, Alexandria; Dr. WILKS; Mr. WIELIN, Southampton; Mr. WINDSOR, Manchester; SECRETARY, GENERAL BOARD OF HEALTH; Mr. BAKER BROWN; Dr. W. COOKE; Mr. GRIFFIN; Mr. HAYNE, R.N.; Mr. LANGDON BROWN; PRESIDENT AND COUNCIL, ROYAL MEDICAL BENEVOLENT COLLEGE; Mr. RIVERS; Mr. BARLOW; PRESIDENT AND COUNCIL OF THE PHOTOGRAPHIC SOCIETY; Mr. BIRTWHISTLE; Mr. M'DERMOTT; Mr. J. HARRISON; Mr. HOWARD; Mr. J. DAVIES; Dr. M'KENZIE; J.B.; MEDICUS; Dr. LONGTON; Dr. R. COULSON; Mr. PHILLIPS; Mr. J. ALLEN; Mr. R. DAVIS; Mr. J. BROWN; Mr. COATES; Mr. J. GRAHAM; Dr. G. HEWITT; STAFF-SURGEON MIDDLEMORE; Mr. EDWARDS; Mr. WAKEFIELD; Mr. HART; Mr. CLAY; Dr. WENTWORTH.

## APPOINTMENTS FOR THE WEEK.

March 20, Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.  
ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Busk, "On the Invertebrata."  
MEDICAL SOCIETY OF LONDON, 8 p.m.: Dr. Andrew Clark, "On a Form of Colonorrhoea, or Follicular Disease of the Colon, accompanied by Increased and Vitiated Secretion of the Mucous Membrane."  
GUY'S HOSPITAL SOCIETY, 8 p.m.: Mr. Durham, "On Sleep in Health and Disease."

## 22. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopaedic Hospital, 3 p.m.  
ROYAL INSTITUTION, 3 p.m.: Professor Huxley, "On Biology."

## 23. Tuesday.

Operations at Guy's, 1 p.m.  
ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m.: Mr. Toynbee, "On Ankylosis of the Staples to the Fenestra Ovalis;" Dr. Tyler Smith's Case of "Inversion of the Uterus."  
ZOOLOGICAL SOCIETY, 9 p.m.  
METEOROLOGICAL SOCIETY, 7 p.m.  
ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Busk, "On the Invertebrata."

## 24. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m., Orthopaedic Hospital, 3 p.m.  
GEOLOGICAL SOCIETY, 8 p.m.

## 25. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 1½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.  
ROYAL SOCIETY, 8½ p.m.  
ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Busk, "On the Invertebrata."  
ROYAL INSTITUTION, 8½ p.m.: Professor Tyndall, "On Heat."

## 26. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.  
ROYAL INSTITUTION, 3 p.m.: Richard J. Barlow, M.A. F.R.S.V.P. and Sec. R.I., "On Mineral Candles, etc. manufactured at Belmont."

## EXPECTED OPERATIONS.

Westminster Hospital.—The following operations are expected on Tuesday next, at 2 o'clock:—  
Wutzer's operation for radical cure of hernia, by Mr. Holt; amputation at the shoulder, Mr. Holthouse.  
King's College Hospital.—The following operations will take place on Saturday, March 20, at 2 o'clock:—  
For ectropion, by Mr. Bowman; for diseased carpus, trephining tibia, and double hare-lip, by Mr. Fergusson; amputation of foot (Pergoff's), by Mr. Partridge.

## NOTICE.

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## ORIGINAL LECTURES.

## LECTURES

ON

THE ANATOMY, INJURIES, AND DISEASES  
OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,

Professor of Anatomy and Surgery to the College.

## LECTURE III.

ON INDIRECT FRACTURES OF THE BASE  
OF THE SKULL.

At the close of my last lecture I was speaking of direct fractures of the base of the skull, and I now proceed to the consideration of its indirect fractures.

If, on the one hand, direct fractures of the base are very rare, indirect fractures, on the other hand, are very common in this region. Indeed so common are they that they form by far the greater portion of the fatal cases of injuries of the head which occur in our Civil Hospitals. It is not that these fractures, however extensive, are in themselves more dangerous than those of the vault; the great danger lies not in the fractures, but in the deadly mischief done to the organs contained within the skull.

For a long series of years, fractures of the base of the skull were, for the most part, looked upon as fractures by "contre coup." And so much was this the case at one time, that fractures of the base, and fractures by "contre coup" came to be all but synonymous terms. Modern researches, however, have clearly demonstrated that fractures by "contre coup" are as uncommon about the base, as they are in the other parts of the skull.

Let us not, however, now run into the opposite extreme, and deny altogether the existence of these fractures by "contre coup" at the base of the skull.

A close analysis of fractures of the base of the skull proves that the bones of this region may be broken in several different ways.

For instance, a blow dealt upon the perpendicular portion of the frontal may give rise to a fracture of the orbital plate of this bone, without any injury whatsoever being perceptible in the intervening osseous tissue.

In a man, who was admitted into St. George's Hospital in 1849, with two large scalp wounds denuding the bone on the vertex, the left orbital plate was the only part of the skull where a fracture was detected; it was a mere fissure, half an inch in length, passing perpendicularly towards the lesser wing of the sphenoid. No blood was extravasated in the neighbourhood of the fracture. The man died of intra-cranial suppuration with purulent infection.

A case very similar to this is related by Boyer. A man fell from the top of a house on his forehead; the injury appeared to be over the left eyebrow; there was no fracture here, however, but the corresponding orbital plate was broken into splinters.

Cases such as these are of very rare occurrence, and you will find but very few recorded by modern Surgeons.

Again, the central bones of the base may be the only bones broken when the front and back part of the head have been caught between two opposing forces.

A man, 36 years of age, while carrying a heavy piece of timber, fell backwards, and struck the back part of his head against the pavement, the piece of timber at the same time falling on his forehead. No fracture was detected either in the occipital, or in the perpendicular portion of the frontal, but the body of the sphenoid presented an extensive and comminuted fracture, from which linear fractures were traced in various directions. One fissure ran forwards into the cribriform plate of the ethmoid, and slightly into the left orbital plate of the frontal. Another fissure, passing outwards, reached the squamous suture, and a third, passing outwards and backwards along the anterior surface of the petrous portion of the temporal, was traced as far as the squamous portion.

But cases such as these are also of rare occurrence.

Again, fractures of the base may be produced by the force acting from below upwards, the shock being transmitted to the skull through the intermedium of the spinal column. And here we may also find, as in the previous instances, that the broken bones are away from the spot which was struck.

On the 24th of May, 1843, a man, aged 40, strong and stout, alighted from a height of 12 metres directly on to his feet. He was a little shaken, but did not lose his senses, walked home, and on the following day went to work again. Four days after this, however, he began to feel some acute pain about the right ear, became restless, and was unable to sleep at night. Three weeks afterwards came intense pain in the head, and a squint inwards of the right eye was for the first time observed. He was admitted into the Pitié, under the care of M. Nonat, who bled, leeches, and blistered him, but all to no purpose. Feeling no better, this man left the Pitié, and shortly afterwards got admitted into Beaujon, under the care of M. Robert. He was then much in the same state as before, with intense and continuous pain in the head, and flying pains about the limbs. Sundry preparations of aconite were prescribed, but without any benefit; and thus he went on until the 20th of September, when he was suddenly seized with violent delirium, and died within twenty-four hours, three weeks after his admission into Beaujon, and nearly four months after the accident. At the examination of the body, the two posterior clinoid processes were found broken off; the right petrous bone presented an extensive fracture running across its inner third, and thus breaking off a large piece of this bone. These were the only injuries done to the bones of the skull. The visceral arachnoid was thickened and opaque, especially at the part corresponding to the fracture, and at the posterior lobes of the brain. The sixth pair of nerves on the right side was torn across opposite to the fracture.

A man, in a drunken fit, threw himself out of a second floor window, and was picked up apparently dying. Both knees and the right elbow were most severely bruised; the left radius was broken close to the wrist, and there was a small scalp wound over, and parallel to, the right brow, with severe bruising of the eyelids. Such being the only external injuries which could be detected, this man was thought to have alighted on his knees. He died three days after the accident. The only injury about the head was a fracture at the apex of the right petrous bone, with another small fracture running along the right side of the sella Turcica, and laying open the sphenoidal sinuses. The bones of the right orbit presented no traces of injury. The liver and the right lung were extensively ruptured.

A man alighted on his heel from a height of 10 to 12 metres. He was terribly shaken, and was evidently suffering from severe internal mischief about the belly. For two days he lost a good deal of blood from the nose, and lingered four days after the accident. The heel was smashed. The bones of the leg and of the thigh were not injured, but the sacro-iliac synchondrosis was torn right open. The walls of the belly, and the organs contained in this cavity were severely and extensively bruised. The only injury detected about the head was a fracture of the cribriform plate of the ethmoid. Every other bone in this region was perfectly sound.

In the three cases which I have just mentioned, the patients alighted either on the knees, or on the feet, and the shock from thence was evidently transmitted through the spine to the base of the skull. Cases such as these are seldom met with. But this impulsion of the spinal column forcibly against the occipital condyles is nevertheless supposed by some Surgeons to be the cause of the fractures so frequently observed about the base of the skull.

The late Mr. Earle observed to Sir Benjamin Brodie that he had not known a fracture of the base to take place, except where the blow seemed to have operated in such a manner as to impel the occiput forcibly against the atlas, the line of fracture passing through the former bone, where it rests upon the latter. And Sir Benjamin Brodie states that his own experience corresponded very nearly with that of Mr. Earle.

Mr. Hilton, in his valuable lectures on the cranium, recently published, also expresses the opinion that the frequency of the fractures occurring through the petrous bone is dependent upon the forcible impulsion of the spine against the occipital bone.

"In a fall on to the top of the head, from a great height,"

says Mr. Hilton, "the body comes with considerable force or violence against the occipital condyles, and the vibrations thus generated, being conducted by the dense ridge of bone extending from each condyle to the jugular process, are thence communicated to the petrous bone, at the point where it is joined or united to the occipital. Thus starting from the point of union between the jugular process of the occipital and the petrous bone, and pursuing the direction in which the vibrations travel, the fracture usually intersects and ruptures the membrana tympani."

To illustrate these remarks, Mr. Hilton performed the following experiment. "An ordinary adult skull was fixed on a firm support, with its vertex downwards, and its base upwards—a strong piece or bar of wood was placed across the occipital condyles, and then, by means of a hammer, a stout blow was applied as evenly as possible over its centre. The result of this was a fracture through the petrous bone, the line of fracture intersecting the membrana tympani."

That certain fractures of the base may be thus produced, there is no doubt; but that the great majority of fractures of this region are not thus dependent upon the shock of the spine, there is also, to my mind, no doubt at all.

If we look somewhat closely into these fractures of the base of the skull, we shall soon perceive that many of them are exactly limited to certain regions, beyond which they do not extend, and that the fracture in such cases has nothing whatsoever to do with the condyles of the occipital bone. Before I proceed further, let me illustrate this by three specimens from the museum of St. George's Hospital.

In this preparation (a) the injury of the base of the skull does not extend beyond the bones of its anterior fossa. The upper wall of the right orbit is broken into several fragments, and the cribriform plate of the ethmoid, and the lesser wing of the sphenoid, are separated from the frontal. The patient having fallen from a great height, was admitted into St. George's Hospital in October 1842, and died within a few hours, the brain having been extensively bruised.

In this second preparation (b) we have a well-marked instance of a fracture confined to the middle fossa of the skull. The fracture commencing at the posterior inferior angle of the parietal, descends through the front part of the mastoid portion of the temporal, and thence on to its petrous portion, where it runs through the cavity of the tympanum, and ends at the spinous process of the sphenoid. The man was admitted into St. George's Hospital in July 1835, having fallen against a stone step during a scuffle in which he was engaged with one of his companions. He ultimately died of intracranial inflammation.

And in this third preparation (c) we shall now find the fracture confined to the posterior fossa of the base of the skull. Commencing at the torcular Herophili, the line of fracture passes perpendicularly down into the foramen magnum, where it ends. The patient was admitted into St. George's Hospital in July 1842, having fallen off a donkey, and struck the back of his head against the ground. He died of inflammation of the membranes of the brain, with secondary deposits in various parts of the body.

Some scattered observations of fractures thus strictly confined to these three different regions of the base, are to be found in various authors, but how and why these fractures are limited in certain cases was, as far as I know, first pointed out by Dr. Aran in the year 1844.

In his most able paper Dr. Aran (d) has clearly demonstrated the course which the line of fracture usually takes in these cases. In precipitating a large number of bodies from various heights on to the head, Dr. Aran found that the part of the vault which first struck the ground, gave, as it were, the key to the fracture which would take place at the base. Similar results were also obtained when diffused blows were dealt on the skull by means of a large and heavy hammer.

In the front part of the vault, injuries thus produced led to a fracture of the anterior fossa; in the middle part of the vault, they led to a fracture of the middle fossa; and, at the back of the head, to a fracture of the posterior fossa; in no single instance was a fracture detected at the base, without a line of fracture being traced down from the vault.

These experiments prove, then, that in injuries of the base of the skull, the line of fracture does not, in the great majority of cases, start from the base, but from the upper or lateral parts of the skull, and from thence stretches into the base. The line of fracture is, in fact, to be traced from the point of the vault at which the blow was struck right into the base.

Some years back, being desirous of testing the value of Dr. Aran's views on this important subject, I determined upon carefully analysing, during a series of years, every case of fractured skull which was examined after death at St. George's Hospital.

These investigations were spread over a period of ten years, during which time seventy-eight cases of fractured skull of various kinds were examined; in most of which the accident had been similar to that produced artificially by Dr. Aran. A fall from a great height, or a blow from some heavy instrument, having been, in a large majority of these cases, the cause of the fracture.

(To be continued.)

## A COURSE OF CLINICAL LECTURES

ON

## DISEASES OF THE KIDNEY.

By GEORGE JOHNSON, M.D. F.R.C.P.

Physician to King's College Hospital.

### LECTURE VII.

In my last lecture I gave you some particulars of a case of contracted Bright's kidney, or as we prefer to call it, *chronic desquamative disease of the kidney*, which ended in fatal coma. This mode of termination occurs in a very large proportion of the cases of this and other forms of Bright's disease; indeed so frequent and so intimate is the connexion between coma and renal disease, that it is of high practical importance to examine carefully the condition of the urine in every case of illness in which coma exists as a symptom.

It is the contracted Bright's kidney—the "gouty kidney," as Dr. Todd calls it—which more frequently than other forms of chronic renal disease gives rise to coma, or convulsions, or other formidable cerebral symptoms, and this particular form of disease is the one which more commonly than any other is overlooked by the Medical attendant. There are few diseases of any organ more insidious in their progress than this chronic desquamative disease of the kidney; few which oftener reach their last stage before their presence is suspected. I have told you before that those cases of chronic Bright's disease which are associated with enlargement of the kidney have a different clinical history from those which we are now considering. Practically one of the most important differences between the two classes of cases is this, that while, as a rule, dropsy is present, and forms a prominent symptom in the one, the other cases—those in which the kidneys are contracted—very commonly pass through all the stages of renal degeneration without the occurrence of dropsy in any form or degree. The existence of dropsy immediately suggests the probability of renal disease, the urine is examined, and the disease is discovered; but if in a case of threatening head symptoms dropsy forms no part of the patient's history, it not unfrequently happens that the investigation of the urine is neglected, and the true nature of the disease is overlooked, until its discovery is too late for the patient's safety, or the practitioner's credit.

I can give you an illustration of these remarks in the case of Louisa S., aged 52, who came in here on the 9th June, 1856. She was unable to give any account of herself, and we could obtain but a very imperfect history of her. I saw her a few hours after her admission, and I noted that she was rather a fat woman, that she was conscious, but very drowsy, and could say little more than "Yes" or "No" to our questions. The legs, arms, and face were constantly twitching in a manner somewhat like the subultus of typhus, or the contortions of a patient with chorea, but with the movements of the mouth there was a continual foaming, as of a patient in an epileptic fit. The skin was cool, the pulse only 60 in a minute; the tongue coated, but not dry. A systolic bellows sound was heard over the base of the heart. There was no dropsy. We learnt that she had been under the care of a very

(a) Series 1, Sub-series 3. F. A. 1.

(b) Series 1, Sub-series 3. F. E. 2.

(c) Series 1, Sub-series 3. F. C. 2.

(d) Arch. g n r. de M dec. 4th S rie, tom. vi.



intelligent practitioner, and that he attributed the twitchings to a mental influence produced by her having read the reports of the strychnia-operations of the notorious Palmer.

The peculiar twitching movements in this case immediately reminded me of the case of a man whom I had attended as a Dispensary patient some years ago, and who had very similar twitchings while he was dying with chronic Bright's disease, and I suspected that renal disease, with uræmia, might here again be the cause of the symptoms. She had passed no urine since her admission, nor could she pass any now, when the nurse urged her to do so. The House-Physician, Dr. Probert, then, at my request, introduced a catheter and drew off about six ounces of urine, which was clear and pale, moderately albuminous; specific gravity 1010. After standing some hours it deposited no sediment, and a microscopical examination discovered in it no tube-casts.

These being the facts of the case, what was the prognosis? Those of you who were in the ward when we were investigating the disease, will remember that I commented upon it to this effect:—The affection of the nervous and muscular system is, in all probability, the result of contamination of the blood, consequent on disease of the kidney. The renal disease is chronic, for in no form of acute disease with which I am acquainted would the urine have the characters which it has in this case. In particular the pale colour and transparency of the urine, and the small quantity of albumen, make it very unlikely that the disease is acute. On the other hand, the appearance of the urine, and its low density, together with the absence of dropsy, render it in the highest degree probable not only that the disease is chronic, but also that it is of the chronic desquamative form in an advanced stage; in other words, that it is a case of contracted Bright's kidney. If we could have found the granular tube-casts in the urine (see fig. 7 in previous lecture), we should be more certain as to this being the form of disease; but it has occurred to me before, to find that during the last few days of a patient's life the tube-casts, which have previously been very numerous, greatly diminish in number, and sometimes entirely disappear.

In the course of the evening the patient became comatose, and in less than twenty-four hours she died.

The kidneys were found reduced to about half their natural size, and contained numerous cysts. On microscopical examination they presented the appearances which are characteristic of this form of disease; the most important of these characters being a denuded condition of the uriniferous tubes, consequent on destruction of their epithelial lining. I have here under the microscope some specimens which illustrate these appearances, and you will find them fully described in my book on the "Kidney." I shall not now occupy your time by further details upon this point. I have only to add that, so far as we could ascertain, the brain was quite healthy, and that there was some atheromatous deposit near the bases of the aortic valves which may, perhaps, have produced the bellows-murmur before mentioned.

With reference to the muscular twitchings in this case, I would remark that the state of blood induced by Bright's disease of the kidney appears not unfrequently to have the effect of irritating the muscles. Patients who labour under this disease often suffer from cramp in the muscles. Muscular rheumatic pains, too, are often complained of. A short time since I attended, with Dr. Bright, a gentleman who, while he was recovering from a serious attack of acute renal disease, with numerous purulent tube casts in the urine, continued for several weeks to suffer from very severe muscular pains, which shifted often from one part to another, but more commonly had their seat in the muscles of the back. Counter-irritation, opiate embrocations, and warm baths, each in turn had some mitigating effect; but in the end, a course of Vichy water, taken at home, got the credit of dispersing the pains.

Dr. Inman, of Liverpool, who has lately published a very able and original treatise on "Spinal Irritation," would probably have said that the muscular pains in the case to which I have just now referred were simply the result of fatigue in muscles which had been weakened by a long and severe illness, and that the pains ceased only when the muscles recovered their normal tone and strength. The history of the case is quite consistent with this explanation, which may very likely be the true one.

Returning now to the cases which have come under our care here, you have seen that two patients, one spoken of to-

day, and one in my last lecture, have died comatose, and that in the brain there was found no structural change which would account for the coma. These are cases of what was formerly called *serous apoplexy*—the theory being, that the pressure of the small quantity of liquid which is commonly found in the ventricles and on the surface of the brain is the proximate cause of the coma. This theory is now abandoned, and the coma is, with more reason, attributed to the toxic influence of contaminated blood upon the brain.

There may, however, be another cause for the sudden coma which sometimes affects the subjects of Bright's disease. Not unfrequently these patients are seized with *sanguineous apoplexy*, an example of which has lately occurred in the case of James L., aged 45, who was admitted into No. 4 Ward on the 9th July. This man was a carpenter, of very intemperate habits, who during a period of nine years had had repeated attacks of gout; and we learnt from a friend who brought him to the Hospital that about seven months ago he had been seized with convulsions, for which he was bled. He recovered without paralysis, and after a few weeks returned to his work. Three months after that seizure he had another convulsive attack, which was followed by some degree of paralysis of the left (?) arm and leg. He again recovered sufficiently to resume his work; but on the 7th July he was brought home insensible, and remained in much the same condition until his admission here two days afterwards. He was then in a half-conscious state, and answered questions with great reluctance and difficulty; the left arm and leg were powerless, and the face was drawn to the right side; pupils natural; bowels costive; urine generally passed in bed, but some which was obtained for examination was found to be slightly albuminous, its sp. gr. was 1011, and it contained small waxy and granular casts. He was placed on milk diet with beef-tea, and was directed to have ten grains of compound gamboge pill, to be followed by a senna draught.

The bowels were moved by the medicine, the urine and feces were passed in bed, and he remained in the same half-conscious state until the 14th July, that is, five days after his admission, when he suddenly became quite insensible, and the left pupil was much contracted, the pulse was imperceptible, the breathing irregular, and in about an hour he died.

On examination of the brain after death, we found the right ventricle filled with blood, and the walls of the cavity softened and disorganized. The quantity of blood effused was at least two ounces. There was the remains of an apopleptic clot just external to the left optic thalamus, the brain substance around it having a yellow tinge.

The heart weighed 14½ ounces, the walls of the left ventricle were thick and firm; the valves were healthy. Both kidneys were small, their surface granular, the cortical substance thin. One weighed 4½ ounces, the other 4¼ ounces. They were in a comparatively early stage of chronic desquamative disease; the course of the disease and the patient's life having been cut short by cerebral hæmorrhage. It is evident from the history of the case, and from the post-mortem appearances, that blood had been effused into the brain on more than one occasion before the last copious hæmorrhage, which probably occurred only an hour before death.

Here then is an example of chronic Bright's disease, complicated with an effusion of blood into the brain; and I beg your attention to a brief statement of the circumstances which appear to render the subjects of that disease more than ordinarily liable to this fearful accident.

In the first place we commonly find that there is more or less disease of the coats of the blood-vessels in the bodies of those who have died of chronic Bright's disease. Atheromatous patches are often seen on the lining membrane of the large arteries; and even the minutest subdivisions of the vascular system—the smallest arteries and the capillaries—may be seen, on microscopical examination, to have their walls studded over with oil-globules. This evidence of degenerative change in the capillaries of the brain was first observed and described by Mr. Paget. My friend and colleague Mr. Hulke, submitted portions of the brain of our patient James L. to a microscopical examination, and found decided indications of structural degeneration in the minute vessels. Now without stopping to inquire into the cause of this association of degeneration of the walls of the blood-vessels with chronic Bright's disease it is obvious that the existence of such degeneration, affecting the blood-vessels of the brain, must be a predisposing cause

of cerebral hæmorrhage. The cohesion and the elasticity of the vessels are lessened by the structural change in their walls, and they are therefore more than ordinarily liable to be ruptured by the pressure of their contents.

But there is another fact in the morbid anatomy of these cases which must have an important share in the production of cerebral hæmorrhage. I need not now repeat what I told you in my last lecture, of the frequent co-existence of hypertrophy of the left ventricle of the heart with chronic disease of the kidney; the only probable cause for the hypertrophy in a large proportion of instances, as in the case which I just now related to you, being that the blood when contaminated by urinary excrement is retarded in its passage through the minute systemic vessels. It is obvious that this hypertrophy of the left ventricle is an additional element of danger in the cases to which I am now alluding; for consider the facts of the disease. The blood-vessels of the brain have their walls degenerated, and, as we believe, unnaturally fragile. There is an impediment to the flow of blood through the minute systemic vessels, calling for an increased effort on the part of the left ventricle, which consequently, growing up to its work, becomes unusually thick and strong. It appears, therefore, that an abnormally strong heart has to drive impure blood through resisting vessels with morbidly brittle walls; a concurrence of circumstances highly favourable to the rupture of the vessels, and the escape of their contents. It is no valid objection to this view of the effect of hypertrophy of the left ventricle to argue that the increased growth of the muscular tissue of the heart is only sufficient to overcome the impediment which has called it forth, and that the actual force and speed of the circulation are not thereby increased. For it is manifest that, supposing the impediment to exist in the capillaries, all that portion of the vascular system which intervenes between the heart and the minutest vessels which are the seat of obstruction, must be subjected to excessive strain and pressure, and in a corresponding degree to the risk of rupture.

Do not, I beseech you, look upon the question of the connexion between cerebral hæmorrhage, hypertrophy of the heart, and renal disease, as one of mere speculative pathology, with which the practical Physician has no concern. It is very important to recognise these facts in practice, not so much on account of any direct influence which a knowledge of them will exert on the treatment of disease, as with reference to their bearing upon prognosis. An attack of apoplexy supervening upon chronic disease of the kidney, is, *cæteris paribus*, a more formidable affection, more likely to be immediately fatal, or, if not so, yet more likely to quickly recur, than a similar attack uncomplicated with renal disease. The case of our patient, James L., who had three or four seizures within seven months, is an illustration of this statement. It is evident, therefore, that the interests of the patient and the credit of the practitioner alike require that these circumstances in the history of an apoplectic seizure should receive their due share of attention.

## ORIGINAL COMMUNICATIONS.

### THE PHYSIOGNOMY OF INSANITY.

By JOHN CONOLLY, M.D. D.C.L.

Consulting Physician to the Hanwell Asylum.

#### No. 5.—MANIA AND CONVALESCENCE.

THE four illustrations of maniacal physiognomy already given in previous numbers have shown a few of the infinite modifications of facial expression in the human being. In the first, the profound reflection and the torturing conscience of the religious melancholic, covering this beautiful world with a veil of darkness, and tempting the victim to rush she knows not where; in the second, that dreadful condition of mind when all worldly hope has left it, and it is occupied with imaginary dangers, and with terrors unspeakable; in the third, the blank hopelessness and helplessness of imbecile old age, when all the long past years constitute but an unsatisfactory dream, and no fresh flowers, and no prospect nor hope of a second spring cheer the winter of the heart;—these are

representations of some of the mental trials incidental to the most highly gifted of the creatures of this globe. The fourth illustration showed how some of the forms of suffering may be, at different times, varied and interchanged in the same individual; in consequence of some morbid change in the relations of the senses or affections, or, perhaps, of the whole nervous system, with the impressions ever making upon it, and which in health it receives or responds to with salutary results to the body and the mind.

The reader who takes sufficient interest in these papers to refer again to the preceding one (No. 4), will find in the engraving very significant indications of such changes of feeling in the countenance of the patient whose portrait accompanies it. At first this was a case of puerperal mania, with a propensity to suicide. Melancholia succeeded to this stage, and after a time gave place to a return of maniacal excitement. The portrait represents the patient in the transition stage from sadness to renewed excitement. Although the melancholy traces of the form of her malady in its first stage have not wholly disappeared, new emotions have evidently risen up in the mind, and have modified the movements of the muscles of the face. The lines of care from the ale of the nose remain, and the chin and lower part of the cheek still retain the impress of depression; but the eyes have awakened from the gloomy sleep of the melancholic stage, and are bent energetically, even fiercely, on some real or imaginary object, near or distant. The forehead, still wrinkled, bespeaks aroused attention; and the general expression of the face is that of an angry sense of injury inflicted, and of some novel suspicions which menace violent actions. The patient, it will be remembered, was subjected to the photographer when mania was displacing the melancholia to which it had previously given way. There are many patients whose mental disorder, being incurable, presents these alternations several times in a year, and for all the remaining years of life. An unhappy man will pace up and down some chosen part of the ward of an Asylum, or of the gravel-walk of a garden, day after day, for many months, until the very earth and stones are worn; never speaking, never smiling; the personification of misery. But to this state may succeed a strangely-contrasted gaiety, lively talking, wild laughter, and the dance of merriment. Unhappy-looking women, who have sate from morning to night, week after week, the hands clasped and pressed on the breast; the eyes heedless of the passers by; and dependent on the help of attendants as respected dress, food, and every other care; pass from this moping condition to a state of gaiety which produces amusement even among their fellow-patients; unexpectedly making their appearance in some old and carefully preserved finery; their hair curled and ornamented; their whole deportment displaying the vanity of fancied beauty and of faded grace marvellously restored.

In some instances the alternations are even more extreme, the depressed state being accompanied with suicidal intentions, requiring much precaution; and the lively state passing into dangerous mania, in which the patient will try to break and destroy all surrounding objects, tear clothing to rags, and make sudden and violent attacks on any one within reach. The transformations occurring in this description of cases are extensive and curious. Every feature undergoes a change; the muscular system is either wholly excited or in a general repose; and the very hair seems to sympathise with the mysterious changes existing in the diseased nerves, being in one state lank, heavy, and hanging in heavy masses about the sorrowful visage, and in the other starting up wildly and in a picturesque fashion from the scalp, as if each particular hair did really stand on end with emotional excitement.

Some beautifully-executed plates appended to Esquirol's great work on "Mental Maladies" have been already alluded to, and woodcuts have been given of two of them, representing chronic oppression of the intellectual faculties, and a continued and insupportable grief. The eighth and ninth Plates in the same work present such remarkable illustrations of the variable expression of the faces of patients in different stages of mental disorder, that it has been thought desirable to insert woodcuts of them in the present number. Both plates represent the same patient: a young woman; the first in a state of acute mania, the second when a state of calmness, mingled with some degree of melancholia, had given assurance of her convalescence, and she was about to leave the Asylum. In the first plate the patient's countenance, and attitude, and

dress, almost relate her case—indicating high maniacal excitement, general moral commotion, a disposition to destroy or to



attack, and a mind occupied with irritating and tumultuous thoughts and images, excluding all consideration of external objects, and of the realities and duties and utilities of existence. Deep corrugations above the nose and inner angles of the eyes deform the youthful face; the cheeks are indented with lines of intense agitation; the mouth is compressed with anger and a kind of disdain, and the determined contour of the chin, the lower lip slightly up-gathered, is in harmony with the whole appearance of the disturbed maniac. The hair is itself in a kind of mad disorder; the trunk of the body, invested with a single garment, is pressed against the wall; the uncovered feet are gathered up on the bench on which the patient sits, as if preparatory to some sudden spring or action, and doubtless the arms would be in motion, if they were not fastened up in a camisole; a restraint considered necessary in the time of the good Esquiro, but which subsequent practice has proved to be unnecessary even in cases of this kind; which it is found better to leave in what seems a wild liberty, but yet so carefully looked after that the natural relief of strong muscular exertion can be permitted, with satisfaction to the patient, and without danger to others. The position of the patient in the figure would seem to indicate some resistance to the restraining dress, and there can be little doubt that her being thus bound would tend to confirm her prevalent delusion that she was to be murdered.

While contemplating this figure, indeed, there arise in the memory figures impressed there in former years, when close restraints were often capriciously imposed, and generally reluctantly removed. The rage usually ensuing in a patient violently tied up in them was intensely manifested by facial

distortion, and by all the outrage that the tongue could pour on all the persons of insane establishments: the body became heated and feverish, refreshing sleep was banished, nutrition impaired, and often deep local mischief induced. When in such cases restraints were, in the first days of such trials, experimentally removed, and removed all at once, the scene which ensued was often very touching. The outrageous words, and almost inconceivable execrations, then considered among the regular symptoms of mania, ceased in an instant; and the silence was only at length broken by sobs of surprise and gratitude, which the patient could command no words to express. The relief thus conferred never seemed to pass out of the patient's recollection; but was in some cases referred to, and often with renewed emotion, years after it had taken place.

The second wood-cut shows the young female patient, 20 years of age, who is seen in the first so wholly under the dominion of a paroxysm of mania, now restored to composure and to reason, and to intellectual and to moral life. All sign of passionate emotion has disappeared; the attitude is



that of rest and calm; the features of the face are placid, representing exhaustion and depression, but no anger, or disturbance, or suffering of any kind. The hair has submitted to control; the forehead is smooth, the eyes are pensive, the indentations of the cheeks are gone, the liberated arms and hands are crossed, and the whole figure expresses relief and satisfaction.

It is the recollection of such contrasts, every now and then revealed to the Physician in practice of this special description, which helps to sustain him when first appearances are

full of discouragement, and sometimes even revolting. He has seen them before, and seen them recede under the influence of medicinal and moral treatment, followed with discretion, and dictated and animated by the feelings of kindness which may be truly said to be generally characteristic of men engaged in the Medical Profession.

In the great movement that has taken place within the last quarter of a century in relation to the management of the insane, nothing has been more remarkable than the general anxiety of Medical men of all ranks to encourage every effort to produce amelioration. Their general character, indeed, confers honour on the Profession to which they belong. In the great social questions now occupying so many considerate minds and benevolent hearts, their services in the collection of facts, and suggesting improvements, are equally conspicuous.

If the general lot of medical men is but a life of labour and anxiety, of which advancing age and inactivity are the only limits, their minds are still, it may be observed, usually full of cheerful thoughts; for almost all their recollections are associated with some benefit, great or small, conferred on old and young, and on rich and poor, and on those pained in body, or those more pained in mind. Toiling through the streets of London, or of our large towns of never-ending struggle; or riding over hill and moor and marsh in the country, for their allotted period of some fifty years, in all seasons, in all weathers, and at all hours; strangers to social, and sometimes of necessity even to family comforts and enjoyments, these good men are in every town, and in many an out-of-the-way village, the centres of civilisation, the promoters of every improvement, the medium of communication between the scientific world and the ignorant; the founders of Hospitals, the gratuitous servants of Charities innumerable; and the perpetual intercessors between the rich and the poorest of the poor.

The student of medicine must pardon an old lecturer to the young, himself passing onward "to the river we must cross," for thus diverging into a kind of eulogy of a Profession to which they, as well as he himself belong. He feels confident that they will admit that the mere acquisition of knowledge would be of very limited value if it did not confer power for beneficial ends; and that our aspirations are, in this world, only redeemed from meanness by our ever preserving the great truth in our hearts that "Power to do good is the true and lawful end of ambition."

To this end let the student of medicine be assured that the study of the external characters, and even of the facial characters of disease, is neither trivial nor profitless. As respects mental disorders, to the outward characteristics of which these papers are particularly devoted, the facial expression and the general shape of the face and head will be found to impart important information, both as regarding the character of the affection itself and the probable event; guiding the practitioner in the prognosis, the subject of which is usually forced upon him by anxious relatives. It was evidently the intention of Esquirol, if longer life had been accorded to him, to prosecute this subject further (tom. ii. p. 167); and it is deeply to be regretted that the numerous drawings he had caused to be made with this object, and which are preserved, and doubtless interesting, should be rendered comparatively valueless by the want of references to the cases of the patients represented.

There are not a few persons who profess to consider what is called Physiognomy as a merely fanciful science, based only on the most striking departures from regularity of feature, or quiescence of expression. Some extravagances interspersed with the acuter observations in Lavater's great work on the subject, and the enthusiasm of his readers when it appeared, now more than sixty years since, and who professed, somewhat pedantically, to read characters in faces, but dwelling more on the bony shape than on the muscular expression, not only led to doubts concerning the accuracy of their general observation, but created a sort of distaste for a science which seemed a little too curious and presuming. People with odd-shaped eyes looked askance at the disciples of Lavater; and people with long noses or chins disliked having conclusions drawn from them. It requires, however, no argument to prove how much the character of the face has a general relation to the habits, and prevailing sentiments and passions. A great part of an actor's study and profession consists in the skilful representation of every variety of external manifestation of character except his own; and his

achievements well exemplify how large a meaning attaches itself to physiognomy; which, disregarding, as we may well do, the derivation of the term, really signifies the external manifestation of character in the face, the gestures, the mode of walking and speaking, and the dress. The popularity of caricature drawings rests wholly on the felicity with which the artist catches the broader oddities of mankind, in features and figure, and in their favourite costume; by which their whole character is often portrayed, without the necessity of verbal description.

## ON THE SURGICAL TREATMENT OF GLAUCOMA.

By J. W. HULKE, F.R.C.S.

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IN a paper read before the Royal Medical and Chirurgical Society on the 12th January of the present year, I communicated the results of the dissection of several eyes affected with glaucoma, which I had examined directly after their removal during the life of the patient. These notes on the morbid anatomy were accompanied by a description of the ophthalmoscopic signs, and by a brief summary of the symptoms of this disease. An abstract of this paper has already appeared in the *Medical Times and Gazette* of January 23rd, to which I would refer those who are anxious for further information on this subject. In the above paper I made frequent allusions to the writings of Dr. A. von Graefe, Professor of Ophthalmology in the University of Berlin, who has recently defined with great precision the true nature of the disease as distinguished from some other deep-seated affections of the eyeball, and has proposed on scientific grounds a plan of treating it, which already promises to be as successful in its results as it is masterly and original in conception. Mercury and the abstraction of blood are the chief measures which have been heretofore employed against this disease; and that these and other remedies have constantly failed, even in the hands of their most sanguine advocates, is so well known as hardly to need remark. Glaucoma has been one of the most intractable and hopeless of eye-diseases. It can hardly be wondered at, then, that when accounts reached us last spring that Dr. A. von Graefe was curing glaucoma by excising a portion of the iris, they were received with some degree of scepticism and incredulity. However, the communication which he made to the Ophthalmic Congress assembled at Brussels in September of last year, the facts which he stated in favour of his views, together with the remarkable success which attended his mode of treatment, all these confirmed and thoroughly established his position.

Dr. A. von Graefe has stated his views, and described his treatment of this disease in a Memoir addressed, in July or August last, to the Institute of France, and in an elaborate article in the second part of the third volume of the "*Archiv für Ophthalmologie*," edited by Professors Arlt, Donders, and himself, and published at Berlin, October 1857. It is very interesting to notice how he was brought, step by step, to the operation which finally gave him such success. How to lessen the excessive intra-ocular pressure was the leading idea which guided him; for he was convinced by the visible pulsation in the central artery of the retina, by the cupped state of the entrance of the optic nerve (both which he first described in this disease, of which he considers them pathognomonic), by the hardness of the eyeball, and by the other symptoms, that the tension of the globe was greatly increased, and he rightly ascribed the blindness which takes place so early in the acute form of the disease to the effects of pressure upon the retina and entrance of the optic nerve, rather than to any structural changes already taking place in these parts. How to diminish this augmented pressure, and so to restore the natural tension of the eyeball, was the problem he undertook to solve.

The whole class of evacuates, antiphlogistics, diaphoretics, diuretics, laxatives, and a mercurial course pushed even to salivation, had failed in his hands, just as had always happened to others; and this directed his attention to local measures. He first tried mydriatics, which he had found useful in the ciliary neurosis which attends corneitis and iritis; but here they

failed him, probably, as he says, because little or none of the atropine he dropped in was absorbed, in consequence of the internal distension. Then he tried the well-known operation of paracentesis of the anterior chamber, and with some abatement of the symptoms, but the melioration was only temporary; and even in cases where he had at intervals repeated the operation, the results obtained were not permanent. His own observations had already made him acquainted with the influence of the formation of an artificial pupil in certain cases of partial sclerotic and corneal staphyloma. The practice has been to remove the staphyloma, and then, if possible, to make an artificial pupil if the natural one was obstructed, but Dr. A. von Graefe has reversed this order: he had first made the artificial pupil, and then had found that the staphylomata sank to the common level. (A. F. O. Bd. iii. Abth. ii. 491.) Bearing this in mind, he experimented on animals, excising portions of the iris, and found the operation was followed by a softer state of the eyeball. Supported by these facts and conjectures, he thought himself justified in performing iridectomy in glaucoma. He performed his first operation in June 1856. The operation he recommends consists in the excision of a large portion (even a fifth or fourth) of the iris in its entire breadth from the edge of the pupil to the ciliary margin. Mr. Bowman does not (at least in chronic cases) excise more than an eighth of an inch, but, whatever the extent, he makes an excision of corresponding length at the edge of the sclerotic into the extreme rim of the anterior chamber, with a common extraction knife, great care being taken not to wound the iris or lens. So far the operation resembles that for extraction, only a very small flap is raised at the junction of the sclerotic and cornea, but rather in the sclerotic.

Dr. A. von Graefe recommends that the portion of iris to be excised should be larger in proportion to the intensity of the symptoms and distension of the globe. Mr. Bowman has observed that much care is necessary in making the incisions; the small size of the anterior chamber consequent on the advance of the lens demands great caution in directing the point of the knife; and if the chamber is opened by a simple puncture, which is subsequently enlarged by a sawing movement, the difficulties may be increased by the immediate escape of the aqueous humour, and the knife becoming entangled in the iris, or wounding the lens before the incision has been enlarged to the desired extent. The knife, therefore, once entered, should be pushed steadily but slowly onwards, so as to cut its way out ere the escape of the aqueous humour allows the iris to fall before its point or edge. When the incision is complete, the iris bulges a little through the margins of the wound; it should now be gently drawn out with forceps, and be cut off with scissors at each angle of the wound. The result is that the pupil is at once enlarged up to the incision, which forms, as it were, the base of a *coloboma iridis*, and the edge of the lens with its suspensory ligament passing in front of the vitreous humour to the ciliary processes is exposed to view; a little blood often trickles into the chamber, and may be either removed through the incision, or allowed to remain and be absorbed.

Dr. A. von Graefe usually makes the incision at the inner side of the cornea; he thinks the situation of little importance, but says it may, if desirable for appearance sake, be made above. This last situation was chosen, and is preferred by Mr. Bowman, because, while he considers it a matter of indifference as far as regards the relief of tensions which part is excised, he believes that the cover thus given by the upper lid to the margin of the lens, which has been exposed by the removal of the iris, contributes to the perfection of vision, the central part only of the lens being usually uncovered.

The operation was introduced into England by Mr. Bowman, and first performed by him in the Moorfields Ophthalmic Hospital, May 1, 1857.

Subsequently it was taken up by Mr. Critchett, and by other members of the Hospital staff. During the last six months it has been subjected to extensive trial, and, I may safely affirm, has succeeded beyond expectation. Mr. Critchett believing that a less extensive excision of the iris is sufficient has modified the operation; he makes a small incision within the margin of the cornea with a broad cutting needle, draws out a portion of the iris with a blunt hook, and leaves it in the wound; or if it protrude much, he removes a portion, and leaves the remainder in the wound. Entangled in the wound, it soon becomes adherent, and, after a few days

have passed by, the little bead of iris shrinks away, or remains for awhile as a small hernia.

The operation proposed by Dr. A. von Graefe is not very difficult to perform, and is not attended with subsequent inflammation; indeed, it may be undertaken, and often succeeds best during the active congestion of the acute form of glaucoma. The simplest treatment afterwards suffices; the lids should be closed for a few days with a small strip of plaster, and a piece of wet rag may be laid upon the eye if agreeable to the patient's sensations.

For a day or two after the operation the aqueous humour drains away, but soon the incision unites and the anterior chamber again fills. The hardness of the globe is at once lessened, and gradually diminishes till a natural tension is attained. The pain generally at once abates and soon altogether ceases; usually there is at once a slight improvement of vision, and this goes on steadily increasing for some time. The dulness of the cornea and the diffused haziness of the humour disappear, and, in many instances at least, the iris regains its natural brightness and its functions. I mention this latter fact particularly, because statements have appeared in print, that the iris becomes atrophied after the operation. The enlarged ciliary veins decrease, and soon the eyeball resumes a more natural appearance; indeed, the artificial coloboma is the only striking tell-tale which is left, and if the excision has been made under cover of the upper lid, even this is concealed from view. Coincident with these changes a similar improvement is going on in the deeper parts of the eyeball. The vitreous humour regains its clearness, and the ophthalmoscope shows us, that the pulsation of the central artery of the retina ceases; the retinal ecchymoses, which Dr. A. von Graefe says often increase immediately after the operation, undergo absorption in the course of a few weeks; and the turgid, dilated veins regain a natural size.

The improvement is most strongly marked in the acute cases, and the more early the operation the more successful is the result obtained. I have seen patients who previously had only a faint perception of large objects, afterwards able to read; and others who had merely a perception of lights and shadows have regained a most useful amount of vision. One very remarkable circumstance is the gradual increase of the visual field to its natural limits; patients have more than once remarked, "My sight is no longer so contracted."

In chronic glaucoma, the results are not so striking as in the acute form; nor need this surprise us, for the rapid blindness which occurs in the early stage of acute glaucoma is the direct effect of pressure upon the retina, rather than the consequence of structural changes; while in chronic glaucoma, structural changes in the retina proceed, *pari passu*, with gradual increase of pressure and the diminution of sight; yet, even in those cases of chronic glaucoma in which no obvious improvement has followed the operation, it appears to arrest the progress of the disease, and to preserve to the sufferer what little sight he has left. Future experience can alone determine whether the relief is permanent. A very important question is the expediency of performing the operation in the premonitory period, which, in about three-fourths of all the cases, precedes the more urgent symptoms. The difficulty of coming to a correct solution of this question will be increased in proportion as the early symptoms are vague; but when they are strongly marked, the known undeviating course of the disease will justify us in recommending the operation even at this early period.

I have hitherto abstained from entering into any speculations as to how excision of a portion of iris can reduce the over-tension of the eyeball; that it does so is an established fact, but the theory of the procedure is very far from clear. Dr. A. von Graefe himself conjectures that the reduction of the tension may be effected by a combination of circumstances, which comprehend the diminution of the secretory surface (of the iris), the relaxation of the tensor muscle of the choroid (ciliary muscle), and the influence which iridectomy exerts upon the circulation of the choroid.

The following we believe to be Mr. Bowman's views:—He supposes that the primary relief of the internal tension is due to the aqueous humour escaping at the time of the operation, and continuing to trickle through the puncture in diminishing quantity during the few days occupied by the healing process. During this first period the eyeball, he says, becomes more soft than natural, and the lens remains in contact, or nearly so, with the cornea. As the wound becomes firmly united,

the gap formed by the removal of the iris allows the aqueous and vitreous humour to come together (of course with the intervention of the delicate hyaloid and suspensory ligament), whereas the iris was before an effectual barrier between them, it being now clearly ascertained by the researches of Cræmer, Donders and others, that the iris is naturally applied closely to the surface of the lens, and admits no aqueous humour through the pupil—in fact, that no posterior chamber of the aqueous humour in reality exists. In glaucoma, the lens is usually forced forward, and the iris projected in front of it so as to be even more closely and firmly in contact with it than natural. Mr. Bowman conceives the result of excision of the iris probably to be, that the redundant fluid effused behind, and mingled with the vitreous humour, causing it to compress the retina, is permitted to transude into the aqueous humour, and then to escape from the eye either by exosmosis through the cornea (a road not previously open to it), or by being absorbed by the vessels distributed on the anterior surface of the iris. As this removal of the effused fluid gradually takes place, opportunity is given for progressive restoration of the aqueous humour in its natural quantity, and for the return of the lens and iris to their proper positions, while the globe acquires more firmness, without again becoming tense. As observed by Mr. Bowman, however, an eye thus treated is very apt to lose the power of adaptation to near vision, which it may have in some degree retained in chronic glaucoma up to the time of the operation: the exercise of this power depending on an increase of the curvature of the lens in the pupillary area under the pressure of the iris on its marginal region, an action which becomes almost, if not quite impossible, when part of the iris is excised. It thus, he says, may sometimes happen that an eye which is gradually and certainly losing all sight under the advancing disease, but which under favourable conditions, and with the aid of a convex glass, retains the faculty of reading even small print within a few degrees of the axis of vision, may lose some of this power by the operation, and nevertheless obtain a much wider range of sight, and secure that range permanently, by the subsidence of the morbid process consequent on the relief given to internal pressure. It is of course desirable in all cases, as pointed out by Dr. A. von Graefe, to excise as small a portion of the iris as shall suffice to secure the cessation of the disease. Future experience will probably serve to determine how much may be necessary for this, under the varying intensity of symptoms, and at different stages of its progress.

Another explanation has been offered by Mr. Critchett, who makes a smaller incision in the cornea, a little within its margin, and leaves the iris entangled in it, by which, he says, time is allowed for the adjustment of the normal tensions, and a sort of safety-valve is left for a time, to prevent such equilibrium from being again disturbed. (a)

Though all originality is due to Dr. A. von Graefe for the treatment of glaucoma by iridectomy, yet it is interesting to observe that the operation of paracentesis of the eyeball has been performed from very early ages; but such extreme difference of opinion has always prevailed as to the cases in which it is appropriate, and its value has been so variously estimated, that even to the present day the operation has never come into general use.

To go no farther back than Riverius, 1679, Jobus à Meekren, 1682, Antonius Nuck, 1696, we find the operation recommended, and designs are given for suitable instruments. The operation had been recommended in hypopyon, in onyx, in cases where blood was effused into the anterior chamber, and in dropsy of the eyeball; but great credit is due to Wardrop, who gave it an extensive trial, and first attempted to define the cases in which it was likely to prove useful. His observations are recorded in *Medico-Chirurgical Transactions*, vol. iv. 1813; he employed puncture of the cornea in cases both of superficial and of deep-seated inflammation of the eye, and with a view to lessen fulness and congestion.

Stimulated by Wardrop's success many other Surgeons, among whom I may mention the names of Langenbeck and Walther, warmly took up the operation, but their experience did not altogether tally with Wardrop's, and the operation again fell into disuse. In our own day paracentesis of the eyeball has been recommended by no one more strongly than

by Desmarres (b), who punctures the cornea more frequently than the sclerotica. For puncturing the cornea to let out the aqueous humour only, he prefers a needle with a shoulder or stop, which limits the distance to which the point can enter the anterior chamber (c); but he says if pus or lymph is to be evacuated, a larger incision should be made with a knife. For puncturing the sclerotica he employs a larger needle, also provided with a stop, and grooved; he plunges this instrument through the sclerotica, a few lines distant from the margin of the cornea, between the tendons of the lower and outer recti muscles; and if a portion of the vitreous humour does not flow readily away, he passes a probe or curette along the groove of the needle into the humour, and, by breaking up the hyaloid membrane, favours its escape. In this way he treats the inflammation which sometimes follows needle operations for cataract, and he also appears to employ it in deep-seated inflammation generally. When his object is to evacuate collections of fluid, as in sub-retinal dropsy, he pierces the sclerotica further back, to avoid wounding the lens. Among English Surgeons of our own day paracentesis has gained but little favour, though most persons have occasionally performed it. Mr. William Martin, Superintendent of the Calcutta Eye Infirmary, speaks highly of its beneficial action in fulness of the globe, with pain of a tensile character, and has recorded several cases in which he tried it with advantage (*Indian Annals of Medical Science, and Report of Cases*, etc. published Reigate, 1857). The frequency with which it often has to be repeated, and the temporary nature of the relief which it affords, constitute the chief objections to this operation.

## LACERATION OF THE DIAPHRAGM.

PROTRUSIONS OF THE ABDOMINAL VISCERA INTO THE CHEST—  
DEATH—EXAMINATION.

By VINCENT JACKSON, M.R.C.S.

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Protrusions of the abdominal viscera into the chest arise generally from a solution of continuity in the diaphragm; the solution is either congenital or produced traumatically. Cases exemplifying the congenital variety have been reported by Sir Astley Cooper and others. The following case is an example of a protrusion arising from a lesion produced by external violence.

J. S., aged 71, was brought to University College Hospital, June 13, 1857. It appeared that early that morning the poor man was engaged in his work as a cleaner on the London and North Western Railway. He was described as standing behind the buffer of an engine, but leaning forward to clean some part of it, when suddenly two engines which were behind him were moved on, and the unfortunate deceased was jammed between them. He was immediately removed to the Hospital, but he died on the way. The breathing after the accident was described as having been short, quick, and catching, gasping every now and then.

*Post-mortem Examination.*—No marks of external injury. The chest below the nipple on the left side appears flattened.

*Chest.*—On removing the superficial structures it is found that the fifth and sixth ribs are broken; the fifth rib is not completely broken, being partly bent and partly fractured. The sternum is broken across transversely at a point corresponding to the fourth rib. On opening the chest the left lung is seen to be pushed up by some viscera of the abdomen, namely, stomach, spleen, transverse colon, and part of the small intestines; these have entered the chest through a rupture in the diaphragm. The viscera are easily withdrawn. The rupture of the diaphragm is considerable. Direction obliquely upwards and outwards; the tendinous, as well as the muscular portions being implicated in the fissure. The rent does not reach the middle line at the lower end, and it stops short of the wall of the thorax at its other termination. *Abdomen.*—The pelvic bones are separated at the symphysis pubis. The

(b) *Traité Théorique et Pratique des Maladies des Yeux*. Par L. A. Desmarres. Deuxième Edition, tom. iv. p. 28.

(c) Jobus à Meekren (*Observations Medico-Chirurgicales*, Amst. 1682, p. 97), gives designs of a lancet with a globular head, which prevents the lancet penetrating too deeply, because, he says, this cannot happen without injury to the lens.

(a) *Treatment of Acute Glaucoma*, by Mr. Critchett. *Ophthalmic Hospital Reports*, Jan. 1858, p. 59.



ligament that unites the bones in this position is ossified. Urethra not injured. *Left Thigh.*—Adductor muscles lacerated and discoloured with blood. No fracture of the bone.

The injuries received by a man at the patient's age were of that nature that almost immediate death followed. It was mentioned in the report that a "catch" in the breathing was noticed by the friends during the short time that he survived. This has been pointed out by Mr. Guthrie as a sign of diaphragmatic injury. These classes of injuries produced by the buffers of railway carriages, engines, etc., have been called "Buffer accidents;" the term is expressive enough, and is now become an addition to Surgical nomenclature. In the case detailed the rent was on the left side, and this, as far as observation goes, is the rule, but it has occurred on the right side. (d) There can be no doubt that the diaphragm was injured primarily by the external violence, and not secondarily by the broken ribs.

Sometimes the fractured ribs have occasioned the laceration. (e) In the Museum of University College a specimen—placed there by Mr. Quain—is preserved, showing the diaphragm ruptured on the left side, and portions of the stomach, colon, and omentum, with the spleen, in the left thoracic cavity. The fissure extends from the seventh rib obliquely inwards and downwards through the muscular and tendinous portions nearly to the spine. This also is an instance of the so-called "Buffer-accident."

## EXPERIMENTS AND OBSERVATIONS ON THE ACTION AND SOUNDS OF THE HEART.

By GEORGE B. HALFORD, M.D.

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(Concluded from p. 193.)

It would be impossible, within the limits of these papers, to criticise all the views that have been put forth in explanation of the cause or causes of the heart's sounds. Some of the opinions are well worthy of consideration, and can only be put aside by observation and experiments tending to their contradiction, —others are little else than fancies, directly opposed to known physical laws. The assigned causes, I believe, worthy of investigation are:

1st. Bruit musculaire; 2nd. Impulse of heart's apex against the ribs; 3rd. Rush of blood into and out of the heart's cavities.

1st. With respect to "bruit musculaire," if it and the first sound were identical phenomena resulting from the same cause, viz. muscular contraction, it would follow that in cases of hypertrophy of the heart, in which the cause is increased, the effect (the first sound) should be increased also; but the reverse is the fact; therefore, they are not identical phenomena.

Again, that they are not identical, is proved to demonstration by my last experiment, in which, although muscular action is going on vigorously, no sound whatever is heard. The explanation of the diminished sounds in hypertrophy is that the sounds being valvular, are less audible through thicker than through thinner ventricles.

Indeed, much, if not all, of what is usually put down as bruit musculaire is nothing more, in my opinion, than the vibrations of the compressed air in the tube of the stethoscope, or in the external auditory meatus, produced by the impulsion of the instrument or some other solid against the ear, or by friction between the two; for a low rumbling sound can be produced by pressing a handkerchief or the corner of the pillow against the ear, or by slightly pressing the tragus into the meatus, and another sharper sound is developed by its sudden disengagement on the removal of the finger. On this subject, the late Dr. Bellingham has a very good remark; speaking of the so-called bruit musculaire heard at night during the contraction of the masseter and temporal muscles, he says that it is only heard by the ear resting on the pillow, and not at all by the other; a fact I have frequently verified, and which is explicable only upon the supposition that the

sound results from the contact of the ear with the pillow. Now, all such adventitious sounds may be developed at the time of the ventricular contraction, or beat of the heart, and the more awkward the auscultator, the more are they likely to arise; but that the first sound of the heart is due to muscular contraction, and identical with "bruit musculaire," is, I think, logically and experimentally disproved.

2ndly. The striking of the heart's apex against the ribs has been given as a cause of the first sound. But since the apex is not tilted forward, and inasmuch as the blow is only apparent, and is the result of the noiseless change of form of the ventricles within the pericardium; and further, since the sounds are more audible after the walls of the chest have been removed than before, this, at first sight, probable cause, becomes, in fact, no cause at all.

3rdly. The passage of the blood into and out of the heart has been assigned as the cause of one or both sounds of the heart.

Several modifications of this cause have been entertained by different authors, as, for instance, "Shock of blood against the ventricular walls;" "Collision of blood against the orifice of the aorta and pulmonary artery;" "Concussion between the active and passive portions of blood;" "Rush of blood," etc. etc. etc.

One author's opinions only I shall examine at some length, for the value of one represents pretty nearly the value of the whole.

The opinions of the late Dr. O. B. Bellingham, of Dublin, it will suit my purpose best to criticise; first, because his work is of recent publication, and has, I believe, the confidence of a great portion of the Profession; and, secondly, because the views he there sets forth are diametrically opposed to the Valvular theory of the origin of the heart's sounds, which it is my present purpose to establish.

He says, "The first sound of the heart we know is synchronous with the ventricular systole; in this act the blood, compressed by the contraction of the powerful muscular walls of the ventricles, is propelled with considerable force into the aorta and pulmonary artery, the sigmoid and semilunar valves of which are suddenly elevated. In the rapid passage of blood from a wider to a narrower area, there must be considerable friction between this fluid and the parietes of the arterial orifices, quite sufficient, in my mind, to produce the prolonged first sound of the heart. This sound has necessarily a distinct character from the second sound of the heart, because the resistance to be overcome is so much greater, and the passage of blood through these orifices is more gradual; it is likewise more prolonged, because sound must be developed during the entire period that the blood is passing from the ventricles into the large arteries; and the slower the action of the heart the more prolonged will the sounds be."

To this I object, that it asserts nature to be at fault, which is impossible. There is no such disproportion (in health) between the orifices of the vessels and the cavities from which they spring; they are gradually continuous one into the other; the aorta and pulmonary artery, by virtue of their perfect elasticity, increasing in area as the capacity of the ventricles is diminished, as shown in fig. 2, page 110. There is not "considerable friction between the blood and the parietes of the arterial orifices," so long as vessels, valves, and ventricles remain healthy. When either the mobility of the valves or the elasticity of the arterial coats becomes impaired, then, I grant, sound may be, and constantly is produced. But what can exceed in smoothness the lining membrane of the heart and arteries? There cannot, then, be friction, which would presuppose an error in the mechanism; an exception in the Divine Author's works. Again, the heart has sufficient work to propel the blood to the distant capillaries, without meeting with obstructions at the instant of its effort. Lastly, where is the "friction between the fluid and the parietes of the arterial orifices" in Brakyn's experiment, and yet the first sound is heard, resulting from valvular tension alone?

Of the second sound he thus speaks:—"The second sound of the heart we know is synchronous with the ventricular diastole. During this act the muscular fibres of the ventricles are relaxed, the cavity of the ventricle enlarges, and the walls of the ventricles re-expand; the curtains of the auriculo-ventricular valves open, and there is a sudden influx of blood from the auricles through the auriculo-ventricular orifices. It is scarcely necessary to say that it is not the contraction of the auricles which propels the blood into the ventricles at

(d) Medical Records and Researches. A case is given by Mr. Bowles, Surgeon at Bristol.

(e) Medico-Chirurgical Transactions, vol. vi. p. 375.

this period of the heart's action; nor is the dilatation of the cavities of the ventricles the result of the entrance of blood from the auricles, as some have supposed. It is not, either, necessary for the production of this sound that the diastole of the ventricles should be an active process like the systole: the ventricles being hollow muscles, the state of relaxation of their muscular fibres is a state of dilatation of their cavities; hence a vacuum would be created in them if the auricles were not at this moment full of blood, ready to supply them; but as the latter had been filling during the whole period of the ventricular systole, this cannot happen, and the blood passes through the auriculo-ventricular orifices in a full and rapid stream, and with sufficient force to generate sound."

Let me request the reader to turn to the Analysis of the Heart's Action, page 111, and, with it before him, follow me attentively, while I prove the above as full of error as it is possible for so many lines to contain.

According to Bellingham, then, the second sound is produced by the rapid flow of blood from the auricles into the ventricles, and this blood is drawn into the ventricles by the force commonly called suction, owing to the state of relaxation of their fibres, which, he says, the ventricles being hollow muscles, is a state of dilatation of their cavities.

In the first place, I object to the term "hollow muscles," as likely to mislead and perplex; for the ventricles are never hollow during life, their inner surfaces being either in contact with each other or with the contained blood. Then, as to the state of relaxation of their fibres being the state of dilatation of their cavities, see how this is completely disproved by my last experiment, where, the blood being shut out of the heart's cavities, the heart continues, nevertheless, to act vigorously. Here no dilatation can take place; for how—when the flow of blood through the heart is stopped, and hence all force from within removed—can the ventricular walls expand, how can the ventricular cavities be dilated? It is a physical impossibility (tending to a vacuum); and yet the globular form of contraction and the lengthened form of relaxation are distinctly seen, but no dilatation can take place. The phenomena are as follow:—So soon as the ventricles have ceased their contraction, relaxation of their fibres commences. This occurs previous to the dilatation of their cavities, and must not be confounded with it; for relaxation of the muscular fibres of the ventricles has no more to do with dilatation of their cavities, or with the passage of blood into them, than relaxation of the fibres of the sphincter ani has to do with the expulsion of feces from the bowel; yet in both cases the same passive yielding state of the relaxed muscular fibre is necessary to complete the act. As the abdominal muscles, through the medium of the feces, dilate the sphincters, so do the auricles, through the medium of the blood, dilate the ventricles.

Again, the blood does not, as Bellingham says, pass at the time of the second sound in a full and rapid stream into the ventricles. If it were so, it would follow that, by the time the auricles next contracted, the ventricles, as well as they, would be full; in fact, there would be full auricles and full ventricles by the end of the diastole; and the next contraction of the auricles (which he admits, with every one else, immediately precedes that of the ventricles) would tend to arrest the systemic and pulmonary circulations, forcing the blood back into the *venæ cavæ* and lungs, for it is certain their force could not be exerted on the already distended ventricles; and it is also equally certain that the auriculo-ventricular valves could not act otherwise than to force back the blood flowing into the auricles upon the venous and pulmonary systems, seeing, as has before been shown (page 111), these structures form a perfect septum between the auricles and ventricles as soon as the latter become distended. In fact, such a heart as Bellingham describes we meet with when the ventriculo-arterial valves are so diseased as to permit of regurgitation; in such cases, the ventricles being imperfectly emptied, the auricles, which have their supply ready to inject into the ventricles, have part of the blood thrown back upon them, thence into the *venæ cavæ* and pulmonary veins, producing those distressing symptoms we are too well acquainted with.

Let us now hear Bellingham's objections to the valvular origin of the first sound. He says: "Now the first sound of the heart cannot have its cause exclusively in the sudden tension of the auriculo-ventricular valves, because this act takes place at the very commencement of the systole; and

the first sound is a dull prolonged sound, which persists during the entire systole."

As this same objection was made by the committee of the British Association appointed to discover the origin of the sounds of the heart, I cannot do better than answer it in the words of Bryan, when combating the conclusions arrived at by that learned body twenty years ago. On what grounds, he asks, is it stated that the cause of the first sound is of equal duration with the sound itself? The sound of a drum is of longer duration than the blow which caused it; a harp string vibrates long after the finger has struck it; and though the shock of the sudden tension of the ventricular valves be instantaneous, yet the vibrations excited by the shock of sudden tension may continue." To this I shall only add that the unequal lengths and sizes both of the flaps of the valves and of the chordæ tendinæ fully account for the prolongation of the sound.

I have thus shown that Bellingham's theory of the heart's sound is incompatible with the perfect action of the organ, and also that his objection to the theory of the valvular origin of the heart's sound is founded upon a total misapprehension of the subject, and consequently is of no worth whatever.

There is yet another road open by which inquirers may reach the truth, viz. post-mortem examination. I would suggest that careful notes be taken of cases of morbus cordis, and the sounds heard during life put side by side with the condition of the valves after death. The heart, however, should not be examined as is usually done; it should be tested hydraulically, as in fact it is during life, and then I feel certain we should soon arrive at a comprehension of all morbid sounds (bruits), and at a just estimation of their importance. Any London curator giving his attention to this subject, would assist the Profession materially. The following method I would recommend:—

Let the heart be removed with an inch or two of the large vessels, then cut away the auricles almost close down to the auriculo-ventricular openings, carefully take away the clot from the ventricles without injuring the delicate chordæ tendinæ. (a)

First shut down the semilunar valves with a stream of water, (the coronary arteries at their origin must be tied,) then pour water into the ventricles, and the valves, if healthy, will rise upon the surface of the fluid in proportion as the ventricles become filled, and form a perfect septum between them and the auricles. Should the semilunar valves be so diseased as not to permit of closure by fluid, the aorta or pulmonary artery, as the case may be, should be tied, or a cork inserted into it before the mitral or tricuspid valve is tested.

The above was the mode adopted by myself, others can of course use their own methods.

In conclusion, I would urge upon the student of medicine the necessity of thoroughly mastering the mechanism of the heart's action, the time and order of the occurrences constituting the rhythm. Only by so doing will he comprehend the morbid conditions he will be called upon to combat, and the sufferings he will be expected to alleviate. And to this end the table (page 111), was drawn up, and I hope will prove useful; and, as a starting point in the study of both functional and organic diseases of the heart, let the student adopt the following simple exposition of the healthy sounds, and all morbid sounds will quickly become intelligible to him.

When listening to the heart, two sounds are heard, the first long, the second short; they may be tolerably well imitated by the sounds *tub-duc*. When the first sound is heard the ventricles contract, and the auriculo-ventricular valves are made *tense*, and completely separate the cavities of the ventricles from the auricles; the *tension* of these valves produces the first sound. When the second sound is heard the ventricular systole has ceased, the aorta and pulmonary artery have reacted upon their contents; the cavities of the ventricles are separated from the systemic and pulmonary systems by the closure of the semilunar valves, the *tension* of which produces this sound. This is the true mechanism of the valves, and a sufficiently physical explanation of the origin of both sounds, none other, in my opinion, being reconcilable with the teachings of Natural Science.

17, Victoria-square.

(a) If even one of them b injured the perfect adaptation of the flaps of the valve is reversed.

## THE LONDON

## PRACTICE OF MEDICINE AND SURGERY.

## HOSPITAL NOTES.

## PECULIAR FORM OF UMBILICAL HERNIA.

We are indebted to Mr. Birtwhistle, House-Surgeon, for the following notes of this case:

William Tator, a child four months of age, was admitted into the London Hospital on Monday evening, the 8th inst., suffering from a peculiar form of umbilical hernia, the intestine being destitute of any covering whatsoever.

His mother stated that on the day of his admission in the morning she noticed a swelling at the navel about as large as a walnut, and consequently took him to her medical attendant, who reduced it, and put a bandage round the abdomen, which, towards evening, when looking to see if it remained properly adjusted, she was horrified on finding tilted up by a coil of intestine. She forthwith came to the hospital, when the hernia presented the following appearance: a portion of intestine (ilium) about fourteen inches in length, was protruded through the umbilicus; it was tense, strangulated, and highly congested, though still retaining its lustre. Reduction was found to be impracticable without first relieving the stricture, which object was accomplished by Mr. Luke, with the assistance of a director, and probe-pointed bistouri, when the gut was carefully replaced, and the wound (eight inches in length) closed by glover's suture; one drop of tr. opii was ordered, and to be repeated if necessary after two hours. The child died the following morning at about 10 o'clock.

*Post-mortem.*—The integument in the vicinity of the umbilicus presented no abnormal appearance to account for its having been thus ruptured by the intestine; there was a slight amount of peritoneal effusion, and the recently strangulated gut had not in the slightest degree recovered itself.

## FIBROID TUMOUR IN THE THIGH TWICE RECURRENT.

Amongst the examples of that interesting and rare class of tumours which are locally recurrent, but not, as regards the constitution, malignant, which have been reported in our pages during the last few years, was one in which a woman under Mr. Cock's care in Guy's had twice undergone the removal of a fibroid growth from the inner aspect of the left thigh. The first operation was in July 1856, and the recurrence was so rapid, that a second had to be performed for a growth very much larger than the original one in December of the same year. The second return took place almost before the wound had healed, and the growth was extremely rapid. The woman having meanwhile become pregnant, the performance of another operation was deferred. After her delivery she was again admitted under Mr. Cock's care, and in August last amputation of the limb near the great trochanter was performed. At this time the tumour had attained an enormous size, its girth being more than four feet. Ulceration had occurred, and the woman had been reduced to the last stage of debility by repeated hæmorrhages. Very little bleeding occurred during the operation; but the shock was so severely felt in the already exhausted state of system, that death followed eleven hours afterwards. No autopsy was permitted; but no reason existed for believing that internal deposits were present. No enlargement of the lymphatic glands had taken place. In asserting that the disease in such a case as this was not truly malignant, we of course use the word in a very conventional sense. The very rapid reproduction of these recurrent tumours and the speed of their growth are marked features in their history; and they certainly differ from cancers only in that neither the glands nor the internal organs are usually affected. But even the immunity of these latter seems to exist only so long as the growth is allowed its original nidus for development. Several cases seem to show that amputation of the affected limb does not rid the patient of the disease, but only renders him liable to its outbreak in some other part. Mr. Paget's observation, that these semi-malignant tumours are usually met with in the relatives of cancerous patients, is an important one. It is

quite evident that malignancy, like most other vices, is an attribute which may vary very greatly in degree.

## CAUTION AS TO THE DIAGNOSIS OF MALIGNANT DISEASE OF THE TESTICLE.

Two cases of much interest have recently been operated on in Guy's Hospital, which illustrate the difficulty in stating positively the character of certain enlargements of the testicle, and show the propriety of adopting exploratory steps previous to extirpation. In the first, a man, aged 88, was under Mr. Cock's care with an obscurely fluctuating tumour in the scrotum, of such character that most who saw it thought it medullary cancer. Mr. Cock, however, had his doubts as to whether it would prove to be merely an hæmatocoele with thickened walls, and accordingly laid it freely open before proceeding to extirpate. His suspicions proved correct, and the contents having been evacuated, and a free opening obtained, the cavity was left to granulate. The suppuration was for some time profuse, but the wound ultimately healed well. The second case illustrates the difficulty in diagnosis rather than the necessity for exploration. It is that of a man, aged 37, under Mr. Cooper Forster's care. He was pale and emaciated. The testicle was as large as a fist, and no one who saw it expressed any doubt as to its being cancerous. Excision was performed, and on examination afterwards the whole gland was found to be disorganised by the infiltration of tubercle, the epididymis also being involved. Had the true nature of the disease been known beforehand no other measure could have been adopted. That peculiar difficulties often attach to the discovery of an exact cause of enlargements of the testis, all Surgeons will admit. Mr. Paget is accustomed to observe in reference to the simulation of cancer by syphilitic and rheumatic sarcocele, that no testicle should be condemned as malignant until three remedies have been severally tried—mercury, iodine, and colchicum.

## DEATH FROM ANÆMIA.

The case under the care of Dr. Todd in King's College Hospital, which we mentioned on a former occasion as being suspected to afford an example of supra-renal capsular disease, has just ended fatally. No disease of the organs in question was found, nor indeed any important visceral lesion. The skin had only been discoloured in certain parts, and the degree of discoloration had varied from time to time. It had been most marked where a blister had been applied at a former period on the chest. Many who saw the case had, we understand, doubted much whether it was an example of supra-renal melasma. It will be recollected that the patient was deemed to have derived much benefit at one time from the free use of sugar. The early fatal event must be held to invalidate this conclusion, as far as regards the effect of sugar on idiopathic anæmia, while the discovery that the capsules were healthy, of course leaves the question of its usefulness in true supra-renal cachexia where it was.

## POPLITEAL ANEURISM CURED BY COMPRESSION IN TWENTY-SIX HOURS.

We are indebted to Mr. S. Cusack of Dublin for a report of a case of popliteal aneurism cured in Stevens's Hospital, Dublin, in twenty-six hours and a-half. The patient was aged 38, the aneurism of nine weeks' duration, the result of a blow, about the size of an orange. Compression of the artery in the groin stopped all pulsation in the tumour. The man was treated for three days with digitalis, low diet, and advised to take but little fluid. The following details are interesting. The intermitting pressure, the simple form in which it was applied, and the use of opium to secure a proper amount of sleep, should attract attention.

October 30, 8 p.m.—A leaden weight, of a conical shape, and weighing five pounds and a-half, having been placed on the femoral artery in the groin, it was found that there was scarcely any pulsation in the tumour, and that he could bear this amount of pressure without much inconvenience. The pressure in this case was effected throughout by means of a conical leaden weight, the lesser end of which, about the size of an ordinary tourniquet pad, was applied over two folds of soft leather to the artery. To keep the weight in position, and to direct the pressure, a stiff iron wire, which had been inserted into its greater end while the metal was melted, was passed through a ring fixed in a cradle, large enough to stand on either side of his pelvis. He was ordered

a draught containing twenty drops of the liquor morphinæ, and it was hoped that he would be able to sleep with the pressure on. He was unable to sleep, but kept the pressure steadily on, except for about two hours, until half-past seven the next morning, when it was removed, to allow him to sleep, having been on nine hours and a-half. At half-past nine, a.m. (Oct. 31), the weight was re-applied until nine, p.m., making in all twenty-one hours' pressure out of the twenty-five. The tumour had by this time become much more solid, and the anastomosing vessels on its surface remarkably distinct; the leg a little more oedematous than before; the foot kept warm by a water-bottle.

Nov. 1, 10½ a.m.—He has had a good night's rest. There is a small gland, just where the pressure had been applied, which is tender; this, however, could be drawn to one side with the integuments, and the pressure was re-applied, having been increased to eight pounds, so as to stop all appreciable pulsation in the tumour. At 4 p.m., on removing the weight, which had been on this occasion applied five and a half hours (making in all twenty-six and a half hours), it was found that the pulsation and bruit did not return. The limb was warm, and he had no pain anywhere; but the tumour felt hot and tender. He was directed to keep the pressure on for six hours longer, to make sure of a perfect cure. At 10 p.m. all pressure discontinued; "repeat morphia draught."

All went on well until the 15th, when the tumour had so far subsided that the patient could not be persuaded to remain in the Hospital any longer.

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## Medical Times & Gazette.

SATURDAY, MARCH 27.

### PRINCIPLES AND PROSPECTS OF MEDICAL REFORM.

Now that "the battle of the Bills" is again about to be fought let us clearly understand what we are to fight for. Let us clearly understand what is meant by "Medical Reform." Let us as a Profession be of one mind regarding the PRINCIPLES at least on which a Medical Reform Bill ought to be framed, so that when the subject comes to develop itself in its executive details, sound and fundamental principles being adhered to, there may be no difficulty in administering not only the letter, but the spirit of such a Bill.

The three fundamental principles which Medical Reformers may agree to maintain have been well put in an able paper entitled, "Principles of Medical Reform," which has been extensively circulated during the present week among members of both Houses of Parliament, and various influential persons. The paper will be found entire in another column. The three principles are thus enunciated:—

"First. Every Medical Practitioner, who has once been declared qualified, should have the right of free practice throughout the United Kingdom, without hindrance from local jurisdictions.

"Second. The names of qualified Practitioners should be inscribed in a register, to enable the public to ascertain their qualifications, and to distinguish them from the unqualified.

"Third. Every Practitioner, whatever higher distinctions

he may attain, should be required to pass through one common examination."

If the Profession could agree to agitate for these principles, there can be little doubt, after what Lord Derby said last week, (see our Parliamentary Intelligence,) that the present Session might put an end to this long-voiced question, without the necessity for the ROYAL COMMISSION we have so long held up as a middle course. And as they are the principles so long and so perseveringly insisted on by Medical Reformers in general, and especially by the British Medical Association, it appeared probable that something like union was to be expected, and that we should not have a repetition of the misapprehensions of last Session, reminding one so strongly of the old rhyme,—

"Friends and foes, to battle they goes,  
But what they all fight for nobody knows."

But Mr. Cowper's Bill, as we shall see presently, has introduced a singular complication, and bids fair once more to throw us upon the COMMISSION. In the meantime let us consider for a moment the bearings of the three principles given above in all their breadth and comprehensiveness; not only upon those who are already entitled to be regarded as properly and legally qualified to practise medicine, but also upon those who may become so under the proposed measure.

The three principles mutually supplement each other; so that, as a whole, they constitute a broad and comprehensive measure of Medical Reform. They imply in their integrity such a constitution of the Medical Profession as shall secure to all its members a good preliminary and Professional education, with free and unrestricted right to practise throughout the British dominions; a constitution calculated to promote the advancement of Medical science, the respectability of the Profession, and the security of the Public. Equality of privilege has long been contended for; and while the desirableness of such a measure is conceded by all, it is only characteristic of our free Institutions which are at once the glory and the pride of the British people. The science of Medicine will not be impeded but promoted by free and uncontrolled licence to practise in any locality. Let equality, then, of Professional rights be the first article in this Bill.

The names of qualified Practitioners being recorded in an authorized register, will at once show who are legally qualified practitioners and who are not; and make known the honorary distinctions they may ultimately possess, such as "Fellow of the Royal Society," "Fellow or Member of the College of Physicians," "Fellow, Licentiate, or Member of the College of Surgeons," "Doctor of Civil Law of any University," "Doctor of Medicine of any University." The Government Register under the Act would be the only legal record of the fitness of any man to practise medicine, or to hold any public appointment where medicine in any of its branches is practised, to give medical evidence in a court of justice, or to sign any medical certificate required in the daily practice of the healing art.

The question of registration affects two parties—namely, medical men already possessing qualifications, and those who would become qualified after the passing of the Act. With the latter there is no difficulty. So soon as they pass the necessary examination required by the Act, let them be simply registered by Government as "Licentiates in Medicine and Surgery," fitted to pursue any department of their profession, or to avail themselves of the best opportunities to practise in any part of the United Kingdom. This list would embrace that large body of Medical Practitioners who at present have neither a common feeling nor sympathy with any vested rights of Corporation or University; who, except that they had once derived a legal right to practise from some of them, are unconnected with these bodies. While such a register would doubtless be the lowest qualification, it would be,

at the same time, both a legal and a secure one for the public. The appearance of a name in it would be a guarantee to the very poorest man that he can obtain the attendance of a properly qualified Medical practitioner—one who has passed through a fair, uniform, and sufficient education. The Governmental record of such fair, uniform, and sufficient qualification could not, of course, prevent a man from seeking eminence in the higher walks of science or of literature. On the contrary, the higher grades of the Profession would still find that in such a register a column would be reserved for them in which to record the honours they may have attained in Societies, Colleges, or Universities. These institutions would remain unfettered in their modes of elevating their standards of qualification for those honours they are entitled to bestow. Such institutions will thus be left to fight their way by healthy competition and dignified emulation. The scientific position of all will tend to elevation by such wholesome competition, the powers of all to do good will be greatly extended, and new charters to these learned bodies may still more enhance the good they are able to effect, in accordance with the liberal spirit of this age of progress. It is true, a slight difficulty in registration meets us at the threshold; but we think it is to be easily got over. It is the question as to how we are to dispose of the various qualifications of the Medical men now practising, so as to admit them into the Government Register as simple "licentiates in Medicine and Surgery." At present it is a fact that "no existing body confers a complete licence for general practice;" and therefore we think that such a mutual concession ought to be made, that all who at present hold a qualification from any body having at present the legal right to confer it ought to be registered *simpliciter* in the Government Register as "a licentiate in Medicine and Surgery."

So much for the second article for which we contend, namely, one Government Register of the legally qualified. In Mr. Cowper's Bill the first and second of those principles are admitted. The third is the battle-ground. In place of the one State Examination, all the existing licensing bodies are to go on as at present. The constitution of the Council is also materially different in the two Bills; but we must reserve for next week a summary of the points of agreement and difference. Lord Elcho's Bill is down for the second reading on the 12th of April, and Mr. Cowper's on the 23rd; but as the first is low on the list, it may probably not come on, and Mr. Cowper's may be the first on which a debate can arise.

Let us, then, consider the third article, namely, the "one portal" through which all ought to be required to pass. It is only by this means that the Legislature will be able efficiently to provide for the security of the public; by regulating the courses and the modes of instruction and the tests of proficiency. The tendency of the competition which at present exists among the licensing bodies is that of deterioration. It is a state of things which fosters a "competition downwards;" and it is only the pressure from without which keeps them up to the level *merely of mediocrity*. No doubt some of the licensing bodies have and do attempt faithfully to discharge their duties. Others again are more remiss, in order that they may draw to themselves a greater number of candidates for their "licence." So soon as that is effected, the more praiseworthy institutions are forced to relax their exactions and become remiss in their turn. Nay, it were not difficult to convince any one that the rigour of some examinations, though *visa voce*, written and prolonged, are more terrible in name and appearance than in reality, and therefore not efficient as practical methods of examining.

It were surely, therefore, preferable to establish one fair, uniform, and sufficient examination through which the Profession should be entered than maintain the present deteriorating system. Such a fair, uniform, and efficient test of

Professional acquirements contains the principle of wholesome competition in an upward direction. While all must enter by a common door, all may start fair in the race of life and step by step may rise upwards from this common level in Medical acquirements. The highest honours which Universities, Colleges, and learned Societies can bestow would be still open to all, would be no less diligently sought and honourably contended for. A still further stimulant to contend for such honours will be found in the fact that private Institutions and Hospitals would no doubt continue to select their candidates for office, as heretofore, from those who possess the highest attainments in science. Competition in the Medical Profession would thus be fostered, and not repressed; the Corporations and Universities would not be interfered with; they would be permitted to acquire an honourable independence; and thus they would at once be put in the position of Scientific Institutions. Competition, both as regards individuals and Medical Institutions, would be put upon a much more wholesome footing; and few will remain at the dead level of the simple qualification of "Licentiate in Medicine and Surgery" whose intellectual attainments are able to raise him higher. Hitherto the competition for honorary distinctions has been most strenuous; and the ardour would not be diminished by the fact that all must pass into the course through one common entrance.

The Bill which has now been read a first time by Lord Elcho in the House of Commons, is the Bill of the Select Committee of 1856, presided over by Mr. Cowper. Of this Bill it is to be said that no Medical Bill ever before arrived at so advanced a stage as to be reported upon *unanimously* by a Select Committee. Moreover, it is the only Bill we have yet seen which comprehends the *three great principles* we have just considered; and we think Lord Elcho does wisely in adhering to the exact form of the Bill in which it left the Select Committee of 1856, leaving any change that may be considered desirable in the executive details of the Bill a subject for consideration in Committee of the House. We have, therefore, purposely avoided saying anything about the constitution of the Council, because it is essentially a question of executive detail, not to be compared in importance, nor to be allowed to take precedence of those great principles we have noticed. Let us, therefore, be careful not to shift our ground; but on these three articles the Profession should stand firm in the fight for Medical Reform. The successful issue of such a fight would no doubt affect the individual interests of some; but who ever heard of a decisive fight in which one of the combatants did not yield? To be efficient, the conflict must be a decisive one. Some privileges had better be relinquished for the public good before they are altogether wrested from their possessors by the pressure of public opinion and the influence of social progress. It will always be found impossible to reconcile what is irreconcilable; and it is hopeless ever to expect the consent of all the various bodies whose interests will no doubt be affected in working out the executive details of an efficient and comprehensive measure of Medical Reform. To the justness and goodness, therefore, of the measures we have here advocated we look for success through a liberal and enlightened Legislature.

#### THE WEEK.

Lord Campbell gave a judgment at Warwick, on Monday, of considerable interest to scientific men likely to be called upon to give evidence in Courts of Justice. "A scientific witness having asked his opinion as to whether he was bound to attend upon being served with a subpoena, he would say that a scientific witness was not bound to attend, and ought not to be subpoenaed. If he knew any question of *fact*, he might be compelled to attend, but Her Majesty's subjects were not compellable to give their attendance to speak upon matters

of opinion." This should be jotted down among the things which should be, but are not, generally known.

Mr. Wiblin of Southampton has applied to us to allow subscriptions to be received at the office of this Journal for the benefit of the widow of the late Dr. Rolph of Portsmouth. We accede most willingly to Mr. Wiblin's request, and trust that his benevolent exertions may be followed by complete success. Dr. Rolph, it may be remembered (see *Medical Times and Gazette*, November 21, 1857), had the misfortune to attend in a case of adherent placenta. A portion came away, and he judged it better to leave the remainder, and wait for the natural action of the uterus, than to exert a degree of violence he thought likely to be dangerous in separating the adherent portion. The woman died, not of hæmorrhage, not of peritonitis, not of pyæmia, but of a form of low fever prevailing in the neighbourhood. An inquest was held. The jury agreed to a most damaging verdict. Under the instigation of enemies this verdict was engraved on the tombstone of the woman. Dr. Rolph saw it, and he died of a broken heart. All those who, like our departed brother, are exposed to the danger of being held criminally responsible for the misadventure of losing a patient after exerting their best efforts in her behalf, have now the opportunity afforded them of showing their sympathy with the widow he has left unprovided for.

Mr. E. Touch, Assistant-Surgeon of the 83rd Regiment, has earned his promotion to the rank of Surgeon by the display of such military ability as many Medical officers undoubtedly possess, but are not often called upon to exercise. It is well known that during the weary trench work in the Crimea, the influence of the medical officers was very great in maintaining the discipline and endurance of the men; so, lately in India when the mutiny broke out at Aboo, Mr. Touch was the only officer present able to take command. In this emergency he led on his men in the most gallant manner, and took such vigorous measures, that the mutineers, who outnumbered his men by three to one, were completely routed, and the lives of all the Europeans in the place and the hospital were saved. Mr. Touch was constantly in the saddle for three days. Surely the Victoria Cross would be well bestowed upon such an Army Surgeon as this.

The annual meeting of the Cork Medical Protective Association was held last week at the Royal Cork Institution, when a large and influential body of Medical gentlemen assembled together under the presidency of Dr. Harvey. From the cordiality and unanimity which prevailed among the members of the Association, and from their correct appreciation of the evils which now afflict the Profession, we may anticipate that much benefit will accrue to the interests of our Medical brethren in Ireland and throughout the empire. One very excellent feature in their proceedings, and one worthy of imitation in our own country, was the system pursued during the last general election, of demanding from all candidates for seats in Parliament a distinct pledge that they would protect the interests of the Medical Profession. The Association, it appears, determined to support only those candidates who consented to give such a pledge, and disregarded all political considerations in comparison with the urgent claims which Medicine now possesses on the attention of the Legislature. The chief point of interest at the late meeting at Cork was the sympathy expressed for the Dispensary Medical officers in Ireland, who appear to be exposed to the same tyranny, caprice, and parsimony, at the hands of Poor-law Guardians, as the Poor-law Medical officers are in Eng-

land and Wales. Dr. McCarthy of Kenmare, who, it will be recollected, was subjected to the indignity and injustice, last autumn, of having his miserable salary reduced by the Guardians of his district, and to whose eloquent speech on that occasion we drew attention in our columns, delivered another most able and animated address before his Medical friends at Cork. He stated very truly, that although the Kenmare Guardians and the Irish Poor-law Board had succeeded in cutting off £20 a-year from his salary, yet the perpetration of this pitiful act of meanness and injustice had awakened a spirit of indignation throughout Ireland which would not soon be allayed, and had drawn more and more closely together the members of the Profession in defence of their common interests and rights. He also proposed a resolution that, in the opinion of the meeting, the minimum salary for Workhouse and Dispensary Medical officers should be £100 a-year; and he suggested, moreover, that the Profession should combine together in the determination to accept nothing less,—a sentiment which was most cordially applauded by the meeting. If any Medical man, after this general declaration of opinion, should accept a smaller sum, "then," said Dr. McCarthy, "we have the remedy in our own hands. Exclude him from the society of gentlemen, let him not be met in consultation." We are most happy to record the proceedings of the Cork Medical Protective Association, and we hope that the example set by the Irish members of our Profession in that large city and its surrounding district will be followed by the establishment of similar Associations in all the great cities of the United Kingdom.

M. Chevallier declares that in France at the present time phosphorus is the most dangerous form of poison known, having replaced arsenic, which is now so difficult to obtain, while there are less certain antidotes known for phosphorus than for any other poison. He has collected references to 86 cases of poisoning by phosphorus, of which number 21 arose accidentally, 25 were from suicidal intention, and 40 from criminal poisoning. Of these 86 cases, in 51 chemical matches supplied the phosphorus employed; and it is found that these cases are on the increase, just as cases of poisoning by arsenic are on the decrease. M. Chevallier also feels convinced that of late years a fourth at least, if not a third, of the fires that have occurred have been caused by these matches, whether from their careless employment, or from peculiar causes having given rise to their inflammation. He therefore calls upon the authorities to interdict all matches that are not fabricated with amorphous phosphorus, which, while they are innocuous to life and property, do not give rise in their manufacture to disease of the jaw among the employees.

The following advertisement is copied from the *Caledonian Mercury* of the 17th inst. :—

"MR. SYME'S CASE OF CANCER OF TONGUE.

The Medical Profession are recommended to read Dr. Renton's unanswerable Letter in the *Medical Times and Gazette* of March 13, page 278,—

AND

To corroborate Dr. Renton's Statements, *Medicus, junr.*, submits the following extracts to the Profession :

The late Mr. Miller, Fellow of the Royal College of Surgeons, in his 'Inquiry into the average Mortality in Lithotomy Cases,' thus observes :—"Mr. Syme, with his usual candour, takes no notice of the event; the reader is led into the belief that this was a successful case, the operator (Mr. Syme) being at the same time aware that the patient was dead."

Professor Miller, in a controversy with Professor Syme, in the *Edinburgh Medical Journal* of May 1851, states :—"I make no comment further than to observe, that should Mr. Syme explain



terms deny the occurrence of the serious evils thus maintained by those best acquainted with the facts to have followed his operation in this particular case, I fear some allowance must in future be made in reading his statements, regarding the other patients, in whose treatment no unpleasant consequences are said to have occurred.'"

What a pity it is, as this life is so short, that our Edinburgh friends should waste so much time in quarreling!

The annual festival of the Medical Benevolent College at the Freemasons' Tavern, on Wednesday, passed off remarkably well notwithstanding the absence of Lord Stanley. His place was well filled by Sir Charles Locock, who in a simple, manly, unaffected, but warm-hearted speech, advocated with such good effect the cause of the Charity that upwards of £1200 were added to the funds.

William Baldwin, the "chemist and man-midwife" of Maidstone, has been sentenced to one year's imprisonment, having been found guilty of gross ignorance in his treatment of a midwifery case. The particulars of this case have been given and so fully commented on in these columns, that we need do little more than refer to it as a proof of the absolute necessity of a Government register of qualified Medical men—not to prevent the public from employing whom they please, but to enable them to distinguish between the men who are authorized to practise, and the ignorant pretenders who are not. The uneducated must be protected by the educated from the dangers they are exposed to from unprincipled pretenders to Medical knowledge. Another case at Shrewsbury strikingly illustrates the necessity for such protection. A man named Lacey, who "having been a gas-fitter and soda-water and blacking manufacturer, had taken upon himself the practice of Physic," treated a case of pneumonia with some powders, which an analysis of the contents of the stomach after the sudden death of the patient showed to be "Indian tobacco." The prisoner had treated the deceased for inflammation of the liver and stomach, and the judge, Mr. Baron Channell, said that "if it could not be proved that the prisoner had been guilty of gross ignorance or of gross negligence in his treatment of the deceased, he was entitled to be acquitted." The jury then found him Not guilty, and he was discharged! So that if an inspired gas-fitter chooses to treat patients with "great care and attention," and cannot be proved to be guilty of gross ignorance or gross negligence, the law cannot interfere.

## PRINCIPLES OF MEDICAL REFORM.

In approaching the question of Medical Reform, it is necessary that we should have clear notions of what it is that calls for amendment.

During the past quarter of a century three Select Committees of the House of Commons have considered the subject, and numerous bills have been brought into that House. Some of these bills have chiefly aimed at imposing penalties upon unqualified practitioners, quacks, and systems of unorthodox medicine; the right, however, which is asserted by every free-born Briton to indulge in medical as well as theological heresies, renders it vain to attempt to establish faith in any system by Act of Parliament. Other bills have attempted to define the boundaries of the different orders of the Profession, viz. of Physicians, Surgeons, and General Practitioners; but the tendency of society, as well as of the Profession, being towards a fusion of these orders—Physicians being daily found practising as General Practitioners, Surgeons as Physicians, and General Practitioners both as Physicians and Surgeons—it would be futile to attempt by legis-

lation to mark out boundaries which neither the Profession nor the public are prepared to respect. Bills have also been framed with the object of reforming the constitution of the various Corporations of Physicians, Surgeons, and Apothecaries throughout the United Kingdom, and also of effecting reforms in the system of conferring degrees in some of the Universities. Legislation in this direction would be very desirable; but the diverse constitutions of the bodies to be dealt with, and the conflicting interests involved, must render this an extremely difficult, if not an absolutely hopeless, task.

What Parliament, as the guardian of the public interests, have chiefly to consider is, the relation which should subsist between the Profession and the community to whose necessities it ministers. Viewed in this light, there are three requirements which specially call for legislative recognition, and which should form the basis of a Medical Bill.

First. Every Medical Practitioner, who has once been declared qualified, should have the right of free practice throughout the United Kingdom, without hindrance from local jurisdictions.

Second. The names of qualified Practitioners should be inscribed in a Register, to enable the public to ascertain their qualifications, and to distinguish them from the unqualified.

Third. Every Practitioner, whatever higher distinctions he may attain, should be required to pass through one common examination.

In regard to the first of these requirements, it may be observed that, in the present state of the law, persons legally qualified to practise in one of the three kingdoms are prohibited from practising in either of the other two, and that even persons legally authorized to practise in one part of such kingdom have no legal right to practise in another part of it.

EXAMPLES 1. No Irish or Scotch Physician, Surgeon, or General Practitioner is legally qualified to practise in England, unless he submit to be re-examined and pay fees to some corporate body in England—and *vice versa*.

2. Graduates of Oxford, Cambridge, and London, have legal authority to practise throughout England, except within London and seven miles round; but within this boundary they cannot legally practise until they have been re-examined, and have paid fees to the London College of Physicians.

3. In Ireland, the legal right to practise as a Physician or Surgeon in Dublin and seven miles round, and also eligibility to certain public appointments in the provinces, are confined to members of the Dublin College of Physicians and Surgeons.

4. An Army or Navy Physician or Surgeon is not legally qualified to practise as a civilian, until he has been re-examined by, and has paid fees to, some Medical body of the kingdom in which he proposes to practise.

The exigencies of society have broken through many of these absurd impediments, but, nevertheless, most of them continue in sufficient force to prove petty annoyances in the hands of rival practitioners, inconveniences to the public, and obstacles to the admission of highly qualified men to public appointments.

It cannot be questioned by disinterested and unprejudiced minds, that it is most desirable to sweep away the *débris* of antiquated barriers to the right of free practice throughout the United Kingdom, so far as regards all persons who are properly qualified.

Little needs to be said in regard to the second requirement, —the institution of a Medical Register. Without limiting the free agency of any one, it is very desirable that the public should have an authorized list to refer to, in order to ascertain whether a practitioner is legally qualified or not, and what his qualifications are. Further, it will scarcely be considered an unreasonable concession to Medical men that they should have some public and official record in which to set forth their titles to public confidence.

At this point some Medical Reformers would stop short, and deprecate any further legislative interference. It will not, however, be possible to secure all that the interests of the public require, without having regard to the third requirement, viz. the one common examination,—and for the following reasons:—

There are about twenty different bodies—Universities and Medical Corporations—in the United Kingdom which confer qualifications to practise. Even with the present impediments to free practice, there exists a rivalry among them which is not favourable to the attainment of a high average standard

of proficiency. Among them are some which, at the risk of diminishing the number of applicants for their qualification, demand, both in general and professional knowledge, a high degree of proficiency; but, unfortunately, there are others which, deterred by the apprehension of being underbitten by each other, and thereby incurring loss of fees, are either slow or unwilling to make their examinations as searching as they ought to be, and therefore, it is apprehended that, if the obstacles to free practice are removed, without due provision being made for securing a fair standard of proficiency, increased facilities will only be afforded for carrying on the injurious competition. The heads of the Army, Navy, and East India Company have long since become sensible of this evil, and have instituted examinations of their own, through which all must pass who seek to gain admission to the public services. Why, may it be asked, should the necessities of civil life be less worthy of attention than the requirements of the public services? What is needed, therefore, is, that some Central Body or Medical Council should be instituted to establish a sufficient course of study and examination, through which, as through a common portal, all persons must pass who seek to be enrolled in the Register. The object is not to prevent persons from aspiring to additional distinctions, such as the degree of a University, or the diploma of a Medical Corporation: on the contrary, it is hoped and believed that the educational status of the whole body of the Profession being raised, and the competition downwards put an end to, the great bulk of the rising generation of Medical men will become ambitious of enrolling themselves as members of such Universities and Medical Corporations as will confer additional privilege and distinction upon them.

Meanwhile the Medical Corporations, like most other corporations, resist all legislative interference, unless on the condition that they shall be constituted the sole licensing authorities; and, as may be expected, the Universities, though assentient to the institution of an independent Medical Council, and common-portal examination, are unwilling to be put in a subordinate relation to the Corporations to which they attribute, and not without reason, the persistence in a low standard of education, and the fostering of ill-will by tenacious efforts to maintain local jurisdictions. All prospect of such an agreement between the Universities and Medical Corporations as would be conducive to the real interests of the Profession and the public being hopeless, the institution of an independent Medical Council becomes indispensable. The question remains, however, as to what should be the constitution of the Council. Regarding this there has been so much discussion as to threaten to entirely obscure the main question. Strong objections have been raised to Crown appointments to the Council, based upon the apprehension that it might give rise to jobbing. To remove these objections, it has been proposed that the Council should consist of representatives of the Universities and Medical Corporations. The objections to this proposition are various:—

1. Such representatives would likely prove mere delegates of the bodies which deputed them.

2. It would not be easy to indicate the proper persons in these bodies respectively who should elect the representatives. In the case of the Universities they might be chosen for the most part by non-medical men. In the case of some of the Corporations the electors might be too limited in number: for instance, the Master and two Wardens would be the electors in behalf of the London Society of Apothecaries.

3. Though such Representatives might represent the numerically small bodies by which they were elected, they would in no sense represent the Profession, which is for the most part linked by the weakest possible tie to either the Universities or Medical Corporations.

The only mode by which the Medical Council could be made in reality representative of the Profession, would be to commit the election to the whole body of Medical men in the United Kingdom: but a scheme which would devolve the appointment of persons to such an important executive body as the Medical Council to twenty thousand or more practitioners distributed over Great Britain is open to objections which are too evident to need to be enlarged upon. There seems, therefore, no alternative but to fall back on the system of Crown appointment; and considering that it has never been contemplated that the Medical Council should assume any government over the Profession, that it never was intended that it should supersede the existing Medical bodies, but that it should be

simply interposed between them and the public as the only available means of securing a sufficient, and at the same time a uniform, standard of qualification, it may be reasonably doubted whether any better mode of appointment could be devised, especially as it is proposed that the Council should be presided over by a member of the Government, and the whole of its proceedings laid annually before Parliament.

## MR. COWPER'S NEW MEDICAL BILL.

THIS measure has been prepared by the Board of Health, and, but for the change of Government, would have been brought in by the President of the Board. The principal features of the proposed bill are the following:—

"1. The present legally constituted examining bodies in England, Scotland, and Ireland respectively, to be re-enacted as the 'Examining Authority' under the Act for England, Scotland, and Ireland respectively; not to be touched in their several rights of giving titles of honour; but their certificates, if purporting to confer any claim to registration as 'legally qualified practitioner,' to be subject to regulation as under:—

"2. A Council to be established, as nearly as may be, representative of all interests concerned, taking as a basis (but subject to modification in detail) Mr. Headlam's proposal, that it should consist of 17 delegates from the different examining bodies, with 6 members appointed by the Crown.

"3. The Council to have the right of attendance by its members or by deputy at any examination held for the purposes of the Act.

"4. The Council to have power, after due public notice, and with the approval of Her Majesty in Council, to make orders and regulations as follows:—

"A. As to the form of keeping the general register and such special registers as may be kept; and as to the payment of registration fee by admitted candidates.

"B. Fixing, in respect of age, study, knowledge, and examination, the conditions under which the future candidate shall be admissible to the Medical profession as a qualified Medical practitioner.

"C. Determining, in respect of the several Examining Boards of the United Kingdom, what share may be fulfilled by the certificate of each of them acting separately, or by the certificate of two or more of them acting conjointly, as contributory to the total certification which shall give admission to the register.

"D. Disallowing the future certificates of any Board which shall conduct its examinations inefficiently or irregularly.

"E. Establishing, or causing to be established, examination in particular branches of knowledge, professional or preliminary, where arrangements for such examination shall not have been otherwise sufficiently provided.

"5. The Council to have power to disregister persons convicted of crime or guilty of infamous conduct in any professional capacity.

"6. The register and its titles to be protected from falsification; and non-registered persons to be excluded from professional privileges.

"7. Every registered person to be entitled to practise according to his qualifications in any part of the United Kingdom."

## REVIEWS.

*Human Histology, in its relations to Descriptive Anatomy, Physiology, and Pathology.* By E. R. PRASLER, A.M. M.D. &c. &c. Philadelphia and London. 8vo. Pp. 616.

THE aim of this work is—1. To give a connected view of the simple chemical elements, of the immediate principles, the simple structural elements, and the proper tissues entering into the composition of the fluids and the solids of the human body. 2. To associate with the structural elements and their tissues their function while in health, and the changes they undergo in disease.

This appears to have been the first work on Histology, or

the minute anatomy of the tissues, which has issued from the American press. It is well written, amply illustrated with excellent woodcuts, well known to those familiar with the writings of those men in Germany, France, and Britain who have done the most for this department of science. In some places only the source of these woodcuts is stated, but not in all. Quekett, Goodsir, Bennett, Todd, Bowman, Paget, Kölliker, Wedl, Lebert, are thus freely, and too often without acknowledgment, laid under contribution. As a compilation of the most consistent and recent information on histology, in its relation to physiology and pathology, the work before us must prove a useful one for the student. Organic chemistry and microscopic anatomy have now contributed to science such a vast accumulation of facts, often of a most isolated nature, that the labour of arranging them, and of condensing the results to which a study of them in a classified and systematic manner naturally leads, is a labour of no ordinary kind.

In the work before us, however, there is not only abundant evidence of such labour, but there is also evidence of much painstaking industry. The importance of accurate and extensive information on the subject of histology in all its bearings cannot be over-estimated; for now the science of Medicine may be said to be in a transition state, through the revelations of microscopy and chemistry. Without an accurate acquaintance with the most minute structural elements of tissue, in their purely anatomical as well as chemical relations, a profound knowledge of physiology and of the nature of disease, especially as taught by morbid anatomy, becomes impossible. This work, therefore, giving, as it does, a clear and condensed view of the state of our knowledge on histology, will prove of great value to the student of anatomy and physiology.

The work consists of two parts:—Part I. contains an account of the simple elements, and of the immediate principles of the tissues and the fluids. The topics in this part are treated of under the general title of *STÆCHIOLOGY*, from *σταῖχος*, an element. Under this term is comprised the classification and description of the simple chemical elements; and of the immediate principles which enter into the composition of the tissues and fluids of which the human body is composed. In the first division of this part, the simple chemical elements entering into the structure of the human body, are stated shortly: while the second division treats of the immediate principles of which the tissues of the human body are composed. Here the nature of "Immediate principles" of organised bodies is well described, the study of which is "intermediate between mere organic chemistry on the one hand, and histology on the other," and must take precedence of the latter. A convenient classification of these "Immediate principles" is followed by a tersely given description of each in groups. In this division, the researches of Robin and Verdel, Burdach, Lehmann, Denis, and other eminent chemists are chiefly drawn upon and with due acknowledgment. An interesting and instructive section treats of the immediate principles of organic origin, formed within the body by what Dr. Peaslee terms "dis-assimilation"—a word which implies the same as the terms "waste" or "metamorphosis" of the tissues. The immediate principles of this class are sometimes termed "Secondary organic compounds," and the pathological bearings of the study of their formation and accumulation or retention in the system is of the utmost importance in appreciating the nature of *Constitutional diseases*.

Part II. treats of human *Histology* embracing under this title a scientific classification and description of the structural (morphological or organised) elements of the solids and fluids of living organisms. It includes also "*Histogeny*," or the development of these elements.

The topics in this part of the work are considered in three divisions, namely:—First, a description of their simple histological elements, their distribution, development, uses, and morbid states. Secondly, a description of the fluids of the human body (*Hygiology*) which contain histological elements. Under the third division, the tissues properly so called are classified and described.

Our limited space will not permit a full analysis of this part of the work, but there are several chapters and passages we have marked off as particularly deserving of perusal, and which we can only indicate, namely:—Chapter iv. on "Cytology," and the chapters on "Areolar Tissue." As an example of the concise and "to-the-point" mode in which Dr. Peaslee deals with his subject, we quote the following passage, and

recommend the book with confidence to the Profession, and especially to the student of Physiology and Pathology.

"Much discussion has arisen, of late, in regard to the value of the microscope in the diagnosis of cancer: one party contending that this instrument is totally unreliable in this respect, while the opposite (party) would rely upon it alone. The following is believed to be the only tenable view of this subject:—

"1. In all cases of *well developed* cancerous formation, the microscope in the hands of one *skilled in its use*, will alone demonstrate the true character of the growth, unaided by any knowledge of its appearance to the naked eye, of its tactile properties, or of the history of the case. This it will do by detecting one or more of the peculiar form of cell or nucleus already described. Here, therefore, the diagnosis may be positively expressed in the affirmative.

"2. But there are all possible grades of development, from the encephaloid, as the most strongly pronounced form of cancer, to the fibrous cancer, and onward to the simple, innocent sarcoma. There will, therefore, be a corresponding shading off of the peculiarities of the minute cancer elements (cells, nuclei, &c.) into the normal elements of true tissues. Besides, when cancer cells are still young, they do not present the peculiarities before mentioned. (Note.—"*All pathological newly-formed cells have no especial character peculiar to them.*"—Wedl, p. 66.) In the imperfect or early development of cancer, therefore, the cancer cell may so nearly resemble the fibro-plastic or some other cell that a microscopic discrimination is impossible. Here, then, the microscopic diagnosis must be guarded, and the history of the case and the other sensible properties of the growth must decide.

"3. The cancer elements may exist in small amount in masses supposed to be cancerous, and in the midst of a variety of other minute elements, and therefore escape detection. If so the microscopic diagnosis is *inferentially* negative, but not unqualifiedly so. The unaided eye, the sense of touch, and the history of the case may, however, together, decide the diagnosis *unqualifiedly*, either in the affirmative or the negative.

"4. In cases of well-developed cancer, therefore, the microscope, since it alone may decide the diagnosis, is in the highest degree reliable. In the other two cases mentioned it is less reliable than the other means alluded to; but here also it may prove of the highest value, by confirming or opposing the diagnosis suggested by them. It is the absurd assumption that the microscope can decide in every possible case, which has brought the instrument into disrepute. It merely enables us to see what would be invisible without it; and gives, so far as the minute elements are concerned, an advantage over those who refuse to use it, like that which one who has perfect sight enjoys in respect to things visible to the naked eye, as compared with the purblind. But as the unaided sight alone is almost never expected to decide, in case of suspected cancer, without regard to the tactile properties and the history of the case, so the sight, when aided by the microscope—for it is mere sight still—must not, except in a single class of cases, be relied upon alone. In these it should be recognised as an *arbiter* in the diagnosis of cancer; in all other cases it is merely a valuable aid."—P. 144.

*Gleet: its Pathology and Treatment.* By HENRY DICK, M.D. M.R.C.S. Pp. 88. London: 1858.

It is well known that a gleet, which is always the result of gonorrhoea, may continue for a very long period without causing much inconvenience; but that under certain exciting causes, independent of fresh contagion, a new gonorrhoea may be established. Dr. Dick enters at length into the symptoms, diagnosis, and prognosis of the discharge to which the term gleet has been applied; and in the treatment of this tedious affection he recommends, after other means have failed, the introduction of bougies, and the division of any thickening, or new-formed tissue which may exist in the canal of the urethra, originating and keeping up the gleet discharge.

*A Treatise on Electricity, in Theory and Practice.* By A. DE LA RIVE. Translated by C. V. WALKER, F.R.S. Vol. III. 8vo. Pp. 818. London: 1858.

THE present volume of this standard work is especially in-

teresting to the Medical Profession, as it contains important chapters on the production of electricity in physiological actions, atmospheric electricity, and the chemical, physiological, and therapeutic applications of electricity. About a hundred pages are devoted to a general view of the application of electricity to the art of healing, and descriptive of the apparatus employed, with an analysis of the direct and indirect therapeutic effects of electricity, an examination of particular cases to which electricity is applicable, and the physiological effects of atmospheric electricity. In this part of the work, Duchenne's work on localised electrization, and Becquerel's on the application of electricity to therapeutics, are critically analysed. There is an Appendix, containing a summary of new researches; and we think the author has quite succeeded in his endeavour to make his work "as much as possible parallel with the state of science at the end of 1857."

*The History and Design of the Foundling Hospital; with a Memoir of the Founder.* By JOHN BROWNLOW, Secretary of the Hospital. Pp. 144. London: 1858.

THE numerous visitors to the Foundling Hospital, and even the casual passenger who surveys the building as he walks along Guildford-street, will be interested in learning the history of this long-established institution. Mr. Brownlow has done good service to the public in presenting them with this little book, which contains a succinct statement of the progressive advances made by the Foundling Hospital, from its opening in 1741 down to the present time. The mode of admitting candidates has been altered from time to time, and great difficulties have always existed as to the selection of the proper objects; but the admissions are now entirely under the control of the Governors, who, we believe, exercise the trust reposed in them with discretion and impartiality.

*A Catechism of the Physiology and Philosophy of Body, Sense, and Mind. For use in Schools and Colleges, and in private study.* By T. WHARTON JONES, F.R.S. Pp. 124. London: 1858.

THE object of this little work appears to be to present the leading principles of physiology and psychology in a popular form to the mind. The plan adopted is that of a series of questions and answers, being the form most appropriate for the instruction of beginners. It will be readily admitted that a knowledge of the functions of the human body, and of the operations of the human mind, ought to form a part of all education, and the introduction of such information into our schools and colleges is certainly most desirable. In the work before us the leading truths of physiology are lucidly explained, and the well-known talents and reputation of Mr. Wharton Jones render it unnecessary for us to say more than that he has executed his task in a manner worthy of his distinguished position as a scientific writer.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### OBSERVATIONS ON HÆMOPTYSIS.

By Professor TROUSSEAU.

THESE observations by Professor Trousseau chiefly relate to the diagnostical and prognostical value of hæmoptysis. He observes that on finding an individual spitting blood, the first idea that presents itself is the existence of pulmonary tubercle; but if we note all the cases that present themselves, not in private but in hospital practice, we shall find the hæmoptysis as often dependent upon other causes as upon tubercular disease. This statement, paradoxical as it may seem, is quite true when confined to hospital patients.

A form of hæmoptysis that is rarely met with in hospitals is due to hæmorrhagic deviations. We meet with women who, without suffering from any notable disturbance of menstruation, but who are the subjects of nervous symptoms, spit blood frequently in considerable quantity. Neither the sym-

ptoms nor attentive exploration of the chest, indicate any affection of the heart or lungs; and when the period of menopause arrives the hæmoptysis becomes arrested, and does not return. Other women spit blood during pregnancy or lactation, and cease doing so when these conditions are terminated. These nervous women are also sometimes the subject of menorrhagia, seeming to be under the influence of a hæmorrhagic diathesis; and when the critical discharge does not take place by the uterine mucous membrane, it does so by the bronchial membrane. Although these hæmoptyses are not of the importance that might be supposed, and may be reproduced at longer or shorter intervals during several years, it must be borne in mind that this frequent repetition may induce a congested state of the respiratory apparatus, during which even a slight accessory cause may give rise to a more or less dangerous phlegmasia. Independently of abnormal circumstances, we may meet with hæmoptysis occurring, so to speak, as a physiological accident, supplying the place of a natural or accidental discharge of blood, which from some cause or other does not take place by the ordinary channel. Thus, in women with obstructed menstruation, it is one of the most frequent forms of hæmorrhage supplementary to menstruation. It will be readily understood that when with this peculiar disposition of the economy there is combined another dependent upon a local predisposing condition of the pulmonary apparatus, these hæmoptyses are still more readily produced. Under such circumstances the prognosis of hæmoptysis is far more serious than when it arises from hæmorrhagic deviations unconnected with local occasional causes. Here, in fact, the accidents become complicated with the local lesion which has led to these manifestations, just as this itself is necessarily complicated by the fact of the fluxionary hæmorrhagic movement, which at each return accelerates the evolution of such lesion.

As already observed, these varieties of pulmonary hæmorrhage are rare in hospital practice. The form of the affection, however, there most commonly met with is not hæmoptysis dependent upon phthisis, but hæmoptysis dependent upon disease of the heart. It is not meant by this to declare in an absolute manner that tubercular hæmoptysis is of rarer occurrence than hæmoptysis dependent upon disease of the heart, but only to state that in phthisis, hæmoptysis being in general a transitory condition, occurring early in the affection, the patients do not come to the hospital, while hæmoptysis dependent upon heart disease occurs principally when the disease is much advanced, and, consequently, at the period when patients are obliged to resort to the hospitals. Proceeding to consider some of the points of diagnosis between these two forms, we find that in youth, adolescence, and the early period of mature life, from the sixteenth to the fortieth year, hæmoptysis most generally is dependent upon pulmonary tubercle, and that whether it is met with in hospital or private practice; but after the fortieth year, and still more after the fiftieth, it is no longer, generally at least, a sign of phthisis, but of disease of the heart. There are exceptions to this rule, but they do not invalidate its general truth. In phthisis bloody expectoration may either precede any other manifestation of the disease, of which it may then be considered the earliest symptom, or it may appear in the course of the affection. Laennec indicated its slight quantity as a characteristic, and regarded very abundant hæmoptysis as almost always due to pulmonary apoplexy. But he had little opportunity of observation in private practice. It is true that in general hæmoptysis is not abundant, but still there are cases in which it is overwhelmingly so, causing death by the sole fact of the loss of an enormous quantity of blood. Hæmoptysis, consequent on disease of the heart, is, notwithstanding, still seldomer overwhelming (*foudroyante*) than bronchial hæmorrhage. It may recur fifteen, twenty, forty, or fifty days in succession without at once proving fatal. Of course, when dependent upon the rupture of an aneurismatic vessel into the bronchi, it may prove still more rapidly fatal than hæmoptysis supervening on phthisis. Besides the age of the patient and the progress of the symptoms as elements in the differential diagnosis, there is an important point in regard to the seat of the hæmorrhage, viz., that while in phthisis it takes place generally at the bronchial surface, in disease of the heart it is most often parenchymatous, first occurring in the pulmonary vesicles.

As to the question of the characteristics of bronchial and pulmonary sanguineous expectoration, it is said that bron-

chial hæmorrhage is observed under the form of spumous, semi-fluid sputa, resembling blood beat up with air, and having a bright redness, deemed characteristic. The quantity discharged is said to be sometimes very slight, and sometimes very abundant, not being mingled with the débris of alimentary substances or mucosities. But this is far from being always the case, as the sputa may be as viscous as those seen in the first stage of pneumonia, or in pulmonary apoplexy, an appearance, probably, due to slight accompanying inflammatory action, or to the accumulation and detention of the blood in the lungs. So, too, we may find the discharges mixed with alimentary substances when the hæmoptysis is undoubtedly connected with phthisis. Stethoscopic signs are often at default, or indicate as much, or even more, the pulmonary lesion upon which the hæmoptysis depends. Generally at the autopsy of persons who have been the subjects of bronchial hæmorrhage, we only find, besides the lesions proper to phthisis, redness of the pulmonary mucous membrane, which, indeed, may be due to imbibition. If cavities exist, they may contain a certain amount of coagulated blood, and that usually when vascular ruptures take place within these, otherwise we only find a little blood accumulated in the bronchi.

With respect to pulmonary hæmorrhage, we may advert to the erroneous term, "pulmonary apoplexy," which has been bestowed upon it, giving, as it does, no idea of the nature of the affection. It occurs in general during the course of an affection of the heart; and at the autopsy kernels of engorgement are found of as deep a colour as the spleen, and as hard as those of pneumonia in its second stage. The tissue of the lung is friable, and presents the granular aspect of hepatized tissue, except that while in the latter the vessels and lobular intersections are visible, the hæmoptical engorgement presents a uniform blackish, or very deep brown colour. This lesion, which would be better termed sanguineous infiltration, bears no analogy to cerebral apoplexy, the term apoplexy always implying the idea of suddenness and active fluxion, a condition rather belonging to bronchial than pulmonary hæmorrhage, which is ordinarily, to a certain extent, passive. There are, indeed, cases of true pulmonary apoplexy giving rise to sudden death, and characterized by the effusion of more or less blood amidst the lacerated lung. The term apoplexy would be much better applied to cases of active congestion of the lung, a not very rare disease, but which is rarely accompanied by hæmoptysis, properly so called. Gendrin proposes to substitute for the term pulmonary apoplexy, *pneumo-hæmorrhage*, indicating without ambiguity an extravasation of blood into the tissue of the lungs. As to the distinctive signs in these cases of pulmonary sanguineous infiltration, the expectoration is generally viscous, sometimes red, and sometimes black, and even deep black. But as in bronchial hæmorrhage the blood discharged is also sometimes black, so in the pulmonary it is sometimes spumous, and that especially when it is quickly and abundantly discharged.

While lesions of the heart are the usual causes of pulmonary hæmorrhage, contraction and insufficiency of the mitral valve is the most common of these lesions, and especially when, as is commonly the case, it is conjoined with ventricular hypertrophy. These hæmorrhages are sometimes very considerable, and may recur three, four, six, eight, or ten times in the course of the disease of the heart at other times, though rarely they are slight and transitory, and do not reappear. When the lesion is much advanced, the patients may spit blood for one or two months, and sometimes until their death. The disposition of these hæmorrhages is, in fact, to increase in frequency and in quantity with the disease of the heart, an effect of which they are, approaches its fatal termination.—*Union Méd.* 1857, Nos. 110 and 113.

#### CURIOUS CASE OF HEREDITARY DEFORMITY.

By M. SCOUTETTEN.

M. Scoutetten believes that the following is an unique example of a deformity, arising from an accidental cause, being transmitted through three successive generations, with a possibility of still further transmission.

A mason, of the name of Frache, aged 25, of regular conformation, fell from a scaffold, and severely injured his hands and feet. His son, Louis Frache, was born with a single finger on each hand, and two toes (the large and little ones) on each foot. He was a weaver, and a skilful operative. Louis had five children, four of whom were deformed, three

dying early. The eldest was well formed, and served in the army. He married and had one child who was normally formed. The second child, Margaret, having similar deformities to her father, married Linglemann, mason's labourer, aged 42, of robust health and good bodily form. Four children resulted—1. Louis Linglemann, 17 years of age when seen by M. Scoutetten, healthy and of natural formation; 2. Christopher L., aged 7, the feet have only the large and the little toes, and the hands only the medius and ring finger—these two fingers being in the right hand united as far as the first articulation, and in the left hand united throughout their whole length; 3. Catherine L., aged 5, the feet present exactly the same deformity; the right hand has three fingers, the index and the medius being entirely wanting. The left hand has only the thumb and the auricular, and on the last phalanx of the thumb is a projection indicating the abortion of a supernumerary finger; 4. Adele L., a little rickety girl, 18 months old, has only the two toes on each foot. The right hand has two fingers and a phalanx of the ring finger, the thumb and the index being entirely absent. The left hand has only the auricular and the first phalanx of the index. As to the mother herself, her feet are horribly deformed, having but two toes, curved inwards like the claws of a crab, like which, too, they move horizontally, pinching objects forcibly. The right hand has only the index finger, while the left has the auricular and ring fingers, united throughout their entire length.

Thus we have here three generations presenting deformities of the hands and feet, apparently originating in injuries to these parts which occurred to the great grandfather. And among the singular facts of the history are to be noted that the eldest son of Louis Frache, and the eldest son of Margaret Linglemann were both of normal configuration. This hereditary transmission of a deformity arising from a traumatic lesion is not to be confounded with vices of conformation, such as hypospodias, supernumerary fingers, or diseases transmitted from parent to child by a natural analogy of organisation, but which in nowise recognise an accident as their primary cause.—*Moniteur des Hôp.* 1857, No. 141.

#### NEW INSTRUMENT.

#### ON A NEW TROCHAR FOR PARACENTESIS THORACIS.

By CHARLES ROBERT THOMPSON, Esq.

ALTHOUGH there exists considerable difference of opinion as to the amount and nature of the risk incurred by the admission of air into the pleural cavity in performing paracentesis, there can be no question that it is desirable to avoid such an accident, as being never beneficial, and often productive of bad results.

With this view several instruments have been from time to time invented; but there has been a want of simplicity, or a doubtful efficiency in them; so that many surgeons still use the ordinary trochar, trusting to such a clumsy expedient as putting a finger over the orifice, during inspirations, to keep out the air, or leaving it to enter freely at the latter part of the operation.

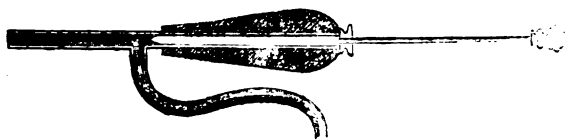
The instrument which I have now to describe, will, I believe, fulfil the required conditions.



It consists of a cylindrical silver canula, about four inches long, and of the diameter generally used for this operation; into which opens, at near its middle, a short silver conducting tube of the same calibre, to which a piece of india-rubber tubing, about a foot long, is attached by a screw. In this canula plays a solid steel piston, with a trochar point; its body being of such length that when fully pushed forward (as in Fig. 1) its point protrudes sufficiently from the canula, and its other extremity seals the entrance of the conducting tube; and when fully withdrawn (as in Fig. 2) it retires so far as to open the conducting tube. This piston must fit the

canula so perfectly as to be air-tight when greased. The little cap of the canula unscrews, to admit of the removal of the piston for greasing or cleaning. The outer half of the canula is mounted in a solid wooden handle, to give a firm grasp of the instrument.

The mode of using it is as follows:—



Having well greased the piston, draw it back (as in Fig. 2) and, placing the end of the elastic tube into a basin of water, withdraw the air from it by suction at the end of the canula, and when the water reaches the lips push forward the piston. The elastic tube is now filled with water, which cannot escape, and the instrument is ready for use. When it is plunged into the chest, pull back the piston so as to open the conducting tube; when the fluid follows, and directly it meets the water in the tube, a syphon is formed. The end of the tube should be kept under fluid during the operation. If it is required to stop the flow, either during a fit of coughing or to change the receiving vessel, it can be done instantaneously by just advancing the piston sufficiently to cover the conducting tube.

The following appear to me to be advantages gained by this instrument:—

1. That no atmospheric air can gain admission during the operation; and by making a valvular opening, and careful pressure as the trochar is withdrawn, no air ought to be admitted after its withdrawal.
2. The syphon action would, I imagine, assist in keeping up a continuous flow of fluid, so long as the wall of the chest contracts, or the compressed lung re-expands.
3. The power of stopping and re-admitting the fluid at any moment through the conducting tube, by a simple movement of the piston.
4. That if the tube should get blocked by lymph, or anything should arise during the operation to make such a course desirable, the instrument may be converted into a common open canula, by unscrewing the cap and removing the piston.

This instrument may be conveniently applied to other purposes for which the common trochar is now used, as in tapping hydrocele, hydrocephalus, large chronic abscesses, etc. For paracentesis abdominis it is made of larger size, with an elastic tube three feet long. Here it presents great advantage over the ordinary trochar, by conveying away the fluid into the receiving vessel without any splashing, unseen and unheard by the patient; and by giving the power of so easily checking the flow by the piston, when required either on account of faintness or for the purpose of changing the vessel.

The instrument has been accurately made for me by Mr. Ferguson, of Giltapur-street, and it is very portable, and not expensive.

I have not yet had an opportunity of testing its efficacy on a living thorax, and should be much obliged to any Surgeon who will try it, and let me know how it works.

Westerham.

## GENERAL CORRESPONDENCE.

### COLONIAL MEDICAL PRACTICE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having been, like M.R.C.S.E., desirous of finding a better opening for successful practice than I could meet with at home, I seized the opportunity of obtaining an appointment to an emigrant ship, to proceed to Canada and see for myself. The information thus obtained is at your correspondent's service.

Medical men, qualified in England, may practise in all colonies under British rule without further examination. The chance of making a successful practice is not great in any

part of Canada; a large proportion of the annual income must be received in the shape of agricultural produce in many parts, of which the practitioner must dispose as he best can. The larger towns are already well supplied, and the interior of the country, being deficient in that large middle class which constitutes in all long-settled countries the chief support of the Medical practitioner, offers very little inducement to any one wishing to improve his position, the risk being great and success limited. This, at least, was the conclusion to which I arrived during a stay of only two months in the country, in which time I had repeated conversations with many long resident in the colony, whose means of information were very extensive, and whose opinions coincided with that which I have expressed.

I will also state that, having since made a voyage to Australia with a like object, I found the Profession there worse off than in Canada; meeting several fellow-students (who, after having obtained their diplomas, had hastened to the "land of gold" to realise a fortune), and hearing of many more, who had not even the means of returning to their native land, but were driven to the most wretched shifts to obtain a mere sustenance.

I am satisfied that the opening in England for well-qualified men is as good as that offered by any new country, for, although we may hear of instances of remarkable success in the colonies occasionally, none but those who have seen for themselves would believe in the number who, equally talented—equally competent to the fulfilment of their Professional duties with their more successful competitors—fall through no fault of their own to make that position to which by birth and education they are entitled, and, overwhelmed in the unequal struggle with the resistless waves of adversity, "die, and leave no sign." The friends of such as these are mute, or our colonies would not long be considered "El Dorado."

Apologising for saying more than I at first intended through the importance of the subject, I inclose my card, and remain

Yours &c.

M.D.

### A FICTITIOUS DIPLOMA.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have been requested by the University of St. Andrews to beg that the following discreditable proceedings of a person falsely claiming to be a Graduate of ours may be made public through your pages.

Our Secretary recently received the following letter from one of the most eminent shipping houses connected with emigration to Australia:—

"Sir,—A Mr. T. O'Grady, now residing at New Market on Fergus, Ireland, represents that he got a diploma as M.D. from your University in 1843. He has applied to us to go in the capacity of Surgeon in one of the packets of this line to Australia, but on presenting his diploma to the Government Medical officer, it was discovered that in the body of the document an erasure had been made, and the name 'Thomas O'Grady' inserted, it is believed by the gentleman who says he is the person to whom the diploma was originally issued. Till this point is cleared Mr. O'Grady cannot pass the Government officer, and we should feel greatly obliged if you will say whether in the month of March or May 1843, a person of this name got a diploma, either as M.D. or as Surgeon, from the University of St. Andrews. We think it only fair to Mr. O'Grady to explain that he says that the name as originally written in the diploma was obliterated by accident, and therefore he put it in, so that the document might be perfect.

"We are, Sir,

"Yours obediently,

"&c.

"&c."

On the receipt of this letter, our Secretary examined the Minutes of the University, and found that no person named Thomas O'Grady had graduated at this University since the year 1800. A Mr. O'Grady presented himself for examination in the course of the year 1844, but was rejected. Such being the case, there can be little doubt that Mr. Thomas O'Grady has succeeded in obtaining the diploma of some person who graduated in the year 1843, and after an erasure in the name, his own has been inserted in its place.



It is gratifying to find that the zeal and energy of the Government Medical officer have at all events, in this instance, succeeded in leading to the exposure of a gross attempt at fraud.

I am, &c.

GEORGE DAY.

St. Andrews, March 22, 1858.

### GLONIN, OR THE NITRATE OF OXIDE OF GLYCYL.

[To the Editor of the Medical Times and Gazette.]

SIR,—A few remarks on the action of the nitrate of oxide of glycyll may prove acceptable to those who read with interest Mr. Field's letter in the *Medical Times* of last week.

Not long ago I was induced by a homœopathic friend to take an experimental dose of the first dilution of glonoin. I took less than one drop, and resolutely withstood its effects as long as I could. Before long, however, I was compelled to own to a tensive headache over the eyes and nose, extending also behind the ears, and soon followed by a tight and choaky feel about the throat like strangulation. Neither loss of consciousness nor nausea were experienced, and a walk by the side of the sea soon did away with all unpleasant feeling.

My friend was urgent with me to try a second dose. This I did not do, feeling convinced of the power of glonoin as a toxic or poisonous agent.

Of glonoin as a therapeutic agent I as yet know nothing. Pliny has said,—

"Ubi virus ibi virtus."

A *virus* there certainly is in glonoin, and the experiments of Mr. Field go strongly to prove that this body has also a *virtus* for curing a certain class of diseases.

I am, &c. JOHN C. THOROWGOOD, M.D. Lond.

Totteridge, Herts, March 20, 1858.

### PIROGOFF'S AMPUTATION AT THE ANKLE-JOINT.

[To the Editor of the Medical Times and Gazette.]

SIR,—The able lecture delivered by Mr. Spencer Wells on Pirogoff's operation, and published in your number of March 20th, is well worthy of the consideration of the Profession.

With the mode of performing the operation, and the care taken to insure the division of the plantar arteries, and not the posterior tibial artery, I quite agree, since the life of the posterior flap depends upon it.

It appears to me that the probable success of the operation is dependent upon the cause necessitating its performance.

I presume that in civil practice, at least, the ordinary cause for the operation is caries of the tarsus or ankle-joint; and knowing how liable this disease is to recur after removal, should expect its return in the remaining portion of the os calcis, and with that view should select Syme's in preference to Pirogoff's operation.

There is one point to be borne in mind in the performance of all amputations of the lower extremity, "to remove as small a portion as possible of the human frame," in which particular Pirogoff's has the advantage over Syme's. Since, however, arguing upon probabilities is little worth, let this operation have a fair trial, and then take its place in the scale of surgical operations.

I am, &c. C. F. MAUNDER, F.R.C.S.

Demonstrator of Anatomy in Guy's Hospital.

### MOVEABLE KIDNEY.

[To the Editor of the Medical Times and Gazette.]

SIR,—Should you think the following case of "Moveable Kidney" worth insertion, as an addition to those reported in a late number of your Journal, you will perhaps give it a place.

Mrs. C., aged 24 years, married six years, but has had no children, and who has for some years been suffering more or

less from severe pain in the loins, and frequent distressing neuralgia of the face, and of general feeble habit of body, requested my advice, a few days ago, respecting a "swelling," which she first noticed a fortnight or three weeks since, when, being suddenly frightened, she felt a pain in the right side, and upon instinctively patting her hand there, detected an enlargement. Suspecting it had something to do with pregnancy, she wished me to examine her. I found nothing noticeable so long as she lay supine; but upon her turning on the left side, a distinctly circumscribed tumour was readily felt towards the right side of the umbilicus. It could be pretty well grasped in the hand, and was easily pressed backwards into the right lumbar region, where the other hand then detected it, producing, upon slipping into its position, a peculiar sickening sensation to the patient; and, as she is thin, the whole movement of the kidney can be clearly traced.

Another patient, complaining of precisely the same symptoms, and not yet submitted to examination, will, I doubt not, be found in the same condition as the preceding.

Probably such cases are more frequent than at present supposed, and their detection will doubtless explain many at present anomalous symptoms, which may most probably arise when the kidney is much less moveable than those reported in the *Medical Times and Gazette*.

I am, &c. HENRY CARNLEY, M.B. Lond.

Hull, March 10, 1858.

## REPORTS OF SOCIETIES.

### THE PATHOLOGICAL SOCIETY,

TUESDAY, MARCH 16.

DR. WATSON, President, in the Chair.

#### Dr. O'CONNOR exhibited specimens of CANCEROUS DISEASE OF THE HEART AND LUNG.

A woman, aged 34, had been admitted with pericarditis and pleuro-pneumonia in association with acute rheumatism. At the autopsy deposits of cancer were found on the pleural surfaces of the ribs and on the pericardium. The left lung was extensively disorganized by cancerous disease. In the left kidney was also a malignant growth. Acute pericarditis had existed, and the heart was covered with villous lymph.

Dr. BRISTOWE inquired on what grounds Dr. O'CONNOR believed the deposits on the pericardium were cancer; he thought they looked like inflammatory exudation.

Dr. O'CONNOR replied, that Dr. Brinton had examined the specimen, and felt no doubt as to its nature.

Dr. O'CONNOR next showed a specimen of

#### FIBRO-PLASTIC TUMOUR OF THE OVARY.

It had been removed from the same patient as the previous one. The tumour was as large as an infant's head, and had occupied the space between the bladder and rectum.

Mr. ADAMS showed a specimen of

#### SPINA BIFIDA, RUPTURED BEFORE BIRTH.

The tumour had ruptured previous to birth. When the child was born the tumour was ulcerated and sloughy. The child lived four days. The nerves were found attached to the membranes of the sac. The deficiency of vertebral lamina was in the lumbo-sacral region. The child had double club-foot. Mr. Adams mentioned a second case, in the practice of the same accoucheur, in which a spina bifida had ruptured during the act of birth. In the latter the infant lived nineteen days.

Dr. GRAILY HEWITT next brought before the Society a specimen illustrating

#### FALSE CORPORA LUTEA.

The woman from whom the ovaries had been removed was single, and was believed to have never conceived. The object of exhibiting the specimens was to prove that, contrary to the generally received opinion, false corpora might have distinct lining membranes. The bodies in this instance had distinct

cavities. He had not found any liminary membrane around them.

Mr. HENRY showed a specimen of

# RECURRENT FIBRO-PLASTIC TUMOUR OF THE HUMERUS.

A woman had submitted to amputation at the shoulder-joint for a tumour in the head of the humerus, which was of characteristically myeloid structure. It was supposed that no recurrence would take place. Within eleven weeks, however, there were indications of a recurrent growth beneath the cicatrix of the operation. She died with all the symptoms of malignant disease. At the autopsy the growth on the scapula was of the size of a foetal head. There were deposits in the lungs which, like the original and recurrent growths, were of myeloid structure. (Drawings by Mr. Sibley, of the large poly-nucleated cells from the deposits in the lungs were shown, fully proving this point.) Mr. Henry pointed out the importance of this case (which was, he observed, almost a parallel to one brought before the Society by Mr. Hutchinson at a former session), as proving that myeloid tumours were not always innocent. He thought that Mr. Paget and Mr. Gray had much exaggerated the importance of the the myeloid cell formation, as a feature characteristic of a peculiar class of tumours.

A discussion followed, in which Dr. Wilks, Dr. Markham, Mr. Adams, Mr. Hulke, Mr. Nunn, and Mr. Hutchinson took part. It was generally admitted that the mere fact of myeloid cells being found in the interior of a tumour developed within bone, could not be held to indicate that the tumour would prove innocent. Dr. Wilks and Mr. Hutchinson, however, held strongly that it was possible to discriminate between the innocent myeloids and those which were really, like the specimen before the Society, examples of fibro-plastic with certain portions of myeloid structure added. Those not liable to recur were usually almost wholly made up of characteristic myeloid cells, whilst the others were fibro-plastic in the greater portions of their bulk, and only showed the poly-nucleated bodies in the interior of the bone. Mr. Hulke thought that he had seen the cartilage cells undergoing transformation into myeloid ones, but the correctness of this observation Mr. Adams seemed inclined to doubt.

Mr. SPENCER WELLS then exhibited a

## MULTILOCULAR OVARIAN CYST,

which he had removed successfully on the 19th of February. The patient was now convalescent. The cyst and contents weighed twenty-six pounds. The contents were of the ordinary viscid albuminous fluid, containing many granular cells. After emptying the large cyst and all the smaller ones by puncture, the cyst was soaked in water for some days to remove the blood, and afterwards in turpentine, until the fat was dissolved out. It was then stuffed with horse-hair and dried. When dry the hair was removed and the cyst varnished. It showed very clearly the formation of a number of secondary cysts from the wall of the primary cyst, and of still smaller cysts within the secondary formations. The patient was twenty-nine years of age, single. She was a general servant and in good health up to the age of twenty-one. She then began to complain of severe pain in the left side, low down, extending to the loins, but did not observe any tumour until three years and a half ago. The tumour increased gradually, and she was admitted into Guy's Hospital under Dr. Lever, two years ago, and tapped. After six months, she was readmitted and tapped again, and a third time after an interval of thirteen weeks. In June last she went to Lambeth Workhouse, and was tapped there four times by Mr. Bullen, at intervals of about two months, the fluid discharged each time averaging about two gallons. Undiluted tincture of iodine was injected twice, without the slightest benefit, on the contrary, the cyst appeared to refill faster than usual. She was admitted into the Samaritan Hospital on the 9th of February, and looking to her age, her moderately good constitution, her earnest desire to be relieved of a disease which made her life miserable, and the fact that her health was gradually giving way under the repeated accumulation and discharge of two gallons of albuminous fluid, Mr. Wells decided after consultation with his colleagues to extirpate the tumour. He first made an exploratory incision in the linea alba down to the cyst, emptied the principal sac, and then, after enlarging the incision to the

length of seven inches, broke down with the hand very firm and extensive adhesions to the abdominal parietes and a slighter adhesion to the omentum. The peduncle was on the left side, and so broad that it had to be tied with whipcord in three portions. Mr. Wells was prepared to use the écraseur, but was afraid to trust to it in so broad a peduncle. The peduncle was so short that it could not be fastened in the wound. The ligature was accordingly left in the abdominal cavity and fastened carefully externally by plaster. The wound was brought together accurately by deep and superficial sutures. The patient was under the influence of chloroform for forty minutes. She suffered from nausea and vomiting during the two following days, due, it appeared, rather to the chloroform than the operation, but she had no sign of peritonitis. She was kept from the first under the influence of opium, and wine was given freely. There was a very copious fetid discharge. The bowels were not opened until the tenth day, when they moved spontaneously. The ligature came away on the twelfth day with a large slough attached to it. The wound united by the first intention, except for about half an inch at the spot where the ligature had passed. There was still some discharge, but the patient eats and sleeps well, is cheerful, and beginning to walk about the ward. Mr. Wells added that this case has modified his opinion as to one source of danger after ovariectomy. He had been led by observation to believe that the presence of the sloughing stump of peduncle in the peritoneal cavity, and the absorption of fetid pus, was a chief cause of failure, and proposed to use the écraseur to avoid this danger. But he believed that in this case the presence of the ligature had been beneficial by keeping a portion of the wound open, and thus allowing a free discharge from the abdomen. For on two or three occasions, when the wound became plugged accidentally, the patient complained of a good deal of pain, and became feverish, immediate relief being afforded by a free discharge of fluid, after clearing the ligatures.

Dr. PRIESTLEY regarded the preparation exhibited by Mr. Wells as most interesting in a pathological point of view. The usual received theory of the development and structure of multilocular ovarian cysts—and this theory seemed rather to gain ground than otherwise—was, that a single cyst was first formed, and secondary and tertiary cysts were developed in its interior by an endogenous mode of growth. Dr. Priestley had, however, previously been led to believe that this explanation would not apply to all ovarian cysts—perhaps applied only to exceptional cases. In the specimen before the Society it was evident that most of the cysts were developed quite independently of the principal cavity, and independently of each other, the mass of smaller ones being attached to the lower end of the tumour, which took the form of the pelvic cavity; while the cysts here grew outwards or into each other, just as they encountered least resistance. It was true that scattered small ones were found here and there in the largest cavity; but these were developed in the substance of the fibrous wall, had at first a flattened form, and were covered by the serous membrane lining the largest cyst. They might possibly have had their origin in a portion of ovarian stroma carried upwards in the growth of the cyst. The deduction he considered to be a practical one; for, however valuable the treatment by injection might be in simple cysts, one could scarcely hope to check such growths as that present by injecting iodine or other irritants into the largest cyst, the smaller being separated by such strong fibrous partitions from it. Had the smaller depended on the largest cyst for their growth and nutrition, one might be sanguine that, in arresting the growth of the one, the other would be similarly affected.

Dr. QUAIN showed specimens of

## DISEASED SUPRA-RENAL CAPSULES WITH BRONZED SKIN.

They had been sent to him for exhibition by Dr. Bucknill, under whose care the patient had been, as a lunatic, in the Devon County Asylum. When admitted in May 1857, the subject of the case, a woman aged 47, showed no peculiarity of colour excepting a slight sallowness. She had delusions, and was much excited. A month after admission it was noticed that her face and hands had become very dark. The brown tinge afterwards spread over the surface generally, and she became emaciated and very feeble. On July 11 she had an apoplectic seizure, and on September 20 a second. In January 1858,

her skin was described as being as dark as that of a mulatto, having however a decided yellow tinge. On February 24 she died, in consequence of a third attack of apoplexy. At the autopsy it was noted that the skin had become much lighter than during life, being in places almost of natural hue. One supra-renal capsule appeared healthy, or nearly so, whilst the other was destroyed by a form of atheromatous degeneration.

Mr. HOLMES next showed specimens of

#### DISEASED SUPRA-RENAL CAPSULES.

The organs had been removed from the body of a young man who had died of phthisis in St. George's Hospital, and were both of them extensively infiltrated by tubercle, though not wholly destroyed. During life, no darkened state of the skin had been noticed; but when, after the attention had been directed to it by the discovery of diseased capsules, a careful inspection of it was made, there were seen to be numerous small scattered dark spots. Some of these were about the size of a fourpenny-piece. Mr. Holmes was, however, inclined not to attach any importance to them, as he believed the stain was epidermal only, and did not involve the true skin.

These specimens, as well as the preceding, were referred to the Standing Committee of the Society on this subject for report.

Dr. MARKHAM exhibited

#### THE REMAINS OF A PLEURAL ABSCESS.

The specimen was a rare one; and of interest, because it demonstrated the fact of the spontaneous cure of abscess of the pleura. The man from whom it was taken died of disease of the heart. It consisted of a closed cartilaginous-like tube, about five inches long and one inch broad; its walls being about one-twelfth of an inch thick. When cut across it resembled very closely a flattened aorta. It contained no fluid matter. The hardish gritty particles scraped from its inner surfaces consist chiefly of cholesterine and granular matter. This contracted tube was firmly attached to and imbedded in the pleura, being fixed down along the outer side of the left lung; firm thickened bands of the pleura radiated from its borders over the lung, indicating the fact of its contraction. The lung itself had recovered from the compression, to which it must have been once subjected by the abscess. Dr. Markham concluded, from its position, that it must have been an encysted abscess.

### WESTERN MEDICAL AND SURGICAL SOCIETY.

FEBRUARY 19, 1858.

WM. MARTYN, Esq., Vice-President, in the Chair.

Dr. FINCHAM read an abstract of cases of acute inflammatory disease with especial reference to treatment.

The cases, which were in the main drawn from the author's note-books at the Westminster Hospital, consisted of acute inflammations of the lungs, pleura, and heart, chiefly of the first two, in the form of pleuro-pneumonia. The object of the paper was to show that, in the great majority of such cases, the antiphlogistic treatment, meaning by this term *general* bleedings, large doses of antimony, and the induction of mercurial action, is not necessary, but that patients will sometimes recover well and rapidly under very simple treatment, as by diaphoretics and counter-irritants, sometimes under stimulants pushed to the fullest extent, and sometimes under what is practically no treatment at all. As to pneumonia, he regarded the local inflammation as the result of a previous unnatural condition of the blood, and to deserve a place in the category of fevers. Indeed all fevers, whether eruptive or otherwise, might be considered as cases of constitutional disturbance followed by local inflammation; thus scarlatina was attended by inflammation of the throat, and typhoid fever by inflammation of the small intestines. The cardiac inflammation accompanying acute rheumatism and Bright's disease is doubtless the effect of an unnatural condition of the blood; the difference between these inflammations and those connected with fevers in the ordinary sense of the word, being

that in the latter the morbid agent is introduced from without, while in the former it is generated within. It would be irrational to suppose that such an inflammation could be cut short by large bleedings, any more than if it accompanied erysipelas. On the ground then of an identity, or at least an analogy in the pathology of acute inflammations and of fevers proper, it was urged that a treatment similar in principle should be adopted in both classes of disease.

Mr. KEEN exhibited a specimen of cardiac apoplexy. The patient died suddenly, and the heart generally was soft and flabby. The right ventricle presented in its interior a large fibrinous clot, which was quite dry, had fringed edges, and was adherent to the endocardium, and was with difficulty removed. Corresponding with this, intermixed with the carnea columnæ, was an extravasation of blood, with bands of lymph extending through it.

### PARLIAMENTARY INTELLIGENCE.

#### HOUSE OF LORDS.

MARCH 18.

#### MEDICAL REFORM.—SALE OF POISONS.

Lord TALBOT DE MALAHIDE, in rising to ask the First Lord of the Treasury what were the intentions of Her Majesty's Government with respect to Medical reform, and the regulation of the trade in poisons, said that the question of Medical reform was one of great importance and anxiety to a large class of the community. The Medical Profession were now better prepared for legislation on this subject than they had been for many years. The chief objects which this noble Profession desired were, first, the introduction of uniformity in the test of the different branches of the Medical Profession, so that those gentlemen whose studies and attainments placed them on an equal level might occupy the same favourable position; secondly, that there should be no artificial difficulty to prevent a person of talent and experience from attaining the highest *status* in his Profession; and, thirdly, that the Legislature should guard against the intrusion of incompetent men into the Profession, and protect the public against the evil of quacks and imposters. Last session two Bills on Medical reform were brought into the other House, but neither obtained the sanction of the Government. Two Bills were now in contemplation by independent members of the other House, but unless those Bills obtained the concurrence and assistance of the Government there was little chance of their passing. With respect to the sale of poisons a committee of their lordships' House sat last session and took a good deal of evidence, which established the necessity for Legislation. He was aware that a difference of opinion existed on this subject, but he thought that it deserved the attention of Her Majesty's Government.

The Earl of DERBY said that the noble lord had very properly brought under their lordships' attention two subjects of importance, to which the noble lord had, he knew, given much attention. At the same time, he must remind him that there was a certain class of cases with regard to which they were all agreed that something ought to be done, but when they came to consider the details of a measure, very few agreed upon what ought to be done. There was no stronger exemplification of the truth of this remark than was afforded by the question of Medical Reform, for the members of the Medical Profession were not altogether agreed upon what was wanted, and their disagreement rendered it almost impossible to pass any satisfactory measure. He might mention as an analogous case, that when he was a member of the House of Commons he hardly recollected one year in which some member—generally a young and enthusiastic member—did not bring in a Bill for the reform of the laws regulating the salmon fishery. (A laugh.) They were always told that there was a necessity for immediate legislation on the subject, and Parliament was induced to interfere; but as surely as a Bill was passed in one session, another had to be passed in the next to amend it. (Hear, hear.) Now he feared that this was very much the case with regard to Medical Reform. The law as it stood was certainly not creditable to the country, and therefore he thought something ought to be done. The noble lord had not, however, done justice to the efforts

which had been made in the House of Commons to amend the law. It was true that last year two Bills were introduced; but this year, so great was the excitement on the subject, that no fewer than three Bills had been brought into the other House by three different members. Amid such a conflict of opinion he was not prepared to say that the Government were ready to enter into the lists and bring forward a fourth Bill on their own responsibility; but, considering the intimate acquaintance with the subject possessed by those three gentlemen, it was the intention of his colleagues in the other House to give their best attention to the Bills which had been introduced, and to endeavour, by some amicable arrangement with the different parties, to frame such a measure as would be most generally approved, and as would meet the views of the Profession at large. As to the sale of poisons, the noble lord was aware that a Bill was introduced on that subject last year by his noble friend the late President of the Council. That Bill was sent to a committee, which suggested several amendments; and he (Lord Derby) had lately communicated with his right hon. friend the Secretary for the Home Department, calling his attention to the Bill so amended, and requesting him to communicate more especially with the Pharmaceutical Society on the subject. If it was found that there was any chance of a Bill being so framed as to receive the approbation of Parliament, it would be introduced into the other House.

#### HOUSE OF COMMONS.—MARCH 23.

##### MEDICAL REFORM.

Mr. COWPER, in moving for leave to introduce a Bill to regulate the qualifications of practitioners in medicine and surgery, said, the proper objects of all legislation upon the subject appeared to him to be, in the first place, that the qualification required by law to entitle a person to become a medical practitioner should be maintained at a certain standard, and should be valid in all parts of the united kingdom; and, secondly, that a register should be established, which would enable the public generally, and the less educated portion of the community in particular, to ascertain what practitioners were really qualified, and in what the nature and extent of their qualification consisted. Constant reference was made in our statutes to the due qualification of medical men, and public appointments could generally speaking be held only by persons who were legally qualified. That was a principle which he thought it was desirable to uphold, notwithstanding that he was disposed jealously to guard the right of private individuals to consult whomsoever they pleased, whether they happened to be learned or unlearned. For appointments connected with the army, navy, friendly societies or other institutions, it seemed right that the restriction should exist, in order that from caprice or other motives unqualified persons might not be chosen. That practice had been justified by usage from the earliest times. There were dozens of Acts of Parliament concerning the Medical Profession, always referring to qualified persons, but none settling what the qualification should be. He believed that former efforts in that direction, although defeated by the conflict of antagonistic interests, had not been without some use, and there was an extending opinion of the necessity for the organization of the Profession, for some established qualification, and for some arrangement whereby that qualification might be made known. One of the great defects of the legal qualification at present existing was that it was partial in application and jurisdiction. Surgeons had no legal definition of qualification, and Sir B. Brodie or any other Surgeon was not in law legally qualified. Then, again, an English Practitioner had no standing in Scotland or Ireland, and *vice versa*; while even the London University, which conferred degrees for practice in the country, could not authorize any one to practise in the city wherein it was situate, and whence it derived its name. It was agreed that the first step must be to establish a better *minimum* qualification, without which no one should be permitted to practise. The proposal in the Bill of last year was that a new board of examiners should be created, consisting of persons delegated by the College of Physicians, the College of Surgeons, and the Society of Apothecaries; but the Bill altogether deprived the Universities of any voice in the granting of licences or the

direction of education. The Bill which was prepared by the select committee of 1856, and which was laid upon the table by the noble lord the member for Haddingtonshire (Lord Elcho), provided a new board of examiners, consisting of persons nominated by the Medical Corporations and the Universities, the intention being that the Universities should examine as to the sciences collateral to the study of medicine, while the Professional Colleges should examine as to Medical science itself. There were, however, objections that that plan would compel graduates to undergo a second examination after obtaining their degrees, and there would be also a difficulty as to the apportionment of the fees among the various bodies entitled to receive them. He thought it would be wise not to make any change that was not absolutely necessary, and the best course would be to leave the examination to the present licensing body, under the general control and supervision of a general council, to whom power should be given to decide upon what examination should be required, or what certificates should be produced before any person could be placed upon the register. If the Council had the right to be present at the examinations of the College of Surgeons and the Society of Apothecaries, they would be enabled to prescribe the standard which should be required, that at present existing being admitted to be too low. The consequence of the low standard of examination at present was, that the Profession was overrun with young men, who were barely able to exist. With regard to the register, great difficulties had been raised. The Bill which was introduced last year by the hon. member for Newcastle (Mr. Headlam) proposed a new definition of the Medical Profession—the higher class to be called Physicians and the lower class Surgeons. That created a difficulty, as many who were always considered Surgeons would then be called Physicians, while the ordinary understanding was, that a Physician attended to the interior of the human body, while a Surgeon attended to the exterior. The College of Physicians had always been anxious that they should be distinguished by being placed upon a separate register. There would be no difficulty in meeting their wishes; but it was a minute point, and might well be left to the consideration of the Medical Council. He now came to the mode of constituting the Council. Since 1834 the proposals had oscillated between a Council nominated by the Crown and a Representative Council. In 1848 the Medical Profession were unanimous in favour of a nominated Council. As they subsequently declared in favour of a Representative Council, however, he recommended the House to adopt that plan, which would be open probably to less objection than a Council nominated by the Crown. He proposed that it should consist of six members to be nominated by each of the present licensing bodies, and six to be nominated by the Crown. In order to connect the Council in some way with the Executive, it had been suggested that the President should be either the Secretary of State for the Home Department or the President of the Board of Health; but he thought that a better course would be to follow the precedent of many other Commissions, and to provide that the rules of the Medical Council should only be adopted when they had been confirmed by an Order in Council. By these means the Medical Profession would derive the benefit of an organization which it had never had before. While the legal, the military, and the naval professions were amply represented in that and the other House of Parliament, it was rarely that one of the Medical Profession ever found his way there; and yet there were sanitary and other social questions with which no men could be more competent to deal. (Hear, hear.) Moreover, the Medical Profession required the exercise of as great skill and was actuated by as noble an aim as any other profession, for it was not less noble to seek to save than to destroy life, or to preserve life than to preserve property. In conclusion, he moved for leave to bring in a Bill to regulate the qualification of practitioners in medicine and surgery. (Hear, hear.)

Mr. WALFORD said that the Bill which the right honourable member had suggested appeared to be by far the best proposition which he had yet heard on the subject, and he should not object, therefore, to its introduction.

Lord ELCHO said that the Bill which had just been proposed by his right honourable friend was an old friend with a new face, for it was precisely the same measure which he had himself ventured to introduce in 1856; and wonderful as were

the changes which daily took place around them, there was no change more wonderful, perhaps, than that which had occurred in the mind of his right hon. friend upon this subject. After relating the history of the rival Medical Bills which had been introduced by the hon. member for Newcastle and by himself, the noble lord observed, that he should be very happy to modify that part of his own Bill which related to the institution of the Council in the direction of the Bill of the right hon. gentleman.

Mr. HATCHELL approved the Bill, and thought it met the difficulty of the constitution of the Council in a satisfactory manner.

Leave was then given to bring in the Bill, which was read a first time.

## MEDICAL NEWS.

**APOTHECARIES' HALL.**—Names of Gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, March 11, 1858:—

JONES, DAVID KENT, Beaumaris.

LYNES, EDWARD, Coventry.

ROBERTS, CHARLES.

ROGERS, ROBERT JAMES, Brighton.

THOMAS, EDWARD WYNN, Oswestry.

WYNTER, HUGH BOLD, Kensington.

Also on the 18th March:—

ALFORD, HENRY JAMES, Taunton.

MORRIS, RICHARD, Aberystwyth.

PEARSON, JOHN TAYLOR, Wellington-road, Stockport.

SAINTER, JAMES DOW, Manchester.

SARGANT, WILLIAM THOMAS, Bletchingley.

## DEATHS.

**CURLING.**—On the 12th inst., at Shepherd's Bush, Thomas Curling, formerly of Steyning, Essex.

**HAMMOND.**—On the 14th inst., William Hammond, of Handsworth, Staffordshire, aged 50.

**MORRIS.**—At Delhi, on the 13th Jan., William Gardiner Morris, M.D., aged 32.

**PICKES.**—On the 12th inst., Henry Beresford Pickess, M.R.C.S. Eng. and L.S.A. 1844, of Aylesbury, aged 35.

**VIGURS.**—At Falmouth, John Vigurs, M.R.C.S. 1806, aged 77.

**VINCENT.**—At Camborne, Philip Vincent, aged 68.

**WALKER.**—On the 9th inst., at Orchard-House, Teignmouth, Edward Dering Walker, M.D.

## APPOINTMENTS.

**DR. R. S. DAVIS** has been elected Physician to the Worcester Infirmary, in the place of Dr. Malden resigned.

**THE Queen** has been pleased to appoint Claudius Francis Du Pasquier, Esq., to be Apothecary in Ordinary to her Majesty's Household (jointly with John Nussey, Esq.), in the room of Charles Craddock, Esq., deceased.

**CITY OF LONDON TRUSS SOCIETY.**—Mr. J. Abernethy Kingdon has been unanimously elected Surgeon to this Institution.

**MEDICAL REFORM.**—At the election at present pending for a member to represent the University of Dublin in Parliament, in the room of the Right Hon. Joseph Napier, recently appointed to the high and important office of Lord Chancellor of Ireland, Dr. Gayer, one of the candidates, in his address on the hustings, expressed his intention, if he should be returned, of devoting his attention to the subject of Medical Reform, and of supporting those changes which are advocated by the most distinguished members of the Medical Profession in Dublin.

**KENT COUNTY OPHTHALMIC HOSPITAL.**—The eleventh annual report of the Board of Management for the year 1857

shows that 2946 patients have been under treatment during the past year, and that of these, 249 have been admitted as in-patients, whilst the separate visits of the out-patients to the Hospital during the year amounted to 13,867. During this one year the operations performed for cataract numbered 65, and the entire number of operations performed upon the eye was 258. The Board report the resignation of Mr. Charles O'Callaghan, as Assistant-Surgeon to the Hospital, and the appointment of Mr. Sydney Proctor, as Resident Medical officer, at a salary of £100 per annum, in the place of Mr. Lewis, who filled the office of Dispenser.

**LATENT LIGHT.**—M. Niepce de St. Victor is confirming his views that light is capable of being absorbed and retained, for a season, in the absorbent body. He takes a piece of plain paper which has been kept for some days in the dark; and, placing upon it a negative photograph, he exposes it to sunshine. After it has been exposed for a period, regulated by the intensity of the light, the paper is again removed into obscurity, and then washed over with a solution of the nitrate of silver. In a little time an image will develop itself upon the paper, which can be fixed by merely washing in water. Here we have the nitrate of silver undergoing decomposition by the light absorbed by the paper during its brief exposure to sunshine. The *Athenaeum* says, "The power of 'emmagasinement' is possessed in different degrees by dissimilar bodies, one of the most remarkable being the nitrate of uranium. Indeed, the bodies distinguished by Prof. Stokes as fluorescent bodies appear to possess this power in an eminent degree."

**DIPHTHERITIS IN CALIFORNIA.**—We extract the following passage from a private letter just received from an English Physician practising at Sacramento in California:—"I see by the papers that diphtheritis has been making considerable ravages lately in England. We have had a great deal of it here during the last four years. I have seen it both in the plains, and as bad as anywhere at an elevation of 4000 feet, but then it only occurred when the locality was relatively low, the places being surrounded by higher hills. The same was the case in an epidemic of dysentery which I witnessed in the mountains, not a single bad case occurred among the population residing on the ridges. The diphtheritis requires here a stimulant treatment, chlorate of potash, brandy, and eggs, etc., and I make the patients swallow a good deal of charcoal to neutralise the secretion that finds its way into the stomach from the pharynx. Here the disease is undoubtedly infectious; there has been but little in the city, but around in the country it has been very fatal. I believe, however, the great mortality is from the treatment. There is a place some twenty miles from here, called Cache Creek, where the disease is almost endemic, and every outbreak, at least in the spring, summer, and autumn, takes place after a N.W. wind, which is with us a hot wind."

**ADDRESSES FROM THE COLLEGES OF PHYSICIANS AND SURGEONS TO THE LORD-LIBUTENANT OF IRELAND.**—On Thursday, the 18th inst., a deputation from the Royal College of Surgeons of Ireland attended at the Castle to address the Earl of Eglinton on his return to Dublin as Lord-Lieutenant of Ireland. In the course of his reply his Excellency observed, "I am well aware that there is no class to which the community is more deeply indebted than the men of your profession, and the skill with which you alleviate the sufferings, and the zeal and liberality with which you devote yourselves to the service of your fellow-creatures, is a subject too large and too sacred for me to more than allude to on an occasion such as this. It will at all times give me pleasure to attend to the interests of your institution and witness its efficiency; and I have no doubt that the high character it has borne will not be impaired under your auspices." The address from the College of Physicians was presented on Monday, the 22nd inst., and was read by the President, Sir Henry Marsh, Bart. The College stated that "Incorporated for the regulation of the profession of medicine in this part of the United Kingdom, we consider it our duty upon several occasions respectfully to invite the attention of her Majesty's Government to the state of the law for the preservation of the public health; and recently, at the request of the noble Earl, your Excellency's predecessor, we offered some suggestions relative to its amendment, regarding the sale of poisonous substances, certain of which were subsequently embodied in a bill introduced into Parliament—a measure which, we observed with regret, it was

not intended should apply to Ireland. To this important subject we trust your Excellency's attention may ere long be directed. We desire to tender to your Excellency our assistance in the promotion of every measure devised for the preservation of the public health; and, in conclusion, we trust that your Excellency will afford to us your countenance and support in our efforts to uphold the position, protect the interests, and extend the usefulness of the Profession we represent." In the course of his reply, his Excellency said:—"I shall be at all times ready to listen and advise with you upon any suggestion which may occur to you for the preservation of the public health, and for promoting the efficiency of the Profession to which you belong, and I shall endeavour to secure for this country a participation in any useful measure that may be brought before Parliament."

**MERCER v. IRVING.**—(Before Mr. Justice Williams and a Common Jury.)—This was an action to recover the penalty for the alleged infringement of one of the covenants of a bond entered into by the defendant.—Mr. Bovill, Q.C., and Mr. Creasy were for the plaintiff; and Sergeant Ballantine and Mr. Prentice for the defendant.—The parties to this action are both in the Medical Profession, and it appeared that the latter had been in practice at Wadhurst, in this county, but had sold his business to the plaintiff for £150, and he at the same time executed a deed whereby he engaged to forfeit double the amount of the consideration money if he practised within a mile of Wadhurst church after he had disposed of his business.—The case on the part of the plaintiff was that the defendant had prescribed for certain patients residing within the specified distance, and a surveyor was called who proved that the distance, "as the crow flies," of the residence of one of the patients, was 1600 odd yards, another 1500, and the whole just under a mile; but it was admitted that in one or two cases the distance from Wadhurst church to the house of the party by the road exceeded a mile. The cause was heard at the last summer assizes, when the plaintiff was non-suited in consequence of not being able to prove the exact distances.—Mr. Justice Williams ruled in the course of the case upon the form of the bond, that the plaintiff could not recover the whole amount of the penalty, and that it was merely a question of damages.—Sergeant Ballantine addressed the jury for the defendant, and said he did not deny that he might have attended a few patients just within the prescribed distance; but he had no intention to break the agreement he had entered into, and it was merely an accident, and he urged that the very smallest amount of damages would amply satisfy the justice of the case.—The jury, after a short deliberation, returned a verdict for the plaintiff—damages, £25.

**ADVERTISING DENTISTS.**—**BLOOMSBURY COUNTY COURT.**—*Webster against Mallam, calling himself "Cartwright and Davis."*—In our Number of 6th February we gave a short report of an application to the police magistrate for a warrant against this defendant for obtaining money from the plaintiff in a fraudulent manner. The magistrate refused to grant such summary remedy, and the question in issue was tried in this Court last week. Mr. Bowen May, solicitor, represented the plaintiff, and Mr. James, the barrister, appeared for defendant. Mr. May stated that the action was brought to recover the nominal sum of £10; but his client brought the matter forward to expose a gross fraud that was constantly practised on the public. Mallam was in the habit of advertising as a dentist, using the eminent name of Cartwright. His client believing that the "firm" in Somerset-street were connected with the celebrated dentist, employed defendant to make her an "upper" and part of an "under" for £10, upon the distinct understanding that it was to be set in gold, and to be a perfect fit; but when the money was paid the plaintiff found that she had been grossly imposed on, and that the metal was spurious and worthless. A gentleman happening to hear of the fraud, sent the plaintiff to his dentist, and also to his solicitor, upon which he applied to a police magistrate for a warrant against Mallam; but as his Worship said the only mode was to give the defendant into custody for the fraud, or to sue him in the County Court, the plaintiff appeared on the present occasion. The plaintiff confirmed the opening of her solicitor, and stated that the set made by the defendant was useless, and could not be worn; but that made by Mr. Hasler Harris was perfect, and with it she could masticate. Mr. Hasler Harris proved that he was

assistant to Mr. Robinson, of Gower-street, and had submitted the defendant's metal to chemical tests, and that it was nothing but dental alloy (a combination of silver, platinum, and a small portion of gold), the total value of which, with the teeth, would not exceed 30s.; that he had fitted in the defendant's "piece" to plaintiff's mouth, and in some places there was room for a crown-piece between the plate and the mouth. Mr. Samuel Cartwright, of Old Burlington-street, confirmed Mr. Hasler Harris, examined the plaintiff's mouth, and pronounced the piece she then had in as very well executed, and said that the defendant's work was worthless, except as regarded the trifling value of the materials. Mr. Tomes, of Cavendish-square, agreed with Mr. Cartwright and Mr. Hasler Harris as to the teeth being quite useless to the plaintiff, and that a brazier with a little practice was able to make a piece like that produced. He added that the Society of Dentists, to which he belonged, had established a rule that no dentist should advertise. The defendant and two other witnesses were called on the other side; but his Honour gave judgment for the plaintiff for the debt claimed, and costs.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, March 27, 1858.

### BIRTHS.

Births of Boys, 1026; Girls, 934; Total, 1960.  
Average of 10 corresponding weeks, 1848-57, 1639.

### DEATHS.

	Males.	Females.	Total.
Deaths during the week ... ..	770	661	1431
Average of the ten years 1848-57 ...	613.8	583.9	1197
Average corrected to increased population ...	...	..	1318
Deaths of people above 90 ... ..	...	...	6
Deaths in 15 General Hospitals ... ..	46	22	68

### DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diphtheria.	Typhus.
West ....	376,427	1	12	8	15	1	11
North ....	490,896	2	13	11	21	2	7
Central ....	393,256	..	4	1	9	1	3
East ....	485,522	..	15	7	15	6	12
South ....	616,635	1	1	13	23	3	8
Total..	2,362,236	4	45	40	83	13	41

### METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer ... ..	29.963 in.
Mean temperature ... ..	48.0
Highest point of thermometer ... ..	61.4
Lowest point of thermometer ... ..	36.9
Mean dew-point temperature ... ..	40.3
General direction of wind ... ..	W.
Whole amount of rain in the week ... ..	0.10 in.
Amount of horizontal movement of air in the week ... ..	4.5 miles

### TO CORRESPONDENTS.

*J.C.*—No reports of the Medical Society of London appear in the Medical Times and Gazette, simply because the secretaries do not send any reports of the proceedings of the Society.

*W. S. S.*—1. No new edition of the London Pharmacopoeia is expected at present. 2. Celsus and Gregory only. 3. Yes.

*Fair Play.*—The subject shall be commented on next week.

*Chemist.*—Murexide, a splendid crimson colour, is obtained from guano. "Prout long ago found purpurate of ammonia in the feces of serpents."

*Philogardenopolis.*—The bulb of the *iris juncea* is far more nutritious than the potatoe. It is now cultivated in France, having been introduced from Algiers.



**Anti-Ambig, junior.**—It would not be fair to publish the reply to Mr. Field anonymously. We shall be glad to insert the letter next week, with the name of the writer.

**Butcher's Saw.**—We received a long letter from Mr. Butcher last week—which was unfortunately mislaid. The facts of the case appear to be that Mr. Butcher is fully entitled to the credit of making the saw known to the Profession; and that he was quite unaware of the fact that a similar instrument had been given in 1832 to Dr. Laurie by Dr. Graham.

**A Subscriber.**—1. Are Acting Assistant-Surgeons of the Turkish Contingent entitled to the Order of the Medjidie?—Not unless recommended for distinguished service. 2. What qualifications or examination is required for Surgeons in the Peninsular and Oriental Steam Navigation Company's service?—A British qualification, and examination at the Navy Medical Department.

**Mr. Syme.**—The North Briton, of March 20th, contains the following curious correspondence said to have taken place between Syme and Liston on the allegation that Mr. Syme had purchased the chair of Clinical Surgery of Professor Russell, by "paying him £300 a year so long as he lived":—"Dear Liston,—Do you, like some others, believe that I bought the chair of clinical surgery?" to which Liston answered—"Dear Syme,—If you didn't buy it, how did you get it?"

**Dr. Graily Hewitt's** remarks at the Harveian Society upon Mr. Lobb's paper were to the effect that "In applying galvanism for the cure of cases of paralysis, it was necessary so to apply the conductors, as directed by Duchenne, that the muscles and not the skin alone might be affected by the current."

**ERRATA.**—In our last number, at page 289, 2nd column, 17 lines from bottom, for "altered portion" read "altered position."—In our notice of the annual meeting of the Association of General Medical Practitioners of Ireland in our last number, Dr. Nalty's name was, by mistake, printed Nalby.

**"Does Mr. Churchill allow this?"**—The advertisement has been received, and referred to Mr. Churchill, who informs us that he infers every gentleman legally qualified follows his profession honourably unless the contrary is proved. On reading the quackish advertisement, Mr. Churchill returned all copies of the work to the author, and demanded that his name should be withdrawn from future advertisements.

## GLYCYL.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I read with much interest, in your paper of last Saturday, Mr. Field's account of the therapeutic effects of the Nitrate of the Oxide of Glycyl, but was sorry he said so little of its chemistry and mode of preparation. Perhaps some of your numerous correspondents would favour me and other readers with some more explicit information on this subject in your next. I am, &c. ABERDONIENSIS.

Aberdeen, March 23, 1858.

## THE MUSEUM ASSISTANT AT THE COLLEGE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In compliance with my previous communication, I beg to inform you that in answer to my letter to the Council of the Royal College of Surgeons, which embodied the same facts as my letter to yourself, I have received a short note from the Secretary, simply stating that the letter had been laid before the Council; in other words, a tacit acknowledgment from them of the truth of the statements it contained.

Perhaps this example of mine may prevent others from indulging in the same pleasing delusion that I did,—viz. that something else besides interest or caprice might assist me when an appointment was to be made at the Royal College of Surgeons of England.

Thanking you much for inserting my former letter,  
I am, &c. GEORGE W. LAWRENCE, M.B. Lond.  
Camberwell House, March 24, 1858.

## IMPACTION OF THE PULMONARY ARTERY.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In the last number of your Journal for March 20th, there is related Dr. George Robinson of Newcastle-on-Tyne a case of "Acute mania, with softening of the brain and sudden death, from the impaction of a fibrinous coagulum in the pulmonary artery." It is not my intention to venture upon an opinion as to the real cause of death in this particular case; but I do venture to submit, with all due deference, that the conclusion arrived at by the author, viz. "that death resulted from obstruction of the pulmonary artery," is erroneous. The patient's death took place suddenly and unexpectedly, but the appearance of the coagulum found in the artery would indicate that for its formation some time must have been required; for a fibrinous coagulum, four inches in length, and extending not only into the bifurcation of the artery, but also into a secondary division, could not have been a sudden production.

That it was not formed gradually during life is, I think, obvious from the fact of the non-occurrence of any previous symptoms of disordered circulation. The description of the appearances observed seems to me to indicate that the coagulum was formed after death; and there was amply sufficient time for this occurrence to take place, viz. fifty hours. I have seen in post-mortem examinations similar coagula, though not so large as in the case related, extending into the divisions of the pulmonary artery, in cases of death from other causes, and in which there has been no suspicion as to the presence of the coagulum having anything to do with the patient's death.

Apologising for thus trespassing on your valuable space,  
March 23, 1858. I am, &c. MEDICUS.

## PROVIDENT DISPENSARIES.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I read with great interest your article on Provident Dispensaries, but like many other intrinsically excellent institutions, they are susceptible of considerable abuse. Such an institution may be "Provident" in three senses,—provident for the patient, provident for the Medical officers, or mutually provident. The latter species of "provision" no one can object to, but, unfortunately, they generally degenerate into the second. There at present exists an institution of the kind in my parish, called the "St. Marylebone Provident Dispensary;" the patients are treated there at the average rate of two-pence per head per annum; the Medical men, on the other hand, used to receive about £250 a-year for their disinterested services, but you will perceive that the amount expended in the cure of the patients, and the amount in salaries to the Medical men, are in inverse proportions; the natural consequence has been that the "St. Marylebone Provident Dispensary" has become a nice quiet snuggery for its Medical officers (one a shop-keeper), to the great detriment of all the General Practitioners of the parish. I am, &c. VERAX.

March 18, 1858.

## CHLORODYNE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Having, like Dr. Medlock, been operating on Chlorodyne with a view to answering questions put to me by various Medical gentlemen as to its probable composition, I beg to say that I fully agree with the statements contained in Dr. Medlock's letter as published in your last number. The quantity of chloroform is exactly equal to  $\frac{1}{4}$ th its bulk, but that of the prussic acid is but a mere dash, judging from the cyanide of silver I obtained. The following formula may be taken as an index of its composition:—

R. Burnt sugar, 1 drachm.  
Hydrochlorate of morphia, half a grain.  
Distilled water, 2 drachms.  
Oil of peppermint, 6 minims.  
Diluted prussic acid, (P.L.), 5 minims.  
Tincture of capsicum, 6 or 8 minims.  
Chloroform, 1 drachm.  
I am, &c.

Cheltenham, March 24, 1858.

JOHN HORSLEY, F.C.S.

## COMMUNICATIONS have been received from—

DR. RIGBY; DR. SYMONDS, Clifton; DR. MACKENZIE, Glasgow; MR. WHARTON JONES; MR. BUTCHER, Dublin; MR. H. SMITH; D. G. JOHNSON; MR. PRESCOTT HEWITT; DR. DAY, St. Andrew's; MR. MARTIN; DR. HALFORD; DR. WHITEHEAD, Manchester; DR. PRIESTLEY; DR. GRAILY HEWITT; DR. SUTHERLAND; MR. MACKENZIE; MR. MAUNDER; DR. MOSH; DR. TRIFE; MR. JAMES, Exeter; DR. DAVIS, Worcester; MR. HOOD; MR. JOAD; MR. EVANS; MR. SYMES; MR. M'DERMOTT; MR. ABRAHAM; DR. O'CONNOR; MR. BOWLES; ABERDONIENSIS; MR. BARLOW; MR. HORSLEY; DR. V. HUGHES; MR. GRANTHAM; MR. HENRY LEE; MR. LAURENCE; MR. WRIGHT; DR. HARLEY; DR. A. VON GRAEFE, Berlin.

## APPOINTMENTS FOR THE WEEK.

## March 27. Saturday (this day).

Operations at St. Bartholomew's,  $\frac{1}{4}$  p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.  
ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Busk, "On the Invertebrata."  
MEDICAL SOCIETY OF LONDON, 8 p.m.: Dr. Stodet, "On Vomiting in Pregnancy."  
ROYAL INSTITUTION, 8 p.m.: Professor Bloxam, "On the Chemistry of the Elements which circulate in Nature."

## 29. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopaedic Hospital, 8 p.m.

## 30. Tuesday.

Operations at Guy's, 1 p.m.  
ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Busk, "On the Invertebrata."

## 31. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopaedic Hospital, 8 p.m.

## April 1. Thursday.

Operations at St. George's, 1 p.m.; Middlesex,  $\frac{1}{4}$  p.m.; Central London Ophthalmic, 1 p.m.; London,  $\frac{1}{4}$  p.m.  
ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Busk, "On the Invertebrata."  
CHEMICAL SOCIETY, 8 p.m.  
LINNEAN SOCIETY, 8 p.m.  
HARVEIAN SOCIETY: Dr. Handfield Jones, "On the Theory of Elimination in the Treatment of Disease."

## 2. Friday (Good Friday).

## EXPECTED OPERATIONS.

Westminster Hospital.—The following operations are expected on Tuesday next, at 2 o'clock:—  
Operation for prolapsus ani, Mr. Holt. Extirpation of eyeball, Mr. Holthouse.

**Horniman's Pure Tea, the leaf**  
not coloured.—Rich full-flavoured TEA of great strength is thus obtained, as importing it not covered with powdered colour prevents the Chinese passing off the low-priced brown autumn leaves as the best. The "Lancet" (Longmans, p. 318) states of Horniman's teas:—"The Green not being covered with Prussian blue, etc., is a dull olive; the Black is not intensely dark." Wholesome and good Tea is thus secured. Prices 8s. 8d., 4s., and 4s. 4d. per lb. London agents:—Parrell, 78, Cornhill; Biphinstone, 227, Regent-street; 366, Oxford-street, and 91, Throgmorton-street, Bank; Wolf, 75, St. Paul's-churchyard; Dedson, 96, Blackman-street, Borough. Sold in Packets by Horniman's Agents in all parts of the kingdom.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

## Important Saving, by Prepayment,

in the PURCHASE of  
NEW WHITE ROUND MOULDED VIALS OF THE BEST QUALITY.  
PELLATT and Co. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

1 oz., 10 dr., and 1 1/2 oz. per Gross, 6s.	In quantities of not less than
14 dr., and 3 oz. " 7s.	Six Grosses, assorted to suit the
3 oz. " 8s.	convenience of the purchaser,
4 oz. " 10s.	delivered to carriers in London.
6 oz. " 15s.	No charge for Package.
8 oz. " 18s.	Breakage at risk of Pur-
4 1/2 oz. graduated in 3 doses, " 12s. 6d.	chaser.

The above Prices being based upon a calculation which excludes all charges whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in full, made payable in London.—P. and Co. do not supply Green Glass.—Orders and remittances to be addressed,

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Members of the Medical Profession requiring gummed Dispensing Labels, either in their own practice or for use in Hospitals, Dispensaries, Unions, &c., are respectfully informed that BOWLES and SONS are prepared to supply Labels of that description, well printed on superfine cream post paper, cut ready for use, in any quantity, and at reasonable prices.

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CHEMISTS' LABELS, &c., in great variety. Catalogues and Book of specimens may be had on application.

BROUGHAMS.

**Kinder, McNaught, and Smith,**  
MANUFACTURERS, WORCESTER, beg respectfully to invite the attention of professional men to their improved Medical Broughams, as under:—

Width of Seat.	Weight.	Price.
3 ft. 5 in. . . . .	7 1/2 cwt. . . . .	5 Guineas.
3 ft. 6 in. . . . .	8 cwt. . . . .	95 Guineas.
3 ft. 7 in. . . . .	9 cwt. . . . .	100 Guineas.

The latter, including a segmental front, with seat for third person.

These Carriages are constructed, by the aid of machinery, of the best material, are of excellent workmanship, and particularly adapted to the wants of medical men, either in town or country. Drawings and other particulars forwarded on application.

## Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS at the Warehouse, 2, Upper Copenhagen-street, Barnsbury-road, Islington, London, N. E. and H. Harris beg to submit the following prices, for quantities of not less than 6 gross, assorted to suit the convenience of the purchaser.

6 & 8 oz., any shape, plain or graduated	3s. per gross.
3 & 4 oz., do. . . . .	7s. 6d. do.
1/2 oz. white moulded phials	4s. 6d. do.
1 oz. do. . . . .	5s. 6d. do.
1 1/2 oz. do. . . . .	6s. do.
2 oz. do. . . . .	7s. do.

No remittance required until the goods are received. Packages free. Delivered free within 7 miles. Immediate attention to country orders. Post-office orders, made payable to E. and H. HARRIS, at the Chief Office, London. Bankers: Union Bank of London.

## Williams and Son's Pure Glycerine

SOAP. Analyzed by Dr. Hofmann, F.R.S., and Professor Redwood, Ph.D., strongly recommended by many eminent members of the Medical Profession, and favourably noticed by the following Medical Journals:—

THE LANCET.  
THE MEDICAL TIMES AND GAZETTE.  
THE BRITISH MEDICAL JOURNAL.  
THE MEDICAL CIRCULAR.  
EDINBURGH MEDICAL JOURNAL.  
THE DUBLIN HOSPITAL GAZETTE.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, &c.

SOAP-WORKS, CLERKENWELL, LONDON, E.C.

ESTABLISHED 1830.

## M. and R. Jewell beg to express their

thanks for the encouragement they have received from the Medical Profession, and hope for a continuance of their favours at their Medical Glass and Bottle Warehouse, 53, Howland street, Tottenham-court-road, where an extensive Stock is always kept on hand, at the lowest prices. Measures, Stopped Bottles, Pedestal Mortars, &c. etc. Orders punctually attended to. List of prices forwarded post free.

## The Medicated Cod Liver Oils,

comprising  
OLEUM MORRHUÆ CUM QUINA.  
OLEUM MORRHUÆ CUM FERRI IODIDO.  
&c. &c. &c.

Prepared only by SAVORY and MOORE, 143, New Bond-street.

## Liquor Pepsinæ.—A Convenient and

EFFICACIOUS PREPARATION BY  
SAVORY and MOORE, 143, New Bond-street.

## Great Saving in the Purchase of Six

GROSS of NEW MEDICAL GLASS BOTTLES and PHIALS, assorted to suit the convenience of Purchasers, at ISAACS and SON, Medical Glass Bottle Manufacturers.—London Warehouse, 6, Warren-street, Tottenham-court-road.

	s.	d.
6 and 8 oz., any shape, plain, or graduated	8	0 per gross.
3 and 4 oz. ditto	7	6 do.
1/2 oz. Moulded Phials	4	6 do.
1 oz. ditto	5	0 do.
1 1/2 oz. ditto	6	0 do.
2 oz. ditto	7	0 do.

No remittance required until the goods are received. Packages free. Delivered free within seven miles. Immediate attention to country orders. Post-office Orders payable to S. Isaacs and Son, at the Post-office, Tottenham-court-road, London. Bankers: Unity Bank.

## Wines from South Africa.—Port,

SHERRY, etc., TWENTY SHILLINGS PER DOZEN. These Wines, the produce of a British colony, which has escaped the vine disease (the vintage occurring in February may account for the same), are in consequence wholesome and are warranted free from acidity and brandy, are admitted by Her Majesty's Customs at half-duty, hence the low prices. A Pint Sample Bottle of each for twenty-four stamps, Bottles included. Packages allowed for when returned.

"We have taken the trouble to try Mr. Denman's wines, and have also submitted them to several of the clergy and the opinion formed is that they are worthy of being patronised."—Clerical Journal, October 22, 1857.

EXCELSIOR BRANDY, Pale or Brown, 15s. per gallon, or 30s. per dozen. Examine Carefully. Country orders must contain a remittance. Cheques to be crossed "Bank of London."

J. L. Denman, Wine and Spirit Importer, 65, Fenchurch-street. Counting-house entrance, first door on the left up Railway-place.

## For Use Medicinally, in all Diseases of

the STOMACH, CHEST, etc., for dressing and deodorizing cancer and all foul wounds, for purifying sick chambers, for embalmment of the dead, etc., Mr. JASPER ROGERS'S PATENT CARBONIZED PEAT MOSS. The various kinds of powder and lozenges are prepared solely by the Health of Towns Improvement Company. Sole Wholesale Agent, Joseph G. Thompson, Esq., 2, Adelaide-place, London-bridge, London, E.C., and 5, Donegal-square, Belfast; sold by Mr. W. L. Bird, Pharmaceutical Chemist, 42, Castle-street, East, Oxford-street, W.; Mr. J. Johnson, Chemist, 123, Upper-street, Islington, N., London; Messrs. Bewley and Evans, Dublin; and all respectable Chemists. See extracts from publications on the subject, with the preparations.

## The Best Food for Children, Invalids,

and others.—ROBINSON'S PATENT BARLEY, for making Superior Barley-Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation, as the purest farinæ of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious supper for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and, alternately with the Patent Barley, is an excellent Food for Infants and Children.

Prepared only by the Patentees, ROBINSON, BELVILLE, and CO., Purveyors to the Queen, 64, RED LION-STREET, HOLBORN, LONDON.

Sold by all respectable Grocers, Druggists, and others, in town and Country, in Packets, at 6d. and 1s., and in Family Canisters, at 2s., 3s., and 10s. each.

## Bank of Deposit, Established A.D. 1844.

3, PALL MALL EAST, LONDON.

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The Interest is payable in January and July.

PETER MORRISON, Managing Director.

Forms for opening Accounts sent free on application.

## ORIGINAL LECTURES.

## GULSTONIAN LECTURES FOR 1858.

AT THE

Royal College of Physicians.

By JOHN ADDINGTON SYMONDS, M.D. F.R.S.E.  
Consulting Physician to the Bristol General Hospital, &c.

## ON HEADACHE.

## LECT. I.—Continued.

It is an interesting but a difficult investigation to ascertain the mode of production of some of these sympathetic pains in the head. Here, for instance, is a question. What is the cause of a so-called bilious or sick headache in a person who suffers such an attack once in a year or so? In him there cannot be any great susceptibility on the part of the cerebral nerves, or it would occur oftener. But what is the course of events when it does occur? We need not stop to ask whether it is some imperfectly chymified substance in the duodenum, or some depraved secretion which begins the mischief. We will assume it to be some disturbing impression on the nerves of the alimentary tube.

This impression may or may not produce a sensation of indigestion before the headache. If it does, we might suppose that the impression has passed by extension from the part of the sensorium in relation with the nerves of the stomach to that which is in relation with the nerves of the head, and that the pain is, so to speak, reflected on the latter nerves. If this is the course, I think it must be presumed that there must have been some previous disposition in the centres related with the nerves of the brain to be so affected.

I doubt if this hypothesis is so tenable as the supposition that the impression is communicated along the sympathetic chain to the nerves of the brain, and there excites the disturbance.

Whatever may be the function of the sympathetic nerves as to sensation, motion, and reflex action, it is impossible to observe their intricate nexus, as well as their distribution, without suspecting that one part of their duty must be inter-nuncial between the viscera, and that they must be the agents of that consensual operation without which the functions of organic life could not long continue.

Order in time must be as necessary in the human microcosm as in the macrocosm of the universe. Were the processes of digestion, sanguification, respiration and circulation, to go on independently, the vital machinery would soon come to a stop. The heart beats at definite intervals, the respiration keeps a proportionate time, food should enter, and its residue leave the system at regular periods. But the rates are perpetually changing, from the variations of daily or even hourly life, and the changes must be announced from one part to another, in order that the requisite adjustments may take place. Without entering, however, more minutely into speculations as to the final cause of the intimate nervous connexions of the viscera, we may content ourselves with pursuing the way of exclusion. The cerebro-spinal nerves mixed up with the ganglionic nerves account for as much of sensation and emotional influence and reflex action, as we meet with in the viscera. The contractions of the muscular fibres of organic life probably have special relations with true ganglionic fibres and ganglionic centres, uni-polar, bi-polar, etc. Still there are a large number of plexuses, and nerves entering and departing from those plexuses, whose function is scarcely accounted for, unless we infer that their office is to keep up a connexion of some sort between the viscera.

A general survey of the ganglionic system and the connecting nerves impresses us with the unity of the whole system. But without the *a priori* assumption that organs so connected must work together, we have strong *a posteriori* evidence of the connexion in the events of disease. One organ, the variations of whose actions may be considered typical of the rest, is more easily observed than the others. I need not say that I allude to the heart. Much has of late years been done to prove the dependence of its rhythmical action on ganglionic centres. Since these researches I think we can more

definitely understand than ever we could understand before, the readiness with which the rate of the cardiac pulsations is affected by disorders of any organs within the ganglionic chain. The intermittent pulse of indigestion, the alarming rapidity of the heart's action from inflammation of the peritonæum, or the depression of its action from injuries without loss of blood or severe pain—show that this regulating central power of the circulation not only receives tidings of distant organs with great quickness, but also that it is seriously perturbed by them. There is every reason from analogy to infer that although we have not such ready means of noting the influence of other ganglionically connected organs on each other, as in the case of the heart and the other viscera, yet that communications are continually going on in health, and that the same links of communication produce the association of morbid phenomena. That the connexion in health is quite irrespective of sensation is obvious from the fact that in perfect health individuals may live for long periods of time unconscious of internal viscera, and therefore that their harmonious action had not been indebted to sensation. The sensory nerves of the viscera seem to have no other function than that of denoting unusual states of the organs. But if this be the function, the question arises, What possible good can accrue from the transference of the sensation from the sick organ to one that is well, or comparatively so?—a common enough occurrence in sympathetic disorders. The good would certainly appear to be beyond our discovery, but we may endeavour to learn the course of transmission. Do the sensory fibres convey the impression direct to the sensorium? and before its conversion into a sensation is the impression transferred to another part of the sensorium related with sensory ganglionic fibres from some other viscus? Is the impression which has been made on the gastric nerves by a lump of ice, allowed to pass over the encephalic cells related with those nerves without being converted into a sensation, while on reaching the cells related with the sensory fibres of the first branch of the fifth nerve it causes a state which is felt in this nerve as neuralgia? Is this the probable route? or is there not another equally probable? If we admit that impressions are exchanged between the different ganglia, may we not conjecture that the impression made by the ice on the gastric nerves, instead of running along the nearest *rami communicantes* to the spinal ganglia, and thence up the sensory tracts (whatever they are) to the sensorium, or if you please by the more direct course of the vagus; instead of either of these courses, I say, may we not conjecture that the impression takes its route up the chain of sympathetic ganglia, making no disturbance till it reaches the ophthalmic ganglion, which being in a susceptible state undergoes a certain change, which change on being imparted to its sensory nerves, excites a sensation of pain referred to the parts over which the sensory nerves of that ganglion are distributed? In this hypothesis I assume the ophthalmic ganglion to be predisposed to disorder, because an organ sympathetically affected with disease implies a readiness for disease in some part of its structure. A sympathetic disorder is, so to speak, not forced on the sympathising organ—it is invited by the readiness of the latter to take offence.

Let us endeavour to apply some of these considerations to another particular instance bearing on our immediate subject. A gentleman had for many years been liable to attacks of headache on the slightest provocation. Long-continued intellectual exertion, the excitement of an agreeable party, a journey, any error of diet, would inevitably lead to an attack of headache. During the same period he suffered at different times from pain in his teeth, which decayed rapidly, and at last were removed, and replaced by false ones. This change happened more than a year ago, and since that time he has been almost exempt from pain of the head. In other respects his health and mode of life have been unaltered. What was the connexion between the diseased teeth and the headache? The morbid impressions on the ganglionic fibres of the fifth pair might, without any stretch of hypothesis, be reasonably presumed to induce a morbid state of the Gasserian ganglion, whether the impressions on the sensory fibres did or did not reach the sensorium, and induce a painful sensation referred to the teeth. The Gasserian ganglion is connected by marked fibres with the cephalic ganglion, from which a large number of nerves pass to the cerebral arteries. The cephalic ganglion probably partook of the morbid condition of the Gasserian, and hence might have arisen so susceptible a state of the ganglionic nerves of the brain,

that they may have become disposed to ache under the influence of impressions which, without the predisposition in the nerves, produced in the manner I have described, would have had no effect. It seems to me that if this explanation cannot be accepted, there is no alternative but the supposition that morbid impressions on the dental nerves (not creating pain in those parts) arriving at the central extremities of the nerves, are passed on to that part of the sensorium which is related with the sensory fibres of the ganglionic nerves of the brain, and maintain in that part of the sensorium a morbidly susceptible condition; and that this condition is brought into such action as constitutes pain, whenever the said part of the sensorium receives impressions transmitted from nerves which have been offended by causes acting directly upon them in the brain itself, (as in over-study or anxiety), or when it has received like disturbing impressions from the nerves of other parts of the ganglionic system.

I confess that the first of these views which I have ventured to propound is the one that seems to me more admissible. The course of communication traced in that survey is more direct, and involves less complexity of causation.

I should feel myself to be taking an unwarrantable liberty were I to occupy the time and attention of such an audience as that which I have the honour of addressing, with hypothetical suggestions if the case would admit of a theory. We have not the means of subjecting ganglia and their nerves to satisfactory experimental observations in reference to sensation. When the vivisector has made his way to the base of the cranium externally and internally, though he might obtain satisfactory information as to the conduits of motor influence, I know not how it would be possible in the midst of such tearing and severing of tissues to determine degrees of sensation, which can only be demonstrated by cries or quiverings.

Allow me to try the hypothesis by another example. A gentleman, after playing at bowls one evening, awoke in the night with slight hæmoptysis. The source was referred by his own feelings and his physician's examination to the upper lobe of the right lung. Whether or not a tuberculous nodule was the nucleus of the disease, there was evidence for a short time of consolidation of a portion of the lung in the right infra-clavicular region, and in the same part pain was felt for a long time afterwards, when the patient laughed vehemently or made any strong muscular exertion. But after awhile he observed that pain would occasionally come on in the same part whenever his stomach was at all deranged, and that it would subside after a slight eructation of wind. What was the chain of events in the production of this obviously sympathetic pain? Was the morbid impression which had been made by gas in the stomach on the gastric nerves, transmitted by sensory nerves to the sensorium, and instead of being transformed into a sensation in the part of the sensorium related with the gastric nerves, passed on to the central cells related with the sensory nerves belonging to that portion of lung which was formerly diseased? Or is it not more probable that the gastric impression was transmitted by ganglionic nerves to the pulmonary plexus belonging to the spot of lung in question, and that the impression acting on the morbid susceptibility left in that plexus by old disease, excited in it another impression which having been transmitted to the sensorium produced a sensation referred to the lung.

There is, however, another element to be considered in that curious process by which, when impressions are being made on many sensory nerves, some in particular will be converted into sensations, and which may easily lead to a fallacy. It is a familiar fact that amid the din of confused sounds in a street, or at a dinner party, the only auditory impressions which become sensations that is, which are presented to the consciousness, may be the words of a friend in colloquy. The cause of this appears to be simply the predominance given to one cluster of impressions by the desire, or the compulsion of the will, in other words, the expectant attention. If of two impressions, starting severally from the gastric ganglionic centre, and its related pulmonary centre, one is more intense than the other, it will become the sensation perceived in the sensorium. Or supposing the intensity to be equal, the prevalence may be determined by the expectant attention. If, for example, the pulmonary impression has been linked with apprehensions as to the nature of the illness, or with previous suffering, it will be perceived to the exclusion of the gastric.

This subject of morbid sympathy as to sensation may,

perhaps, be still further elucidated, if we consider the sympathy between the tegumentary surface and the internal organs. What, for instance, is the order of events in catching cold, in the common occurrence of a catarrh? A person liable to such attacks may have been standing at a corner of a street, or at an open window, conversing with a friend. According to the degree of interest in the conversation, he may or may not feel chilly; but in twelve or twenty-four hours he has the symptoms of incipient catarrh. What has happened during that period of incubation? What did the current of cold air do to him? It may be said that the insensible perspiration was interfered with, and that matters were thereby retained in the blood which ought to have been eliminated; and that the blood thus contaminated excites disease in any predisposed organ—the Schneiderian membrane, for instance. This may be the case; but another view might present itself. It might be inferred that an impression has been made on the nerves belonging to the cutaneous blood-vessels, reaches the ganglionic centres, and in its further diffusion extends to the grey ganglionic nerves belonging to the blood-vessels of the Schneiderian membrane, and, through them, so alters the circulation and secretion of the membrane as to produce what is called catarrh. The one view seems at least as likely as the other. But suppose the cold to have operated on some limited portion of the body—say the scalp; or suppose the outward cause to have been damp ground operating only on the feet. It is not easy to presume, in this case, a general defect of elimination. The more probable presumption is, that an impression is made on the nerves belonging to the blood-vessels in the skin, and that they transmit the impression to the visceral ganglia, and disturb such parts as are most prone to disorder.

Or we may take another case for investigation. I have a patient who frequently suffers from severe attacks of headache, and who tells me that one of the most frequent causes is driving in an open carriage in a cold wind. She has no general chill, for she is well clothed, but some morbid impression must be made on the face. In a few hours, the headache comes on. There is here no general interference with elimination, but an impression is made on the skin of the face, which may be transmitted to the Gasserian ganglion, and thence to the cephalic, or it may travel by the route of the arteries to the nerves of the brain. But the road which the sympathy travels may be traced in the reverse direction. Thus a patient is the subject of headache, attended with heat of the scalp, dilated and with throbbing temporal arteries. Cold is applied to the forehead and scalp, and the pain is lessened or removed. How is it thus sedative to the nerves of the cerebral vessels? Its operation on the vessels of the scalp is to cause their contraction; and I presume that this is effected by its operation on the vascular nerves. The impression on them transmitted to their ganglion and plexus must reach the nerves of the brain. We cannot think that the cold penetrates the bony case, and so reduces the vascular disturbance within it; or should any one think that this is not impossible, let us suppose that instead of cold lotions, leeches have been applied. No influence is in this way transmitted through the cranium; the quantity of blood lost is too small to affect the heart or the general circulation, and it is a clear case of sympathy. The relief is afforded here unequivocally through the blood-vessels and their nerves, the latter nerves being the only media of communication between the vessels of the scalp and the vessels of the brain and pia mater, whatever communication may be traced between those of the scalp and the cranium and dura mater. An analogous train of argument might be pursued as to the action of anodynes applied to the surface.

The phenomena of a *coup de soleil* also illustrate the principle; for unless it be thought that the sudden elevation of temperature in the scalp is extended to the cranium, and thus directly irritates the vessels of the membranes and the surface of the hemispheres, there seems no other way of tracking the influence than that which I have already pursued, along the nerves of the external blood-vessels to those of the carotid plexus.

*Cerebral Circulation.*—Having thus far considered the relation which painful affections of the head bear to impressions on distant nerves, let us turn our attention to their connexion with the cerebral circulation.

The intimate connexion of the nerves of the brain with its blood-vessels, enables one to account for the difficulty which is often presented to our diagnosis—that of distinguishing the

pain which is purely nervous, from that which is the effect of vascular disorder. The peculiarity of the intra-cranial circulation enhances the difficulty; for though the researches of Dr. Burrows have settled the question as to whether the quantity of blood in the vessels can vary, having proved that it is variable, yet the nature of the outward barrier indicates plainly that the compression of the vessels, and consequently of the nerves, must at times be very considerable. Suppose the nerves to be in a normal state, the pressure of distended vessels may occasion pain, as in the inflammation of the pulp of a tooth. Or suppose the nerves to be hyperæsthetic, very slight changes in the force and the volume of the circulation will distress them. The aggravation of a nervous headache by palpitation, by interruption to the venous circulation, in coughing, straining, or other muscular exertion, must be familiar to most persons. I have just supposed the case of the nerves being in a normal state, and then distressed by the hydrostatic pressure; but, on consideration, I doubt whether pain is ever due to simple vascular distension, unless the latter has been extreme and long-continued.

It is difficult to find a combination of circumstances exactly like that of the vessels and nerves of the brain. Some resemblance may be found in a limb compressed by an article of dress, as a foot by a tight shoe, which in the evening, under the influence of heat and long dependence, begins to swell. The pressure of the shoe makes the swelling painful; but here, again, there is a want of strict similarity. For the pain comes from the superficial nerves of the skin, which are directly compressed. The pain is not like that which ensues when the vascular nerves only are affected. That mere compression of healthy nerves by their distended vessels should occasion pain, is rather negated by the freedom from pain during violent muscular exertions and strains, which put the vessels of the head under the highest degree of pressure. And again, when the accumulation of blood takes place in the other direction, whether attracted into the capillaries by unusual functional exercise, or injected into them by emotional excitation of the heart, or by the more composite influence of alcohol, there is often an entire exemption from pain, and in the latter instance a feeling of great enjoyment. I think it may be inferred that when fullness of the vessels gives rise to pain, there must be an accompanying or preceding unhealthy state of the nerves of the part, or that the congestion must have been long continued enough to beget such textural disorder as the nerves will necessarily partake of. In inflammation the nerves are for the time injured by the changes in which the process consists, as well as by the first action of the exciting cause.

The headache which follows an epileptic paroxysm, and that which attends or ensues on prolonged dyspnoea, or violent fits of coughing, might seem to be examples of pain occasioned by simple disturbance of the brain-circulation;—but the latter cases are exceptional; that is, it so often happens that both long-continued dyspnoea and cough occur without producing headache, that we cannot but infer that some nervous element must be introduced into those cases in which pain attends upon difficult breathing and cough. As to epilepsy, though we have much to learn respecting its pathology, yet a paroxysm presents unambiguous evidence that the vessels are enormously strained; and the pain after the attack and the functional disturbance of the brain bear a direct ratio to the severity and frequency of the attacks.

It was while I was considering the relation of headache to altered states of the circulation in the brain, and speculating on the possibility that the duration of a fit of headache might be connected with the time requisite for the adjustment of the disturbed balance; and especially for change in the distribution of the cerebro-spinal fluid, which has been supposed to play an important part in such adjustments,—it was with the view of confirming or correcting this supposition that I determined to make some experiments on animals. In the performance of these I had the valuable assistance of my friend, Mr. Michell Clarke, a gentleman well versed in anatomy, and expert in operating.

If the cerebro-spinal fluid replaces blood withdrawn from the intracranial vessels by gravitation, or if, conversely, the recession of the fluid makes room for congestion of those vessels, it appeared to me that were an animal kept some time in a certain position, the cerebro-spinal fluid ought to be found accumulated either in the cranial or in the vertebral

cavities; if erect, in the ventricles and subarachnoid space of the brain; if inverted, in the theca vertebralis.

Three rabbits were selected. One was suspended by its ears and fore-legs, another by its hind-legs, a third was kept for comparison.

The two suspended rabbits were poisoned with prussic acid after about half an hour, their positions having been strictly maintained. The post-mortem examination was made immediately, and with the bodies kept steadily in the same position.

In the rabbit inverted during suspension the eyes were very prominent, and the membrana nictitans was congested (but there had been no manifestation of distress during life). The vertebral canal was first laid open. All the tissues in the lumbar and dorsal region were bloodless; those of the neck and cranium were gorged with blood; the membranes and the substance of the spinal cord in the lumbar and dorsal regions were quite pallid. In the cervical portion of the theca there appeared a slight accumulation of sanguinolent serum. On opening the cranium, the bony tissue was full of blood; the meninges were highly congested, and the puncta sanguinea in the cerebral substance were numerous and strongly marked. There was no serous fluid in the ventricles, and none external to the convolutions.

The rabbit which had been suspended by its ears and fore-legs was of course examined in an erect posture. The tissues of the head, neck, and back were exsanguine; but those of the lumbar region were in an opposite condition. When the cavities were laid open, the membranes of the spinal cord in the same region were found injected, while those of the brain and the vessels of the brain substance were extremely pallid. Serous fluid was anxiously and carefully looked for in the ventricles and between the convolutions, and at their base, but none was found.

The third rabbit was poisoned with prussic acid, and examined immediately in the horizontal position. There was a pretty equal distribution of blood, and nothing remarkable was observed, excepting the absence of anything like cerebro-spinal fluid, either in the cranial or in the vertebral cavity.

These experiments, while they entirely confirmed the observations and conclusions of Dr. Burrows, as to the production of an increased or lessened quantity of blood in the brain by gravitation, were negative as to any adjustment affected by cerebro-spinal fluid.

I thought it well therefore to repeat the experiment on two full-grown and very strong rabbits. They were suspended for an hour. The rabbit which hung by the ears and fore-legs was found dead. The other, quite vigorous, was poisoned with prussic acid. They were examined with the same results, excepting that in the inverted animal there was not the same appearance of sanguinolent exudation in the cervical portion of the theca vertebralis which had been found in the first case. The rabbit which had died suspended by his ears and fore-legs was examined with particular care and interest. No serous fluid was discoverable in the ventricles, and none beneath the pia mater—none in any part of the cranial cavity. But the membranes and brain-substances were absolutely blanched. The appearances corresponded with the plate in Dr. Burrows's work, representing those of a rabbit bled to death.

As this observation was interesting in proof of the fatal effects of a posture which diverted blood from the brain, it was repeated on two other rabbits. One was suspended by the ears and fore-legs, the other by the ears only. Death occurred a few minutes earlier in the former than in the latter case. The appearances within the cranium were similar to those described in the former instance.

In order to meet the supposition that the animals might have been distressed by the weight of the body, and the strain on the ligaments of the neck, the weight had been taken off by a support applied to the haunches.

Thinking it desirable to ascertain whether the inverted position would occasion death, if continued longer than in the cases of the animals suspended in that posture, a strong middle-sized rabbit was hung up by his hind-legs, and kept in that situation for more than four hours. After being cut down, he looked for a moment astounded, then gave his head a shake, and seemed to have recovered his self-possession. He was in fact quite well, and began to feed heartily.

Rabbits are known to hold their lives on a slighter tenure than do many animals. We thought it right therefore to try the

effect of the erect posture in one of another order. A cat, being proverbially tenacious of life, was selected. Mr. Clarke found it difficult to keep her head constantly upright. She died in three hours and a half. The brain and its membranes were perfectly bloodless, but there was no fluid in the ventricles, nor under the pia mater, nor in any part of the cranial cavity. Neither could more than a very few drops be discovered in the vertebral cavity.

Whatever may be the physical agency by which the brain deprived of its blood is still capable of filling its bony case, the proof given by the experiment of the degree to which blood may be drained from the cerebral vessels by posture only, has, it seems to me, some considerable value. We see that, independently of the nutritive relation between blood and neurine for the performances of brain function, one of the conditions under which this function is performed is a certain amount of pressure, a greater or less amount of which may produce distressing or even fatal results. In the rabbit the circulation is not so arranged as to maintain even for a short time an adequate supply to the brain under the disadvantageous circumstances of erect posture. While the egress of blood is helped by gravitation, the afflux is to be kept up by the exertion of a heart not vigorous enough to overcome the difficulty presented by gravitation. The heart soon becomes further weakened by the reflected influence of that very state of the brain which its own incapacity has engendered, and fatal syncope is the result.

The fact teaches us also how important to man, with his "as sublime," is a sufficiency of strength in his left cardiac ventricle. It may be that in him there is a larger amount of cerebro-spinal fluid normally existent, and that he is furnished with adjustments for his greater variety of postures. But still nothing is more to be apprehended than the result of diminished afflux and pressure, from a failure of the cardiac impulse. And the observation is, I think, confirmed by all clinical and pathological experience.

I need scarcely say that in these experiments it was a surprise to Mr. Clarke and myself that no appreciable quantity of fluid should have been found corresponding to the cerebro-spinal fluid, though it was carefully looked for. Mr. Clarke was at the pains of examining under every precaution the vertebral and cranial cavities in a cat, and in dogs poisoned with prussic acid, but with the same negative results. The examination of a dog was made in the presence of Mr. Henry Clark, an accomplished anatomist, and myself. The whole quantity of fluid collected on bibulous paper from the theca vertebralis, the ventricles of the brain, and the cranial cavity, amounted at the most liberal computation to no more than seven drops.

It is not difficult to reconcile these negative results with the fact that one finds more or less serous fluid in the cranial and spinal cavities of the human subject, because the latter is always examined several hours after death, and when there has been abundance of time for the transudation of fluid in these as well as in other serous cavities. And, *a priori*, a larger proportion might be expected from the exceeding vascularity of the pia mater, which represents sub-serous cellular tissue. But it is more difficult to explain the absence of the fluid in the animals examined by us, when we consider it in relation to the experiments of Magendie, Cruveilhier, Ecker, and others, on the living animal. It would be presumptuous, as it is unnecessary to question the accuracy of such practised observers. And without other evidence I should come to the conclusion that the presence of true cerebro-spinal fluid is confined to the living animal, and that when the quantity of blood in the vessels is diminished by death, the fluid passes into them by endosmotic action.

But I have before me the notes of an experiment made by Mr. Clarke on a living dog, previously rendered anæsthetic by chloroform, which fully corroborated those of Magendie and Cruveilhier. The dog was of smaller size than that which was examined after death, yet nearly sixty drops escaped from the puncture through the occipito-atloid ligament, though from a dead animal of the same size the sum-total of serous fluid obtained from ventricles, cranium, and theca vertebralis amounted at the outside to seven drops only.

I have already said that it also remains to be explained how the brain, all but emptied of blood, still fills the cranial cavity. Two cats were killed, especially with a view to this point. The brain was drained either by posture, or by division of the cervical vessels, but on opening the cranium the dura mater

was found as tense as if the vessels had been full of blood, and yet no serous fluid was discoverable. As there is no ground for attributing resilience to the cerebral substance, we are forced to speculate upon the possibility of some interstitial fluid or serous halitus. As the experiments have proved that the cerebro-spinal fluid of the living animal is not to be found after death, can it be that this fluid instead of being extra-membranous becomes interstitial? Or is there some æriform substance in the vessels, such as prevents the coats of many of the arteries from collapsing after death, though they no longer contain blood? I have already suggested some experiments to Mr. Clarke in elucidation of this subject, some of which he has already performed, while others are still in progress.

#### *Dissection to determine presence of Cerebro-spinal Fluid in a living Dog, Feb. 17, 1858.*

A small dog, between three and four years old. Chloroform was administered. There was a good deal of difficulty in keeping him under its influence, but it was managed pretty well throughout.

The post-occipito-atloid ligament was exposed, and dissected off. The arachnoid membrane bulged out, thin, and transparent-looking. With each inspiration it subsided, to become more prominent with every expiration. There was no movement synchronous with the action of the heart.

Upon puncturing the arachnoid, a considerable quantity of a limpid fluid, which looked just like water, escaped through the opening, and rapidly filled up the bottom of the space dissected out between the muscles. For a little time it came forth continuously, but afterwards a little escaped with each expiration, and the flow ceased altogether. Then the medulla oblongata became evident, and it was seen to subside with each inspiration—and to rise with each expiration. The medulla oblongata also showed movements synchronous with the pulsations of the heart.

The quantity of fluid that escaped I estimated at from forty to sixty drops; but one could not see its rising and falling, and the sub-arachnoid space accurately filled with it, without feeling convinced that it fulfils an important office.

The wound was sewn up, and the dog recovered from the anæsthesia; and about a quarter of an hour afterwards was sensible, and came when he was called; but tottering and paraplegic as to his hinder parts.

## ORIGINAL COMMUNICATIONS.

ON THE

### OPERATION OF IRIDECTOMY, OR EXCISION OF A PIECE OF THE IRIS.

AS RECOMMENDED BY DR. GRAEFE OF BERLIN (a), AS A MEANS OF CURE IN VARIOUS DISEASES OF THE EYES, ESPECIALLY CHRONIC IRITIS, IRIDOCOROIDITIS, AND GLAUCOMA.

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AND

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Dr. Graefe maintains that repeated relapses of iritis are in most cases owing to *Synechia posterior*, or the adhesions formed between the iris and capsule of the lens by exuded lymph, and not to any constitutional or other general cause. Accordingly, the dangers of injury to the sight in acute iritis, he alleges, have been much diminished since his introduction of the

(a) Ueber die Coreomorphosis als Mittel gegen Chronische Iritis und Iridochoroiditis. Von Dr. A. von Graefe, in Archiv für Ophthalmologie. Band ii. Abtheilung ii. Berlin, 1856.

Ueber Sympathische Amaurosis eines Auges bei Iridochoroiditis des anderen und über deren Heilung. Von Dr. A. von Graefe. In Archiv für Ophthalmologie. Band iii. Abtheilung ii. Berlin 1857.

Ueber die Iridectomie bei Glaucom und ueber den Glaucomatoesen Process. Von Dr. A. von Graefe. In Archiv für Ophthalmologie. Band iii. Abtheilung ii. Berlin, 1857.



free use of atropia (its application to the eye every five minutes) in the treatment of that disease. For, says he, neither the antiphlogistic and mercurial treatment, nor the other methods which have been recommended, were found sufficient to cure iritis completely. They are, he admits, important and indispensable adjuvants, but contends that mydriatics are the only certain remedy!

It seems to us that this is a very perverted view of the matter. We consider that the tendency of iritis to relapse when it does occur, is in a great measure owing to the inflammation having been wholly neglected or ill-treated at the first, the treatment interrupted before the cure was complete, or the patient exposing himself anew to the exciting causes. As a neglected conjunctivitis leaves the conjunctiva very susceptible of new attacks of inflammation, so an iritis, which has been allowed to run its course unchecked, or has been imperfectly cured, engenders a liability to relapse from the slightest cause, and that whether synechia posterior have become established or not. It is to be admitted, however, that the liability to relapse is, in general, greater when there is synechia posterior; but this is not in consequence of the synechia itself; the adhesions are merely an evidence of the attack of iritis, which led to the exudation of lymph in such a degree as to establish permanent synechia posterior, having been very severe and obstinate, either naturally or from neglect or bad treatment. Synechia posterior, therefore, instead of being a cause of relapse is an effect of the same causes as that on which the tendency to relapse depends, viz. the ill-cured inflammation.

When Dr. Graefe says that he has found neither the antiphlogistic and mercurial treatment, nor the other methods which have been recommended, along with, he ought to have added, the usual moderate employment of belladonna or atropia, sufficient to cure iritis completely, we attribute the failure, not to the inefficiency of the plan, but to Dr. Graefe's unskilful application of it. Dr. G. must know quite well that wide dilatation of the pupil is no preventive of the exudation of lymph, and consequently of the establishment of synechia posterior, and therefore that mydriatics alone cannot be, even if synechia were the essential cause of relapse, the certain remedy he pretends. Dr. Quadri (b) of Naples, who lately visited Berlin, tells us that he watched some of Dr. Graefe's patients under treatment for iritis by means of the free exclusive use of atropia for the purpose of preventing or destroying adhesions, and found that the patients, instead of getting better became worse.

Under the use of atropia the pain attending iritis often subsides; an effect Dr. Graefe attributes to the dilatation of the pupil, which may occur at the same time. This, however, is not, we think, the correct explanation of the matter. The proper way of expressing the fact rather appears to be as follows:—The iritis subsiding, the pupil yields to the atropia; and on account of the subsidence of the inflammation the pain abates. It is, at the same time, to be remembered that belladonna has a specific action of relieving the pain. Taken internally in doses of ten or twelve minims of the tincture, it in many cases almost immediately affords relief to pain in or around the eye.

To return to synechia posterior, or the adhesions between the iris and the capsule of the lens:—When there is total synechia posterior without actual closure or obstruction of the pupil with lymph, the communication between the circumferential part of the posterior chamber and the anterior chamber being merely cut off, Dr. Graefe calls the state *exclusion of the pupil*. When, in addition to total synechia posterior, the pupil is actually closed, he calls the state *occlusion of the pupil*. Occlusion thus includes exclusion of the pupil, while the latter may exist without the former.

Though both exclusion and occlusion of the pupil may exist without leading to relapse of the iritis which gave them origin, and although relapse with extension of the inflammation to the choroid, when it does occur, is principally owing to the tendency left by the imperfectly cured inflammation, we do not mean to say that the adhesions of synechia posterior contribute nothing to the relapse and extension of the inflammation to the choroid. On the contrary, we admit the propriety of the operation of iridectomy, or lateral excision of the iris, in cases of mere exclusion of the pupil, for the purpose of re-establishing the communication between the pos-

terior and anterior chambers, and of relieving tension in cases in which the eye shows no disposition to recover itself completely, and especially in those cases in which there is a bulging of the iris towards the cornea. The success of the practice, however, does not appear to be very great. The first case Dr. Graefe gives is as follows:—

The patient, a man. *Left eye* quite blind, somewhat soft, iris bulging towards the cornea, but retracted at the pupil, which was closed by a white membrane. *Right eye* so dim-sighted that large objects only could be seen with it; total synechia posterior; iris greenish, and here and there bulging. This state of the eyes appears to have been the result of iritis with supervening choroiditis. Having tried mydriatics without effect, Dr. Graefe had recourse to the operation of lateral excision of the iris on the right eye. When the section of the cornea was made little aqueous humour escaped, but when the iris was seized and torn with the forceps a quantity of yellow fluid was evacuated. Next day the iris was found no longer bulging forward, and the anterior chamber was re-established. Eight days after the operation the patient could see to count the fingers at the distance of the whole length of the room, and to make out large letters. In the course of four years, the sight went on to improve so much that the man was able to undertake the duties of a situation requiring sure sight.

In similar cases Dr. Graefe states that he has always obtained the following results:—Re-establishment of the anterior chamber; restoration of the natural texture of the iris; no further relapse of the inflammation; considerable improvement of sight. This improvement of sight Dr. Graefe satisfied himself was in most cases owing, not to absorption of the lymph in the pupil, but solely to diminution of the choroidal complication.

Dr. Graefe next performed iridectomy in cases of primary iritis, with exclusion of the pupil, followed by atrophy, in consequence of secondary choroiditis; the iris being at the same time pressed close to the cornea. In some of the first operations, the pupil contracted again to a slit, but there was always a certain improvement in the colour of the iris, and a restoration, though inconsiderable, of the anterior chamber. In some patients, after three or four repetitions of the excision of the iris, a result was obtained which Dr. Graefe says he could not have anticipated. Besides improvement in the condition of the tissue of the iris and restoration of the anterior chamber, the atrophy, if not too far advanced, disappeared. In one case of atrophy of both eyes, which Dr. Graefe had long before given up as incurable, he operated six times; after which, the sight improved from week to week, so that the patient came to be able to count the fingers at the distance of several feet, and to distinguish all large objects, and letters of the largest print, whereas before he had merely a slight perception of light. The iris became almost natural in appearance, the anterior chamber re-established, and the size and consistence of the eyeball more natural. At the same time, there was a somewhat advanced opacity of the lens, and the natural pupil was closed by a white membrane, so that, in short, the patient's degree of sight was in proportion nearly to the state of the refractive media.

Irido-choroiditis requires to be classed under two heads viz., those cases in which choroiditis, with effusion between the choroid and retina, is the primary affection, and the iritis secondary; and those cases in which the iritis is primary, and the choroiditis secondary, and not much developed. In the first class of cases, restoration of sight cannot be expected. It is only in the second class, especially when the perception of light is still strong, and when atrophy of the eyeball is not far advanced, that benefit can be derived from the operation of iridectomy. But the best and surest results are obtained in the cases in which, with total posterior synechia, there is no bulging of the iris.

No doubt of it, we would remark, because these are cases in which the sight being still good, it would be better, perhaps, not to interfere at all. Dr. Graefe, however, is of a different opinion, saying: "It is, indeed, somewhat critical for the young Practitioner to operate in such a case, because the patient still enjoys, for the most part, good sight—often being able to read small print,—and because it is, moreover, not absolutely certain that secondary choroiditis must supervene. If the other eye is already amaurotic, in consequence of the disease, it is proper, notwithstanding this doubt, not to

(b) Relation d'un Voyage Scientifique. Par le Dr. A. Quadri (de Naples). Annales d'Oculistique. Mai, 1857. Bruxelles, 1857.

delay the operation, for the chances of success may be considerably diminished by the supervention of choroidal complication, as also the formation of cataract." (c) Dr. Graefe assures us that there is no fear of the sight suffering from the operation of iridectomy in such cases. We think, however, that the young Practitioner, at least in this country, even if disposed to attempt the operation in such cases, is not likely to be afforded the opportunity of doing so on any patient who has not lost his wits.

In conclusion of this part of his subject, Dr. Graefe affirms that, in the large proportion of cases, the patients on whom the operation of iridectomy has been performed on account of total synechia posterior, have really remained free from relapse of the iritis.

The following are other states of the eye in which Dr. Graefe has performed iridectomy, or lateral excision of the iris, with the results of the operation.

1°. Cases in which irido-choroiditis supervened on separation of the retina from the choroid. *Result.*—No improvement of sight, but an improvement in the organic condition of the eye, which was reflected on the sound eye, so that the use of it was not interfered with. In general, an already formed cataract was disclosed by the opening up of the new pupil.

2°. The cases of irido-choroiditis, commonly known under the names of aquo-capsulitis, iritis serosa, etc., in which there is little or no exudation into the pupil, but in which there supervene opacity and softening of the vitreous body, with tremulous iris, etc., and eventually separation of the retina from the choroid, cataract, etc. *Result.*—It was only in old and desperate cases of the kind that Dr. Graefe had recourse to the operation; and, as he performed it no more than six times, he cannot, he says, form any opinion of the probable success of the practice. He feels, however, encouraged to a further repetition of the operation, as in two of the cases he obtained results beyond his expectation.

3°. Sclerotic-choroiditis. *Result.*—In cases of this affection, Dr. Graefe has not witnessed any bad effects from the operation of iridectomy, but he admits that he has obtained no good result, so that he does not feel encouraged to further attempts.

4°. Corneitis, with or without iritis.—Dr. Graefe first performed the operation in those cases of this affection in which it appeared that the formation of an artificial pupil would come to be necessary, but in which, on account of extraneous circumstances, the termination of the corneal disease could not be waited for! *Result.*—The operation, Dr. Graefe says, did not aggravate the corneal disease, but, on the contrary, healing of corneal ulcers and clearing of opacities almost constantly ensued. Dr. Graefe thinks that the benefit derived from the operation was not owing to the mere evacuation of the aqueous humour, for this, he says, is useful only when the puncture of the cornea continues open, so that the aqueous humour may be permitted to drain away for some time. He, therefore, is of opinion that the excision of a piece of the iris is an essential element of the success by diminishing the secretion of the aqueous humour! We cannot help remarking that this assertion manifests great inaccuracy on the part of Dr. Graefe, for every one who has practised the operation of evacuating the aqueous humour in cases of acute internal inflammation of the eye, knows that a single evacuation is often sufficient to check the inflammation, and render it amenable to the remedies which it had before resisted.

5°. In cases of swelling out of the lenticular substance after the operation for cataract by division, or after wounds, in order to prevent the bad effects of pressure on the iris. In some cases Dr. Graefe admits that it is best to remove the lens by linear extraction; (d) but he says that it is occasionally necessary to perform iridectomy instead, before extraction, or at the same time with it. This is especially necessary in cases in which the iris has been prolapsed into a wound of the cornea, and the pupil dragged and contracted. Existing inflammation is no contra-indication.

6°. In cases of extraction of the cataract, when the lens does not readily pass the pupil, and when the iris is conse-

quently injured by pressure, Dr. Graefe performs iridectomy after the completion of the operation.

7°. When one eye is completely blind from chronic iritis, Dr. Graefe recommends the performance of iridectomy in order to relieve the opposite eye similarly affected.

In a case (the patient a girl twenty years old) of sympathetic amaurosis of the right eye supervening on irido-choroiditis, with separation of the retina in the left, Dr. Graefe excised the latter eye according to the method of Bonnet, in the hope of thereby arresting the failure of sight of the other, if not of improving it. The sight of the right eye did improve somewhat, but as no diminution of the morbid appearances observable in it by the ophthalmoscope (viz., excavation of the papilla optica and displacement of the trunks of the retinal vessels) had taken place in the course of three or four months, Dr. Graefe resolved to perform the operation of iridectomy. After this, the distension of the eyeball, he says diminished; and, down to the time he last heard of the patient—a period of seven months—the sight had become no worse.

The excision of the left eye in this case, we think, might have satisfied Dr. Graefe.

We now come to iridectomy in glaucoma.

Considering intraocular pressure, in consequence of an increased accumulation of vitreous and aqueous fluids, indicated by abnormal hardness of the eyeball, the first stage in glaucoma, the question which Dr. Graefe proposed to himself in respect to treatment was—By what method is a diminution of the intraocular pressure likely to be effected?

Dr. Graefe first tried the local application of mydriatics, but without effect. On this proceeding we would remark, that it is not easy to perceive on what grounds any effect in diminishing intraocular pressure could have been expected from mydriatics. The contrary was to have been feared; for the fact is that mydriatics generally impair the sight still more in glaucoma, and this they appear to do by determining constriction of the arteries, and thereby increasing the venous congestion.

Dr. Graefe next tried repeated evacuation of the aqueous humour. The improvement that resulted was in most cases merely temporary. Two patients only appeared to have been permanently benefitted.

At last he had recourse to iridectomy, or excision of a piece of the iris, and in it discovered a true remedy for the glaucomatous process!

#### SUMMARY OF RESULTS OF IRIDECTOMY IN GLAUCOMA.

*In the premonitory stage.*—The occasional dimness of sight never returned; the ciliary pain and chrochey ceased; the muddiness of the aqueous humour disappeared; the presbyopia slightly diminished perhaps; in short the result, Dr. Graefe says, proved most favourable. Admitting this, we nevertheless consider the operation unjustifiable, as we believe that an equally favourable result may as often be obtained from medical treatment, and attention to diet and regimen, with care of the eyes.

*In the acute stage of inflammatory glaucoma, in other words, acute arthritic posterior internal ophthalmia.*—Dr. Graefe's experience of iridectomy in this stage is greater than in the preceding. He has operated on twenty eyes shortly after the outbreak of the inflammation. The severest symptoms subsided after the operation, without the aid of any other means; and in the course of six or seven days the dioptric media had become so clear as to permit of ophthalmoscopic examination. The principal improvement of the sight was manifested in two or three weeks. In all the cases in which the patients were operated on, before the end of two weeks after the commencement of the inflammation complete restoration of sight took place. The second eye, notwithstanding the cure of the first, however, remained liable to be affected in the same manner, and required the same remedy. On this report of the success of iridectomy in the acute stage of arthritic ophthalmia, we would observe that the cases in which well-directed medical treatment, aided by paracentesis of the cornea, of the sclerotic, or of both, so as to evacuate the morbid accumulations within the eyeball, fails, are not likely to be much more benefited by iridectomy.

*In the later period of acute glaucoma, or arthritic posterior internal ophthalmia.*—Though the good effect of iridectomy is most marked in the early stage, it was found still useful in

(c) Archiv für Ophthalmologie, Band ii. Abtheilung ii. p. 228.

(d) By this name, which has been unnecessarily introduced into our Medical literature, Dr. Graefe designates the common operation of extraction by a small section of the cornea, as originally recommended by Gibson, of Manchester, and others.

the later stages of acute glaucoma, or arthritic posterior internal ophthalmia.

*In chronic glaucoma, or chronic arthritic posterior internal ophthalmia.*—Although it was in chronic glaucoma that Dr. Graefe first employed iridectomy, he cannot as yet pronounce a definitive judgment as to the ultimate results of the operation, as the improvement at first obtained has been after two or three months lost.

*In amaurosis, with excavation of the papilla optica.*—In such cases, which, though they present the ophthalmoscopic appearances of excavation of the papilla optica and pulsation of the central artery of the retina, are wanting in the intra-ocular pressure and external characters of glaucoma, no good effect, properly speaking, resulted from iridectomy.

The review which we have now taken of Dr. Graefe's singular application of iridectomy, or excision of a piece of the iris as a means of cure in various diseases of the eye, shows that there is little in it worthy of imitation.

From notices in the Medical Journals (e) we observe that iridectomy has been practised pretty frequently of late at the Moorfields Ophthalmic Hospital.

In chronic glaucoma, not much is said in its favour; but the cases described as inflammatory glaucoma, related by Mr. Critchett, in which he performed iridectomy, are sufficient to confirm Dr. Graefe's reports that good effects result from the operation in the latter disease. Notwithstanding this, the objection remains that the excision of a piece of the iris is a proceeding unnecessarily superadded to a means long known as calculated to give relief, and to which alone the benefit obtained is to be attributed, viz. the removal of the tension by evacuation of the superabundant fluid within the eye.

Dr. Graefe's practice of iridectomy appears to us so opposed to the plainest principles of surgery and common sense, and so little supported by its results, that we must confess our surprise at its having been so eagerly imported into this country. We have no doubt, however, that in a short time iridectomy as a means of treating glaucoma will be abandoned; while the attention of practitioners having been re-directed to the effect of taking off the intra-ocular pressure which plainly exists—not, however, as the primary, but as one of the secondary phenomena in glaucoma—the practice will be revived of more frequently puncturing the cornea and sclerotica in this disease.

## ON INTESTINAL OBSTRUCTIONS, GASTROTOMY, AND ABDOMINAL TAXIS.

By JONATHAN HUTCHINSON,  
Surgeon to the Metropolitan Free Hospital.

It will be readily admitted by all excepting the ultra-sanguine, that it is commonly exceedingly difficult to ascertain the exact seat of an internal obstruction of the bowels. If the vomiting have commenced early, and been severe, we suspect strangulation of some part of the upper tract of the small intestine. If the urine have been deficient, or all but suppressed, this opinion is much confirmed; and should there chance to have been several evacuations per anum subsequent to the setting in of vomiting, it is yet further strengthened. The early occurrence of hiccup, and its severity, are also indicative of obstruction high up. If the vomited matters are only bilious and green, or if, while of brownish colour, they yet remain free from the slightest of fecal odour, we conjecture with some certainty that the obstacle to intestinal action is above the cæcum. If O'Bierne's tube passes readily for a few feet, and, on the use of the enema, a large quantity of fluid is received and retained, we feel certain that the disease is higher up than the sigmoid flexure. On the other hand, if the tube will not pass; if but a small quantity of fluid can be received; if stercoraceous matters have been ejected by the mouth; if, while the constipation have remained obstinate, the vomiting has been less than usual, and the kidneys have acted freely, we arrive at a pretty confident conclusion that the disease is situate in the colon or rectum. In certain cases, again, palpation of the abdomen affords us useful information, revealing a fulness of some particular part, or an

especial tenderness, or an irregularity of contour, or a distinct tumour, by the discovery of which we are led to a correct conjecture as to the site of the obstruction. In our attempts to ascertain the nature of the disease, we possess also certain data which are sometimes present. If the symptoms have set in suddenly, and continued acute, more especially if attended by signs of peritonitis, we assume it as probable that a tight strangulation exists: a knuckle of intestine has most likely passed behind a band of false membrane, or through a loop in the mesentery or omentum, or under an adherent appendix vermiformis. If acute symptoms have suddenly followed violent exertion, as jumping, &c., in a person who never previously had any abdominal ailment, we may guess that a twist of some coil of bowel has taken place. If blood have been passed by stool, the diagnosis of intussusception may be formed, and it will be much strengthened if the patient be a young child, and have previously suffered from diarrhoea or prolapsus ani. If the patient be the subject of external hernia, or have ever had an attack of peritonitis, or have borne children, the probability of the existence of bands of adhesion is much increased. The presence of malignant cachexia, of course, will suggest the existence of a tumour, to the pressure of which on the bowel the obstruction may be due; and here the examination of the abdomen by the hand, and also of the vagina and rectum by the finger, will often convert a conjecture into a certainty. Malignant stricture of the colon or rectum so high up as to be out of reach by the finger, will generally have made its presence known by blood and slime in the stools, and by the narrow riband-like form of the evacuations for some time prior to the occurrence of actual obstruction. But, notwithstanding all these aids to diagnosis, it must be admitted candidly that out of the twenty-five feet of bowel in any part of which the obstruction may exist, and with nearly, if not quite, twenty-five different pathological conditions to which such obstruction may be due, the discovery of the exact seat and the precise disease presents, in a large majority of cases, one of the most difficult problems which can be offered to the Surgeon. With the exception of a very few cases, "guesses at truth" are the best that can be made. Every one of experience must have been present at bedside consultations in which the symptoms were so mixed and so contradictory that it was impossible to arrive at even a plausible conjecture, and in which the rule of *tot homines tot sententia* prevailed almost literally.

I have ventured on these observations on the peculiar difficulties attending this class of cases, in order better to introduce the first question which I propose to submit to the consideration of my readers.

### IS THE PERFORMANCE OF GASTROTOMY FOR ABDOMINAL OBSTRUCTIONS EVER JUSTIFIABLE?

In contending that it is not, I hope I shall be held free from the slightest wish to reflect upon the judgment of the many able surgeons who have resorted to it. The experiment was well worth trying, and it is to them that we are indebted for the facts upon which we now argue against their practice. It is not many months since I had more than half decided to have recourse to it in a case under my own care; and it has been the favourable issue of that case, after the idea of an operation had been abandoned on the ground that the patient would certainly not survive it, which has brought me definitely to the opinion I now entertain. Under the head "Gastrotomy for abdominal obstruction," we may conveniently class all operations involving opening the abdomen, and search for the seat of disease; the less harshly sounding designation of "abdominal explorations" does not in any degree alter the nature of the procedure. Now against its adoption there appear to be the following objections:—

1. *That hitherto it has been followed all but universally by a fatal event.* I am aware of but three cases (a) in this country

(a) These three cases were all of them such as would have permitted of the performance of Amussat's operation, one probably not attended by a tithe of the danger. The first, which is recorded in the "Med. and Phys. Journal," vol. xlv., was that of an old woman, the subject of cancer of the rectum. Her surgeon, Mr. Pring, opened the abdomen after twelve days' complete obstruction, made an incision into the bowel, and established an artificial anus. She lived in that condition for sixteen months. In the second, which will be found at page 25 of the "Edin. Med. and Surg. Journ." Dr. Markland opened the colon by an incision in the left iliac region, in the case of a man who was believed to suffer from invagination of the sigmoid flexure. Recovery with an artificial anus followed. The third is that of a woman, recently under Mr. Adams' care in the London Hospital, for malignant disease, occluding the rec-

(e) Medical Times and Gazette, May 9, 1857, p. 469.—Ibid. January 9, 1858, p. 33.—Ophthalmic Hospital Reports. Nos. 1 and 2.

in which recovery has taken place, and allowing for the fatal cases which have never been published, it has probably been resorted to in not much fewer than fifty instances. In a great majority of these, the patients have sunk within a few hours of its performance, and in several have been with difficulty kept alive to its conclusion. In others, death from peritonitis or from protrusion of the intestines at the wound has occurred. The reason why it should be so fatal in its consequences is not difficult to be found, when we remember that it is an operation universally held unjustifiable until such time as the patient have passed into a state deemed otherwise hopeless; that is, until he have suffered from long existing obstruction, until peritonitis have been set up, the bowel is distended with flatus and fæces, and its coats in all probability on the point of giving way. Cases of spontaneous recovery after very alarming protracted symptoms of obstruction are sufficiently common to prevent even the rashest from venturing to advise gastrotomy, excepting in the very worst class and the extremest stage. Unlike the operation for hernia, and that of tracheotomy in croup, and some others which are always delayed for a certain time in hope of success from milder measures, but which still in themselves do not very materially increase the risks of the case, the laying open of the abdominal cavity is a procedure in itself so fraught with danger and so formidable, that its adoption, excepting as the very ultimate resource of all, is never to be thought of. And yet in this kind of case, the chance of recovery from the shock of such a procedure might have been pronounced from theory, as it has indeed been found in practice, to be infinitely small. A second objection to it is the *extreme uncertainty of diagnosis*. In certain cases, those, for instance, of malignant stricture, and many of those of intussusception, the condition, even when found, is not one susceptible of relief, whilst in others it may be difficult, if not impossible, to find it at all. During the last few weeks these two events have been illustrated in Hospital practice. In the first, a woman was operated upon by a most skilful Surgeon, and after the abdomen had been opened, and a partial exploration without success made, the collapse into which she sank was so extreme as to necessitate the relinquishing of the operation. After death (which followed in a few hours) a knuckle of intestine was found strangulated behind a band of old false membrane connecting the uterus with one ovary. The cause of obstruction was just one of those most suitable for relief by operation, had the circumstances of the case permitted of a more complete search. In the second case, the disease was found to be a malignant stricture of the colon in the upper part of the sigmoid flexure, and was of course not susceptible of any relief. The patient sank within two hours of the operation. In a third case (b), the intestine was found so soft, that it gave way on pressure from the finger; and in a fourth (c), recently under the care of my friend Mr. Savory, fæces also escaped during the liberation of the strictured part. In more than one instance the operation has been performed, and no cause of obstruction found, nor any been discoverable even after death. But there remains yet to be mentioned a third, and by far the most important objection to the operation, and that is—*That although, as shown, these extreme cases almost never recover after gastrotomy, they not unfrequently do if let alone*. I rely chiefly upon the instances of this occurrence, one or more of which will, I expect, suggest itself to the recollection of most of my readers, for the support of the rule of practice it is endeavoured to lay down. If gastrotomy, performed in cases otherwise hopeless, saved one in ten, nay, if it saved one in fifty, we should be compelled in conscience to overlook the

tum. Its particulars have appeared in full in the Hospital Reports of this Journal, about four months ago. It will be seen that in none of these was the operation an exploratory one. It was rather an anterior operation for artificial anus, the cause of obstruction being known. In the Transylvanian "Journ. of Med." for 1856, is the case of a mulatto, aged 20, in whom gastrotomy by the long incision was performed by a Dr. Wilson, after seventeen days' severe symptoms of intestinal obstruction. The bowel gave way during the attempt to liberate it from a sort of twisted knot which it had formed, but he nevertheless ultimately recovered.

This last mentioned is, then, the only case known in which gastrotomy was the only alternative and was successful. On the other hand, not a few fatal cases have been recorded, and many others doubtless left unnoticed. Four or five cases have passed under my own observation in the different London Hospitals during the last six years, and all of them have ended in death.

(b) Medical Times and Gazette, Dec. 1856, p. 620.

(c) Ibid.

injury which the forty-nine fatal cases inflict upon the repute of surgery in the eyes of the public, and to go on with its performance, since it is clearly our duty to preserve life at all hazards of reputation. Coleridge said of another operation, "I think there are only two things wanting to justify a Surgeon in performing the Cæsarian section; first, that he should possess infallible knowledge of his art; and secondly, that he should be infallibly certain that he is infallible." To anyone so accustomed as the surgeon to act upon a calculation of probabilities only, the fallacy of this conclusion of the metaphysician will be apparent. We every day adopt procedures of the utmost importance as regards life and death, without possessing anything approaching to infallible knowledge of their consequences, and we are well justified in doing so. In many instances, to abstain from interference involves far more of responsibility than action itself. But when we find that a reasonable calculation of probabilities is against our meddling the case assumes an opposite character. And such, I am convinced, is the position in which gastrotomy for the relief of abdominal obstruction of unknown nature stands. It is easy for any one who has ever been in a like position to sympathise most fully with the feelings of a Surgeon who has day after day been attending a case of this kind, who has exhausted the resources of medicine, and now stands by the bedside watching his patient writhing in agony, fast sinking from the continued suffering, and unrelieved. The thought that all this is from a merely mechanical lesion, and that, could the part be got at, a single touch with the scalpel might liberate it as effectually as the same result is obtained in an ordinary hernia case, is very likely to suggest a strong inducement to operative interference. Nor would the temptation to resort to a *coup de main* be lessened by the recollection of how well patients bear operations for hernia, how not unfrequently they recover from the more severe ones of ovariectomy and Cæsarian section. We may easily conceive, for we have all of us felt, the strong impulse to use the knife in cases like this, and go right at the source of the mischief. It is, however, my firm conviction that the temptation ought to be resisted, and that it is the Surgeon's duty not to interfere. As already stated, there is no doubt but that every reader will be able to call to mind one or more examples of recovery after circumstances had appeared hopeless. I will relate briefly one such, which not long ago happened to myself.

In the early part of February 1857, I was asked by a gentleman residing in Spitalfields to see a poor woman in whom he was interested, and in whose case he had understood there was something peculiar. The patient was a widow, aged about 37, who had gained a livelihood for herself and family by her needle, and had for long lived very badly. She was now in the third week of an illness of which obstinate constipation and vomiting had been the chief symptoms. The usual remedies had been tried in vain. She was extremely emaciated, and on laying bare the abdomen, so thin were its walls, that the coils of intestines could be easily seen rolling about. The abdomen was distended and tympanitic, but not extremely so, nor was the tenderness on pressure very great. Her pulse was about 100 and very small, the tongue dryish but not much coated. She had never suffered from hernia, and on most careful examination I could not find any signs of protruded bowel, either at the usual sites or through either of the thyroid foramina. The bowels had not acted for sixteen days, and the vomiting had been throughout that time of frequent recurrence. She complained of severe twisting pain, which came on in paroxysms, and during which she would cry out with agony and toss herself about in bed. This pain she referred to the region of the umbilicus. With regard to previous history, she stated that during the last two years she had suffered four attacks similar to the present one. The longest time that constipation had ever lasted at a time before, was two weeks, but on one occasion she had been so ill that her life was despaired of by two surgeons who saw her together in consultation. During the intervals of these attacks it appeared that she usually had fair health, but the bowels were habitually somewhat costive, and she was dyspeptic. She stated, without the term being suggested to her, that during the attack which lasted longest she had vomited matters "which ought to have passed the other way." This account of her previous symptoms was confirmed to me by the medical man who had attended her. Her aspect, though thin and wan to a degree, did not exactly suggest the idea of malignant cachexia, and I was inclined, on the whole, to regard the case

as probably one of intussusception of the larger bowel. Careful palpation of the abdomen had failed to detect any tumour, and on examining with the finger in the rectum only one or two hardened scybala were found in an otherwise empty bowel. It was determined under these circumstances to pursue an opiate treatment, and during the next five days she took grain doses of opium every four hours regularly, with the effect of keeping the pain and the vomiting comparatively in abeyance. She was able occasionally to keep a little milk on the stomach, but in a usual way rejected all she took. Her condition on the whole got worse and worse; her tongue more furred, the pulse more feeble. She had repeatedly had enemata given, but with no other effect than bringing a few small fragments of scybala. During the next week following the opium was given rather more sparingly, and the idea of an atonic distension of the intestines being the cause of the symptoms having suggested itself, I ventured to order the tincture of *nux vomica* in *m.x.* doses three times a day. Small nutrient enemata of beef-tea, eggs and milk, were given throughout at frequent intervals, and she took nothing whatever by the mouth. The paroxysms of twisting pain in the abdomen continued to recur, and her debility increased, her nights being often sleepless. One evening I was called to her, with the statement that she was dying. Since morning she had been vomiting almost incessantly, and the matters ejected had a fecal appearance, and a faint fecal odour. Her pulse was exceedingly rapid, and her hands cool. She could only just speak. We gave her at once a brandy enema, but it did not materially revive her, and about half an hour later I determined to administer chloroform, with a view merely to its stimulant effect. This was done at a time when she was all but dead, the nose and extremities being cold, and she so far unconscious as not to resist the inhalation. It had an excellent effect in rousing her. After a few minutes the senses returned, and the pulse became slower; she regained consciousness, and we got her to swallow an opium pill, and a little brandy. The inhalation was continued, with intermissions, for nearly half an hour. During the night she had repeated enemata, and took a grain of opium every two hours, and in the morning she had rallied, and seemed a little better. It had been quite out of all question to resort to an operation during the state of collapse just described, but while watching her as I believed dying, it was not without feelings of regret that we had not given her the chance, as it is called, afforded by an abdominal exploration. It was now determined at all risks to have her removed to the Hospital, a measure which at great inconvenience had hitherto been deferred on account of her very feeble state. The distance was not great; and having been well fortified with opium, she bore the journey better than might have been expected. In the afternoon of the day of her admission my colleagues, Dr. Ramskill, Mr. Chance, and Mr. Childs, and my friend, Mr. Savory, met in consultation on the case. I believe I was the only one who felt any inclination to venture on the expedient of gastrotomy, all the others being unanimous that she was too much sunken to permit of the operation. My own feeling in favour of it was based on the energy of vital power she had exhibited through this prolonged attack, (now nearly five weeks,) and on the conviction that should such collapse as she had had two nights ago again occur, she would certainly die. We had her placed under the full influence of chloroform, and then again examined the abdomen most carefully, but without result. An O'Bierne's tube was passed up the rectum, and a pad having been placed around the anus to prevent its escape, two large wash-hand basins of warm water were pumped forcibly into the bowel. I should say that prior to the injection I removed by the finger two hardened masses of scybala which had come down into the rectum. The rectum itself was enormously dilated, its coats being very thin; it would have contained two fists at least. The outline of the uterus, etc. could be easily felt through it, and no tumour or induration could be detected. After the enema returned no feces followed. The woman was extremely exhausted by the procedure, and was in an almost dying state when we desisted. Brandy was given freely both by mouth and by rectum. About three hours afterwards a small evacuation was passed. On the following morning my friend Mr. Gay saw her with me; she was still extremely sick and very sunken. Mr. Gay expressed a most decided opinion against gastrotomy, adding, that she would certainly die on the table were it attempted. The treatment

by opium and nutrient enemata was continued. During the next two days she several times passed small quantities of feces, but the sickness and pain continued urgent, and her death was at times hourly expected. On the third morning after her admission a most copious fluid motion passed, and was followed in a few hours by a second. From this time her improvement was slow, but progressive. She became able to tolerate food, and the action of the bowels was free. The quantity of feces got rid of during the next week was enormous. The patient left the Hospital about two months later, having fairly regained her health. Nothing occurred during the convalescence to throw further light on the real nature of the disease. The opinion that it was an example of constipation from sheer atony of the intestinal coats, seems to my own mind one of not the least probable, but several of those who assisted me in the treatment do not by any means concur in it. The extreme dilatation of the rectum, the absence of blood in the stools, etc., are phenomena which I cannot easily reconcile with any other theory.

I have ventured on this narration because I think it affords an excellent illustration of the advantages of waiting. Had gastrotomy been performed I have no doubt that this poor woman's children would now have been motherless.

Among the modes in which the

#### SPONTANEOUS RELEASE OF AN OBSTRUCTION

may occur are the following:—

1. When a knuckle of intestine strangulated by a band accidentally slips back again, or the band gives way.
  2. When an invaginated portion of bowel sloughs off into the cavity of the gut, and leaves its canal free. This I am assured, from the number of specimens which have been brought under my own notice, is not by any means an unfrequent termination of cases of intussusception. It is nature's mode of cure.
  3. When an invagination passes back again.
  4. When a portion of bowel above the strangulation becomes adherent to one below, and ulcerates into it without extravasation into the peritonæum. This is probably rare, but it certainly does occur occasionally in cases of malignant stricture.
  5. When the constipation, etc. has been from impacted scybala or concretions, which later on in the case may get accidentally loosened or dissolved. This is, probably, not by any means an unusual event in the milder class of cases.
  6. When a coil of bowel which has been twisted on itself is turned back in a reverse direction.
  7. When a stricture, either cancerous or otherwise, ulcerates and becomes free.
  8. When a tumour, by the pressure of which on the bowel the obstruction has been caused, either alters its position or diminishes in size.
- To these several other possible, but much more rare, events might, perhaps, be added; but sufficient has been said to fairly introduce the question which it is the main object of this paper to raise, namely, What is the kind of treatment most likely to conduce their occurrence?

#### THE ABDOMINAL TAXIS.

We are accustomed now-a-days to smile at some of the expedients to which, in bygone times, it was the custom to resort, in order to accomplish the reduction of strangulated hernia. We read of one surgeon, that he used to have his patients placed in a wheelbarrow, with the legs passing out behind, and, while some one drew the vehicle rapidly along over a rough road, he followed behind, endeavouring all the time to force back the rupture. Now, it is all very well to laugh at such modes of treatment as this, and with the advantages which chloroform and recent improvements in operating give to the modern Surgeon, he would certainly have no excuse for going back to them. But still we must not forget that they have a basis of sound sense, and that sudden alterations in the position of the patient's body do often exercise a material influence in favouring the restoration to place of incarcerated portions of bowel. An old man whom I attended several years ago on account of a strangulated scrotal hernia of large size, insisted on my attempting its reduction while he was in a position with the trunk depending, being hung by his knees, which were bent over the rail at the foot of the bed. The plan succeeded admirably, and he assured me that it had often done so before, when he had reduced the rupture himself. My friend Mr. Tyrrell related to me, not long ago,



a case which came under his observation at St. Thomas's, illustrating the usefulness of violent jactitation on the reduction of hernia. A man suffering from strangulated inguinal hernia was seen at his own house at Blackheath by Mr. South, and, attempts at the taxis having failed, Mr. South sent him up to the Hospital, intending to follow and perform the operation. The man was taken in a cart without springs, and on the way the jolting of the vehicle reduced the hernia. Now, although, as remarked, resort to such expedients is altogether unnecessary in the case of hernia, yet in the treatment of internal obstructions we cannot afford to be so independent. The plan which I would advise to be pursued would be as follows:—Let the patient be put under the full influence of chloroform, and then let the abdomen be subjected to careful examination, in order, if possible, to detect the seat of mischief. The rectum should also be examined. The next step should be the passage, with great care, of a pretty firm bougie, or an O'Bierne's tube, in order to ascertain the state of the colon. No information having been obtained, a very copious enema of water should be given, the anus being covered by a cloth and supported by the hand, and the fluid forced in to the utmost point of distension. And now, simultaneously with the withdrawal of the tube and the escape of the water, let the Surgeon, with the flat of one hand on each side the abdomen, press gently but firmly on alternate sides, in such a way as to facilitate the movements of the coils of bowel upon each other. Having done as much of this as may seem advisable, and the water having flowed out, let the patient, by means of a girth fastened to the bed-posts, be raised by the feet until the axis of the trunk is inverted; and while thus placed, let the Surgeon, with both his hands placed on the lower part of the abdomen, press the whole mass of intestines as high up in the abdomen as practicable. In nine cases out of ten, at least, the seat of an internal strangulation is below the level of the umbilicus, and such a method as that adverted to would, it seems to me, be the most likely to liberate it. Of course, during the whole of the time an assistant should carefully watch the effects of the chloroform on the patient's pulse, etc., and guard against the head being allowed to hang down. With ordinary precautions in this respect, I cannot think that the treatment would be attended by any risk worth taking into account. Should no benefit be obtained by the first trial, it might be well to make a second, and to give the injection while the patient's trunk was inverted.

The only case (d), excepting the one given above, in which I have had an opportunity of trying any modification of this plan was that of a little boy, aged 3, whom I saw in May last. He was the son of an innkeeper in Bishopsgate-street, and I had prescribed for him a few months before on account of prolapsus ani. On Thursday, May 8, I was called to him on account of symptoms of internal obstruction. His illness had commenced suddenly on the previous Sunday, with pain in the abdomen. Since then he had had no motion, had been very feverish, and in much pain both night and day. Three doses of jalap and two of castor oil had been given, but all had been rejected. Suspecting the existence of an intussusception, I determined not to delay treatment. We put him soundly to sleep with chloroform, and then pumped up a most copious enema of warm water. He had vomited during the commencement of the inhalation, but when quite unconscious the abdomen became soft and flaccid, and admitted of deep pressure. It was full and tympanitic. I had manipulated gently before the enema, but could detect nothing excepting that there was much gurgling on pressure over the right iliac fossa. The injection was given until the bowel would hold no more, and had perceptibly increased the fulness of the abdomen. I then proceeded to press deeply on each side, more especially on the right where the gurgling had been heard. At first only water returned, but in the course of a few minutes an escape of gas took place, and suddenly a copious motion followed. During the next few days the boy was feverish and out of sorts, but he ultimately got quite

well. I have seen him recently for another complaint, and he has remained quite well as regards the bowels. It should be observed that no blood was ever passed, either with the motion or before, so that an important link in the chain of symptoms denoting intussusception was wanting. The case, too, was not one of the most severe, and the treatment was resorted to in an early stage. One of the greatest recommendations of the plan suggested is, however, that being almost free from risk of doing injury, it may be employed early in the case.

The propriety of giving large enemata in cases of intestinal obstruction has long been a well-established surgical rule, but I feel convinced that much greater advantage will be obtained from it if chloroform be first administered, and if the attempted rectification be conducted somewhat after the method just described. The injection of ice-cold water is an expedient also well worthy of trial if the patient be not sunk so low as to make it dangerous. The patient may be instructed to lay on his stomach for as long period as possible, a position in which it is not at all improbable but that a twist of bowel might rectify itself. It is, of course, only in cases in which peritonitis has not set in that this position could be tolerated. Tobacco enemata are too perilous to be thought of, but should the patient not have been a smoker it might be well worth while to try the effect of inducing, by means of a first pipe, a state of extreme muscular relaxation. In the introduction of the colon tube it is important to bear in mind the hints so well given by its advocate Dr. O'Bierne. The tube should not be too flexible, and should be rounded and bulbous at the end. The curves of the bowel being borne in mind, it may be pushed forward with considerable boldness. Should any obstacle to its further passage be encountered, the surgeon may, whilst holding the tube firmly pressed against it, direct his assistant to inject forcibly a few syringe-fulls of fluid, an expedient which will generally be efficient.

*Under what circumstances is the use of purgatives warrantable?*  
It will be generally admitted that when once the diagnosis of obstruction from mechanical cause has been arrived at, there can be no more excuse for giving violent purgatives than there would be in a case of hernia. There is however a time, in the very beginning of the case, in which the diagnosis may be doubtful, and considering the frequency with which impositions of hardened feces are the cause of such symptoms, probably in most instances in which special indications are absent it may be well to give a single good dose of calomel as a preliminary measure. There is another class of cases in which the use of drastics would certainly be counter-indicated, but in which, perhaps, the employment of minute doses of Epsom salts, with the view of liquifying the motions, might be warrantable. I allude to those of malignant stricture and constipation from large accumulations. It may easily be supposed that solid fecal matter would be arrested by a cancerous stricture which might yet let fluids pass. In cases of retained feces, to combine nux vomica with the laxative would be good practice. In the cases which have resisted all means, and in which the abdominal taxis has been fairly tried and failed, in which the worst stage is rapidly advancing, I presume there can be no difference of opinion, that our sheet anchor is opium, and that it may be given to almost any extent. The patient's vital powers may be yet further husbanded by giving frequent nutrient enemata, and by preventing vomiting by not allowing him to swallow. Ice is an exception, as it rather soothes than irritates the stomach, and in some instances the ice of frozen milk might be used with advantage.

### CANCEROUS INFILTRATION OF THE LYMPHATIC GLANDS AND AREOLAR TISSUE OF THE NECK.

By H. STILWELL, M.D.

W.B., aged 50, has suffered at intervals during the last six years from neuralgia of the right side of the head, for which he has been cupped over the right temple no less than nine times. On seeing him about six weeks ago, he complained of intense pain over the right side of the head, and slight difficulty in swallowing. The lymphatic glands at the angle of the jaw were somewhat enlarged and indurated. During the progress of the case the right side of the neck first became

(d) Since writing this a case has occurred in the practice of my colleague, Mr. Childs, with whom I saw the patient, in which a most happy result ensued on the adoption of the plan advised. The symptoms had existed five days, and the vomiting, although not stercoraceous, had been most urgent. Gastroscopy had been strongly urged by a Physician who saw the case. Chloroform was given, and the abdominal taxis adopted. The man's position was also inverted for lengthened periods at a time (not under chloroform). At length the bowels acted, and recovery at once ensued. Mr. Childs, I believe, intends to publish the case in detail.



the seat of a diffused subcutaneous induration, which gradually extended across the median line towards the left sterno-mastoid muscle; devoid of pain, but attended by increased difficulty in deglutition. This induration became more and more intense, and the integuments, formerly of their natural hue, discoloured.

The patient was gradually sinking from insufficient nourishment; and on the evening of Feb. 21 a messenger came to say that respiration, which had been performed during the last two or three days with some difficulty, was now seriously impaired, and the patient threatened with suffocation. Mr. Maunder accompanied me to see the case, and on arrival we found the patient sitting up in bed breathing with difficulty, and incapable of bending his neck in consequence of the induration of the tissues. Over the right side of the neck and median line the integuments were of a dusky red colour, doughy and quaggy, yielding also an obscure sense of fluctuation. To prevent immediate suffocation, it was thought advisable to incise the integuments, which being done to the extent of one and a-half inch opposite the cricoid cartilage and trachea, a quantity of bloody serum flowed, and the patient breathed freely. On introducing the finger, it passed to the right side of the trachea into a quagmire of degenerate tissues.

Feb. 22nd.—The patient breathes easily.

Feb. 28th.—The patient died to-day from inanition.

*Post-mortem Examination.*—Under pretence of examining the wound in the neck, Mr. Maunder cut down upon the œsophagus, and found it to be the seat of cancerous deposit in the submucous tissue; thus explaining the difficult deglutition. The lymphatic glands beneath either sterno-mastoid muscle were enlarged, indurated, and the seat of malignant deposit, while the areolar tissue of the whole right side of the neck, extending across the median line to the left side, was infiltrated with cancer. On the right side of the trachea the malignant deposit was breaking down.

Uxbridge.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### ST. BARTHOLOMEW'S HOSPITAL.

#### CASE OF CHRONIC HYDROCEPHALUS TREATED BY PUNCTURE—DEATH.

Under the care of Mr. LAWRENCE.

Communicated by Mr. CHIFFERDALE, House-Surgeon.

A delicate, ill-nourished, hydrocephalic child, seven weeks old, was brought on December 29 to the Hospital. The history that the mother gave was as follows:—She stated that the child at birth did not present any unusual appearance, but that about three weeks afterwards, she first observed a swelling at the back of the head, and from that time the head had enlarged with a rapidity quite out of proportion to the growth of the other parts of the body.

Unfortunately there was no opportunity of ascertaining by measurement the exact circumference and breadth of the head previous to the evacuation of the fluid, but as far as one could form an opinion from a hasty examination with the hand, there could not have been a less interval than three inches between the parietal bones, and from the coronal suture to the apex of the occipital was a space of at least seven. There were some slight peculiarities in the shape of the head. It differed in some respects from the ordinary appearances of hydrocephalus. There was a want of symmetry about the head, from the bones not being equally expanded. For instance, there was scarcely any protrusion of the frontal bone, not that marked prominence which is generally seen, and might have been expected in the present case, considering the quantity of fluid evidently contained in the cavity of the cranium. It was evident, however, from the protrusion and downward direction of the eyes, that the orbital plates were depressed. The occipital bone was thrust downwards and backwards, so that it was nearly horizontal in its direction, but this may have been due to the position in which the child

habitually lay, allowing the fluid to gravitate towards the posterior and most dependent part. The same explanation may account for the absence of lateral symmetry, the left parietes projecting more than the right. This, however, did not disappear on the position of the child being changed.

The child lay in its mother's arms in a semi-comatose state, apparently not taking notice of anything passing around, occasionally giving a low moan. The head drooped helplessly on one side, the vertebrae and muscles not being sufficiently strong to maintain it in the erect position. The eyes were prominent, directed downwards, and constantly rolling from side to side; and, to add to the disfigurement, there was divergent strabismus. The pupils were rather dilated. Such had been the state of the child for the last few weeks; but of late the head had enlarged so rapidly, and the little sense or power of perception which the child possessed had become more dim, while at the same time the nutrition of the other parts seemed almost at a stand-still. Under these circumstances, so hazardous to the existence of the child, no other course was open than a resort to the trochar. After some difficulty the scruples of the mother were overcome, and her consent obtained. A very fine trochar and canula were introduced into the coronal suture, about an inch or so from the middle line, in order to avoid the longitudinal sinus, and eight ounces of clear, pale fluid drawn off.

It escaped with a slight saltatory motion, being influenced, I presume, by the movements of the brain, or by the cries that the puncture evoked. The effects of the removal of the pressure were immediate and decided. While the fluid was flowing the child gave a louder cry than it had ever before uttered, and showed other signs of being more lively. The eyes receded somewhat from their former prominent position, and assumed a more natural direction; the rolling ceased; the strabismus became less marked. The bones of the cranium collapsed, their serrated margins being distinctly visible. More might have been drawn off, but it was not thought advisable to do so. The child bore the operation remarkably well, no convulsions ensuing. Strips of plaster were then applied in a circular manner around the head, to compensate for the pressure of the withdrawn fluid.

The child was brought to the Hospital four days afterwards. The mother stated that the child had appeared much relieved, and had been more cheerful and lively for the first two days, but on the third it had been very restless and feverish, and from that time had relapsed into the same drowsy condition. The head, on the removal of the strapping, appeared very tense, and to have acquired almost the same dimensions. The surface of the head was hot. Mr. Lawrence repeated the puncture, but in a different situation, selecting the posterior part, as the fluid gravitated in that direction. Ten ounces were let out. A little hæmorrhage followed the perforation, and the child became rather blanched. I thought I observed a few slight, transient, convulsive movements of the face, and a clenching of the hands. No compression was employed this time, merely cold applied, and hyd. c. cretâ, gr. iij. ordered to be taken every night. The child was again brought on Tuesday last, four days after the second puncture. The head had not enlarged to the same extent as before. The child had not been so drowsy, but, on the contrary, more restless. Its appearance was much more animated. Dose of hyd. c. cretâ increased.

Another ten days elapsed before the child was again brought to the Hospital. The mother stated that during that time the child had continued to improve in health, and had shown more animation. The head continued about the same size as before. Not having seen or heard of the child for more than three weeks, I proceeded to inquire at the mother's residence, but unfortunately the family had left a few days before, and the landlord was unable to inform me where they had moved to. I learnt, however, from him that the baby had died about ten days back, apparently from in-nutrition; that the head had not, in his opinion, increased in size, and that it had had no convulsions.

### HOSPITAL NOTES.

#### UNUSUAL POSITION OF THE RIGHT KIDNEY.

Mr. Maunder, Demonstrator at Guy's Hospital, informs us that there is at present in the dissecting-room of Guy's Hospital a subject in which the right kidney, instead of occupying its usual position, is placed over the fifth lumbar

vertebra and sacral promontory. The organ is somewhat flattened against the vertebral column, its convex border looking backwards and upwards, its hilum directed downwards and forwards. The corresponding supra-renal capsule is *in situ* below the liver. This abnormality is worthy of note, inasmuch as the knowledge of the fact that healthy organs are occasionally curiously misplaced, will add one to the many fallacies connected with the diagnosis of abdominal tumours. Doubtless, in this case, had the subject been thin, the displaced kidney might have been felt during life.

#### VALERIANATE OF AMMONIA SUCCESSFULLY USED IN NEURALGIA.

The efficiency of the valerianate of ammonia as a remedy in the cure of neuralgia has been frequently proved in a number of patients admitted at the Royal Free Hospital, under the care of Dr. O'Connor. The following case, of twenty-one years' almost constant suffering, is an excellent illustration of the success attending its use:—E. W., a woman of colour, 38 years of age, single, by occupation a dress-maker, was admitted an out-patient, under the care of Dr. O'Connor, on the 24th of February last. She stated that since the age of 17 she had been a constant sufferer from a neuralgic affection of the left side of the head, face, and neck, from which she was seldom free for twelve hours at a time, and her sufferings were often so great as to make life feel a burden to her. She had been under the care of many medical men, and had, without benefit, obtained advice at nearly all the medical institutions of the metropolis. Large doses of quinine and iron, as well as the internal and external use of belladonna and other anodynes, with hydrocyanic acid, were had recourse to without any good result. When the patient presented herself at the Royal Free Hospital she was suffering excruciating pain over the whole of the left cheek, there was dropping of the left eyelid, otherwise she was in good health, and from the age of 14 had regularly menstruated; there was no evidence of deranged stomach, and she had never suffered from any other illness. Five teeth had been from time to time removed, without any alleviation of her sufferings. On examination of the mouth, Dr. O'Connor noticed three stumps of decayed teeth, which he thought might in some manner promote the sufferings of the woman. Those he ordered to be removed, which was done by Mr. Robinson, the dentist to the Hospital. She was ordered a dose of purgative medicine, with anodyne fomentations. On the 27th she again presented herself, when she stated that, instead of obtaining relief, she was in constant agony since her last visit, although she had complied with the directions. Her bowels had been freely relieved. Dr. O'Connor now ordered one drachm of the solution of the valerianate of ammonia in an ounce of infusion of colomaba, to be taken three times a-day. At her next visit to the Hospital, March 6, she described her feeling to be as one "almost in heaven" since the previous Monday, so great was the relief afforded. The dose of the valerianate of ammonia was now increased to one drachm and a half three times a-day; and at her next visit, on the 10th of March, the patient stated that she was cured, having been completely free from pain since she last appeared at the Hospital, and able to pursue her occupation with comfort.

#### THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

#### STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE YEAR 1857.

THE subjoined Report comprises the following Hospitals:—Addenbrooke's (Cambridge), the Bristol General, the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Glasgow Royal, the Gloucester, the Hull, the Leeds, the Leicester General, the Liverpool Royal, the Liverpool Southern and Toxteth, the Queen's, Birmingham, the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire

General (Stafford), the Sussex County (Brighton), the West Norfolk and Lynn (Lynn), the York County.

#### AMPUTATIONS.

*Of the Thigh.*—Case 1.—The Cheltenham: Mr. Eves.—A woman, aged 46, for fourteen years the subject of elephantiasis of the foot and leg, with deep ulceration. Amputation. Recovery. Case 2.—The Liverpool Royal: Mr. Bickersteth.—A delicate girl, aged 15. Amputation through the thigh on account of medullary cancer of the lower third of the femur, of six months' duration. The growth had a strong pulsation, and was increasing rapidly with much pain. Amputation. Recovery. Case 3.—The Sussex County.—A delicate boy, aged 7. Amputation on account of diseased knee-joint. Recovery. Case 4.—The North Stafford: Mr. Ball.—Amputation just above the knee, on account of chronic disease of the synovial membrane. The disease was of six years' duration. Recovery. Case 5.—The York: Mr. Husband.—A delicate boy, aged 11. Amputation above the knee on account of extensive necrosis of the tibia. Recovery. Case 6.—The York: Mr. Hey.—A stout girl, aged 9. Amputation on account of strumous disease of the knee-joint. Recovery. Case 7.—Addenbrooke's, Cambridge: Mr. Hammond.—A scrofulous man, aged 23, the subject of diseased knee-joint for seven years. Amputation. Recovery. Case 8.—The Glasgow Infirmary.—A woman, aged 32, the subject of old-standing disease of the knee. Recovery. Case 9.—A man, aged 47, the subject of diseased knee for six years. Recovery. Case 10.—A girl, aged 9. Secondary amputation after compound fracture. Recovery. Case 11.—The North Staffordshire: Mr. Ball.—Amputation on account of diseased knee-joint. Recovery. Case 12.—Mr. Jackson.—A man, aged 35. Amputation on account of strumous disease of the knee-joint. Recovery. Case 13.—The Leeds: Mr. Teale.—A strumous girl, aged 20, the subject of chronic disease of the knee-joint. Amputation. Recovery. Case 14.—The North Staffordshire: Mr. Turner.—A girl, aged 16, in very feeble health. Amputation of the thigh on account of malignant disease of the femur. Recovery. Case 15.—Addenbrooke's, Cambridge: Mr. Hammond.—A man, aged 41, of rheumatic diathesis, the subject of chronic disease of the knee. Amputation. Recovery. Case 16.—The Dundee: Mr. Crockett.—A man, aged 25, the subject of diseased knee-joint of a year's standing. Amputation. Recovery. Case 17.—The Dorset County: Mr. Curme.—A lad, aged 18, who had been long under treatment for disease of the knee-joint. Amputation. Recovery. Case 18.—The Dorset: Mr. Curme.—A girl, aged 12, for two years the subject of diseased knee-joint. Amputation. Recovery. Case 19.—The Bristol General: Mr. Coe.—A boy, aged 4, whose knee-joint had been excised six months previously. Union had not followed, and disease still existed about the bones. Amputation. Recovery. Case 20.—The Staffordshire General: Dr. Masfen.—A man, aged 30, in fair health. Amputation on account of diseased knee-joint. Recovery. Case 21.—The Staffordshire General: Mr. Waddell.—A woman, aged 51, the subject of diseased knee-joint. Amputation. Recovery. Case 22.—The Leicester: Mr. Paget.—A girl, aged 16, in fair health. Amputation on account of diseased knee-joint. Recovery. Case 23.—The Leicester: Mr. Paget.—A man, aged 25, in fair health. Amputation. Recovery. Case 24.—The Leicester: Mr. Benfield. A strumous girl, aged 16, for three years the subject of diseased knee-joint. She had been an inmate of the Infirmary for two years. Excision of the joint was proposed, but during its performance such extensive disease of the tibia was found to exist, that amputation had to be resorted to. Recovery. Case 25.—The Leicester: Mr. Benfield.—A healthy labourer, aged 36, was admitted on account of a compound fracture of the femur through its condyles. An attempt was made to save the limb, but gangrene having supervened, and extended as high as the knee, it was found necessary to amputate. On examining the limb, an extensive longitudinal fracture of the femur was found, and there had been large effusion of blood into the knee-joint. Recovery. Case 26.—The Bradford: Mr. Meade.—A man, aged 33, for three years the subject of diseased knee-joint. Amputation. Recovery. Case 27.—The Bradford: Mr. Poppleton.—A man, aged 23, for nine months the subject of diseased knee-joint. Amputation. Recovery. Case 28.—The Bradford: Mr. Meade.—A girl, aged 11, the subject of ankylosis of the knee. Amputation. Recovery. Case 29.—The Sheffield:

Mr. Barber.—A woman, aged 20, the subject of diseased knee-joint from childhood. Amputation. Recovery. *Case 30.*—The Hull: Dr. Lunn.—A lad, aged 17, for fifteen months the subject of diseased knee-joint. Amputation. Recovery. *Case 31.*—The Hull: Dr. Lunn.—A lad, aged 13, the subject of diseased knee-joint. Amputation. Recovery. *Case 32.*—The Sussex County: Mr. Blaker.—A man, aged 20. Amputation on account of diseased knee-joint of eighteen months' duration. Recovery. *Case 33.*—The Sussex County: Mr. Blaker.—A boy, aged 13. Amputation through the thigh on account of diseased knee-joint of nine years' duration. Recovery. *Case 34.*—The Leeds: Mr. Hey.—A girl, aged 12, whose knee-joint had been excised twelve months before. No bony union had resulted, and part of the wound was still open. Amputation. Recovery. *Case 35.*—The Leeds: Mr. Teale.—A man, aged 32, for seven years the subject of diseased knee-joint. Amputation. Recovery. *Case 36.*—The York: Mr. Husband.—A miner, aged 42, of feeble constitution, was admitted with an ununited fracture of the tibia and fibula, six months after the accident. Excision of the extremities of the tibia was performed, and he did well for some time. Eventually, profuse suppuration, and consequent hectic, necessitated amputation above the knee. Recovered. *Case 37.*—Addenbrooke's, Cambridge: Mr. Humphry.—A woman, aged 22. Amputation on account of necrosis of the femur. Recovery. A large sequestrum had been removed, but her health was failing. *Case 38.*—The North Stafford: Mr. Ball.—A feeble man, aged 28, the subject of albuminuria. Amputation on account of diseased knee-joint. Recovery. *Case 39.*—The Dundee: Dr. Crockatt.—A phthisical lad, aged 17. Amputation for diseased knee-joint. Recovery. *Case 40.*—The Glasgow Royal.—A girl, aged 17. Amputation for diseased knee-joint. Recovery. *Case 41.*—The Glasgow Royal.—A lad, aged 18. Amputation for diseased knee-joint. Recovery. *Case 42.*—The Glasgow Royal.—A girl, aged 14. Amputation on account of disease of the tibia, involving also the knee-joint. Recovery. *Case 43.*—The Glasgow Royal. A girl, aged 7, the subject of strumous disease of the knee-joint of a year's standing. Recovery. *Case 44.*—The Liverpool Southern: Dr. Nottingham.—A boy, aged 14, admitted with a compound fracture of the femur. Primary amputation was refused. Secondary amputation on the eleventh day. Recovery. *Case 45.*—The Liverpool Southern: Mr. Hamilton.—A man, aged 35, admitted on account of a compound fracture of the leg. Secondary amputation, on account of gangrene, on the sixth day. Under treatment. *Case 46.*—The Gloucester: Mr. Wood.—A man, aged 21, much reduced by disease of the knee consequent on a fall. Amputation. Recovery. *Case 47.*—The Royal Berkshire: Mr. Moxhay.—A girl, the subject of disease of the knee-joint, which had reduced her from previous good health to the most extreme debility. Amputation. Recovery. *Case 48.*—The West Norfolk: Dr. Cotton.—A healthy man, aged 46, was admitted with compound fracture of the leg. Gangrene supervened, and secondary amputation was performed on the twelfth day. Recovered. *Case 49.*—The Dundee: Dr. Crockatt.—A feeble girl, aged 18, the subject of strumous disease of the knee-joint. Recovery. *Case 50.*—The Hull: Dr. Lunn.—An intemperate man, aged 53, in tolerable health, was admitted with a most severe compound dislocation of the knee-joint. Primary amputation three hours after the accident. He never rallied, but gradually sank, and died on the fourth day. *Case 51.*—The Hull: Mr. Huntingdon.—A man, aged 22, in fair health. Amputation of the thigh, on account of medullary disease of the lower part of the femur. He did well until about the end of the third week, when difficulty of breathing came on. He died on the 33rd day. The autopsy showed both lungs infiltrated with cancer. *Case 52.*—The Bradford: Mr. Meade.—A girl, aged 19, the subject of diseased knee-joint. Amputation. Death soon after the operation. *Case 53.*—The Sheffield: Mr. Gregory.—A woman, aged 38. Amputation, on account of strumous disease of the knee. The stump was nearly healed, when gastritic symptoms supervened. She died hectic in the sixth week. *Case 54.*—The Leicester: Mr. Macaulay.—A man, aged 32. In feeble health. Amputation, on account of medullary cancer about the knee-joint. Very profuse hæmorrhage occurred during the operation, and he was with difficulty rallied by the copious use of stimulants. He subsequently sank, and death occurred on the fourteenth day. No autopsy. *Case 55.*—The Leicester: Mr. Benfield.—A girl, aged 16, in fair health. The subject of chronic

disease of the knee-joint. Amputation on May 21. She did well until within three days of death, when an attack of faintness occurred, followed by a succession of rigors. The rigors continued, and death occurred on June 3. No autopsy was allowed, but the cause of death was probably pyæmia. *Case 56.*—The Dorset County: Mr. Curme. A navvy, aged 28, admitted with compound comminuted fracture of the leg. Secondary amputation on the eleventh day, on account of mortification. On the sixteenth day after the operation, all the ligatures having come away nearly a week before, a frightful attack of hæmorrhage occurred (during the night), from the effects of which he sank next day. On examination of the limb, it appeared that the bleeding had been from the femoral trunk. *Case 57.*—The Dundee: Dr. Crockatt.—A lad, aged 16. Admitted with a compound fracture of the thigh from a railway accident. Primary amputation twenty-four hours afterwards. Death from shock within four hours. *Case 58.*—The Leeds: Mr. Smith.—A healthy boy, aged 11, the subject of severe compound fractures of both legs. Primary amputation through the thigh on the left side. Death from pyæmia in the sixth week. *Case 59.*—The Glasgow.—A man, aged 24. Primary amputation, on account of an extensive burn of the thigh and leg. Death from phlebitis on the ninth day. *Case 60.*—The Glasgow.—An intemperate man, aged 57. Primary amputation, on account of compound fracture. Death from exhaustion. *Case 61.*—The Glasgow.—A man, aged 37. Secondary amputation, on account of gangrene following compound fracture. Death from phlebitis on the fifteenth day. *Case 62.*—The Glasgow.—A man, aged 40, the subject of diseased knee-joint following an injury. Amputation. Death from phlebitis on the eighth day. *Case 63.*—The West Norfolk: Mr. Sayle. Primary amputation, on account of compound fracture of the left leg near the knee-joint. Death from tetanus. *Case 64.*—The Derby: Mr. Giaborn.—A girl, aged 14, in bad health, the subject of malignant disease of the knee-joint, which was ulcerated, and liable to bleed. The disease had existed four months. Amputation. The stump healed, but death from diarrhoea and exhaustion followed in the 6th week. *Case 65.*—The Queen's (Birmingham).—A lad, aged 10, in feeble health. Amputation on account of old standing disease of the knee-joint. Considerable hæmorrhage at the time of the operation. Death from exhaustion the same evening. *Case 66.*—The York: Mr. Husband.—A pale, unhealthy man, aged 23. Amputation of the thigh, on account of medullary cancer about the knee. He did well for about a week, and then sank from pyæmia. *Case 67.*—The York: Mr. Hey.—A delicate man, aged 25, was admitted, having had the right leg and foot severely crushed and the left foot smashed by a railway accident. Part of the left foot was removed by a primary amputation, and the stump did well. Secondary amputation through the right thigh was subsequently performed, on account of exhaustion from the profuse suppuration. Death from pyæmia. *Case 68.*—The York: Mr. Hey.—A feeble man, aged 65. Amputation on account of extensive disease of the tibia, extending into the knee-joint. Death from exhaustion. *Case 69.*—The Hull: Mr. Craven, jun.—A lad, aged 16, admitted for a severe gun-shot wound of the calf. Primary amputation. Death on the sixth day. *Case 70.*—The Royal Berkshire: Mr. May.—A thin, pale lad, the subject of encephaloid cancer of the fibula of five months' standing. The tumour was very large, measuring twenty-one inches in diameter. Amputation on June 13. On June 27 chest symptoms supervened, and he died on July 3. At the autopsy the lungs were found infiltrated with cancer. *Case 71.*—The Gloucester: Mr. Wood.—A lad, aged 11, in good general health, the subject of ankylosis after disease of the knee-joint. Amputation. On the eighth day erysipelas attacked the stump; phlebotic symptoms supervened, and death took place on the eighteenth day. *Case 72.*—The Hull: Mr. Huntingdon.—A man, aged 25, was admitted with a compound fracture of the thigh, together with other severe injuries. Primary amputation. Death from collapse eight hours after the operation. *Case 73.*—The Hull: Mr. Huntingdon.—A seaman, in miserable health, aged 60, was admitted with extensive sloughing of the leg, the result of neglected phlegmonous erysipelas. Amputation. Death on the seventh day, from exhaustion. *Case 74.*—The North Staffordshire: Mr. Turner.—A man, aged 48, the subject of diseased knee-joint. Amputation. Death. *Case 75.*—The Liverpool Southern: Mr. Nottingham.—A man, aged 61.

Amputation for disease of the head of the tibia. Death from pyæmia on the sixth day.

(To be continued.)

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## Medical Times & Gazette.

SATURDAY, APRIL 3.

### POISONING IN OUR BARRACKS.

It has become generally known, since the publication of the Report of the Royal Commissioners, that of all the unhealthy occupations in the kingdom the occupation of a soldier at home in time of peace is almost the most unhealthy, and that our soldiers die at twice the rate they would die if the army at home were as healthy as our general population. But it is not generally known, and the public may at first be startled by the assertion, that a large proportion of this unnecessary mortality is the result of Poisoning. Yet this is the truth; and the poison is no subtle invention of an enemy, none of those compounds of cacodyl which were to be employed in shells to destroy the Russians in Sebastopol; no new form of liquid gun cotton called glonéine, which in the fiftieth dilution may produce in imaginative people the most wonderful effects; but a gas so deadly that it can destroy every man by suffocation sleeping in a room filled with it, and by a process of slow poisoning when it is administered in a dilute form. But, more wonderful than all, this gas our soldiers manufacture for themselves, and our barracks are so constructed, that, instead of being carefully swept away, it is carefully bottled up, and our soldiers are more or less slowly poisoned by our old friend, CARBONIC ACID.

The readers of the *Medical Times and Gazette* need not be told this. The youngest of them knows well how in the process of respiration man exhales carbonic acid, but it may be as well to remind them of a few illustrations by which this fact may be impressed on the public mind, and a great deal of the nonsense one reads and hears about barrack accommodation may be put a stop to.

Let Lord Panmure go down in the diving-bell at the Polytechnic. So long as Mr. Pepper's men keep a good stream of air passing through the bell, his Lordship may remain in tolerable comfort at the bottom of the well. He gets as much oxygen as he wants, and the carbonic acid he forms is blown away. But make St. Paul's or any other large cathedral as air-tight as the diving-bell; shut up his Lordship in it with a good supply of food and drink, and if the capacity of his lungs be given, and the number of respirations in the minute known, with the cubic space of the cathedral, it becomes a matter of very simple arithmetic to calculate the exact time when the noble Secretary at War would die poisoned by the carbonic acid he has exhaled—in plain terms, suffocated.

But if instead of one man in a large cathedral we take a hundred men in a confined space—What then? Why the old story of the Blackhole at Calcutta in 1756. A prison 18 feet square, not an air-tight chamber but closed, 146 Eng-

lishmen confined in it at night, and only 23 found alive in the morning. The same old story of the *City of Londonderry* steamer in 1840, encountering bad weather on her passage from Ireland to Liverpool, the captain battenning down the steerage passengers in the fore part of the ship, and poisoning 73 of his fellow-creatures. So in 1833 two young men on board the *Magnus Troil* in Leith harbour went to bed in the cabin, and shut the door so closely that one was found dead and the other dying in the morning. So in 1840, two strong young men were poisoned under precisely similar circumstances, in the cabin of the *Mary Hardie* lying at Greenock. And so we might go on with instance after instance of poisoning by carbonic acid, the rapidity of the poisoning varying with the size of the chamber, the number of people it contained, and the accuracy with which it was closed; all proving, what our readers very well know, that a person breathing in an air-tight chamber will just as certainly poison himself with his own breath as if charcoal were burnt in the place, or it was filled with carbonic acid from a retort.

But sudden death—rapid poisoning—by carbonic acid is the exception. Slow poisoning is the rule. Man is not very often exposed to the undiluted poison he himself forms. Notwithstanding the rapid progress of art and science, however well our carpenters and glaziers may work, however skilfully our architects may form their plans, it is not very often that our rooms are so constructed as to be absolutely air-tight. Currents of atmospheric air will come in through crevices of doorways and window-sashes, and some of the poisonous gas will go out, in spite of architect, carpenter, and glazier. And so we come to observe the effects of the diluted poison, and watch the process of slow poisoning or chronic suffocation.

Now this process, the effects of which have been so lately exemplified in the case of the British soldier, has been studied before in the case of certain monkeys at the Zoological Gardens, as we may see by the following extract from a little work by Mr. Spencer Wells, published in 1861, on the Preservation of the health of seamen:—

"It is not very long since a new house was erected under the direction of an eminent architect to accommodate the monkeys in the Zoological Gardens of the Regent's-park, and this dwelling was to resemble as nearly as possible an English gentleman's drawing-room. Two ordinary drawing-room grates were put in, with low chimney openings as close to the floor as possible, and the windows and other openings above were made perfectly close. Some warm air was also admitted through openings in the floor. All the openings for winter ventilation were made close to the floor, under the erroneous belief that the gas produced by the respiration of the animals, being heavier than the other air of the room, would fall and escape below. The architect forgot that it issued warm, and therefore light from the animals, and that when cold it would become diffused and mix with the other air. Sixty healthy monkeys that had been several years in England were put into this room. In one month fifty of them were dead, and the other ten dying. The animals were all poisoned by their own breath. They were living in an extinguisher. All the hot breath and impure exhalations of the monkeys were collected in the upper part of the room, could not escape, and poisoned them. As soon as some openings in the upper part of the room, which were intended only for summer ventilation—as if the monkeys could live without pure air in winter—were unclosed, the room became perfectly habitable, the ten sick monkeys recovered, and those since placed in it have remained perfectly healthy. It is curious that all the monkeys that died are said to have died with tubercles in the lungs—true consumption—the most prevalent disease of this climate, which is developed, I am persuaded, in numberless instances in our population in the same manner, but less suddenly, as among these monkeys. Our schools and nurseries are not quite so close as this monkey-house, but there is no very great difference in many. The windows are not opened for fear of draughts of cold air, there is only one door and that is seldom opened, and the chimney opening is not more than three or four feet from the floor. Even that is often closed.

The effects are bad enough in large rooms inhabited by few people, but when rooms are small or crowded, the magnitude of the evil can scarcely be appreciated. In a ship, when the ports and hatches are closed, the people are exactly in the same situation as the monkeys. They poison themselves with their own breath, and generally much quicker than the monkeys did, because they are more crowded, and the pure air is more effectually excluded."

Now, let us apply all this to our barracks. Let us remember, first, that a healthy man requires four cubic feet per minute of pure air to ensure the changes which should take place in his blood during respiration, and to remove and sufficiently dilute the poisonous gas he exhales. Secondly,—that this poison, as it issues *warm* from the body, is specifically *lighter* than air, and, finding no opening for escape higher than the fireplace, it rises and fills all the upper part of the room. Thirdly,—that currents of pure air passing from beneath doorways to the fireplace carry very little of the poison with them, the air above the level of the outlet being very little affected, as the impure is lighter than the pure air. Fourthly,—that adults breathe in the upper part of rooms. Their heads being above the level of the pure air, they are breathing a varying amount of poison. We may take another illustration from the work just quoted:—"If a bird be suspended in a cage from the top of a four-post bedstead in which two persons are sleeping, and the curtains are drawn closely together, the bird will certainly be found dead in the morning, poisoned by the breath of the sleepers, who, if they were at the same level with the bird, would just as certainly poison themselves." Remembering all this, anyone may see what nonsense it is to talk about the mere cubic space of our barracks as a matter of great importance in relation to the health of the men. It is not the size of a room in which men sleep, but the purity of the air in it, we should consider—the supply of fresh air, and the outlets for the poisonous gas. It is the "want of pure air," not "want of space," which kills our soldiers in barracks. A man might live a long time in a diving-bell well supplied with pure air, while he would soon be poisoned in a cathedral hermetically sealed. Of course he has a better chance of getting pure air in a large room than in a small one; but it is perfectly possible and easy to keep a small room sufficiently and abundantly supplied with pure air. And the practical bearing of this is most important. A few nights ago, in the House of Lords, Lord Panmure said:—

"In many places it is utterly impossible to provide those sanitary improvements for which the public now so loudly call. If the Government are to be enabled to carry out in barracks to its full extent the sanitary system which is advocated by the commissioners, I warn your Lordships that it will require a very large sum of money indeed. I am quite ready to take upon myself my full share of blame—if blame there be—for not having asked from Parliament a large sum to be applied in that direction; and I shall throw no blame whatever upon the present Government if they should find it as difficult as I did to meet the public expectations with regard to the improvements in barracks, which are now, I think, raised to a very high and somewhat unnecessary pitch."

This is all a mistake. If it be insisted that instead of 600 cubic feet for each man in a barrack 1200 feet must be given for the future, of course all the expenditure on the building and repairs of barracks must be doubled. But if, as we contend, it should be simply insisted on that every man in barrack shall be supplied with four cubic feet per minute of pure air—(or of air as pure as can be obtained around his barrack)—then this may be done immediately at a small expense with mathematical accuracy and absolute certainty day and night. We do not wish to specify any special plan by which this may be done—whether by Arnott's pumps, which have worked for years past at Brompton, York, and other Civil Hospitals, or by Reid's tubes, or by syphon or suction—but we must endeavour to impress upon our readers, and through them upon the public, the conviction that it is an insult to the mechanical

science which can drive a ship across the Atlantic in a fixed and definite time in the face of opposing winds and currents,—which can supply every gas-burner in the kingdom with a fixed and definite quantity of carburetted hydrogen,—to suppose that it cannot cheaply and constantly supply every British soldier with four cubic feet per minute of the air around us. Let this be done, and we shall have no more twaddle in the House of Lords about "want of space," or "expense," and one of the most efficient but easily preventible causes of the mortality of the Army will be removed—**POISONING BY CARBONIC ACID.**

## THE WEEK.

Mr. Cowper's Medical Bill has undergone some slight modifications this week, but we have only received the corrected proof so shortly before going to press that we must delay the comparative summary of this Bill and Lord Elcho's until next week. This delay, however, is of little consequence, as there is scarcely any probability of either Bill passing if both are pushed forward; especially as Mr. Headlam, supported by the Colleges, is to bring in his Bill of last session. Any one of the three parties supporting either of the three Bills has quite sufficient influence to prevent a rival Bill from passing, while unable to get either forced through an indifferent Parliament in the face of Professional opposition.

It gives us much pleasure to state that one of the highest and just now the most important diplomatic offices in the gift of her Majesty's government has been conferred upon the son of a distinguished member of the Medical Profession. The present Envoy Extraordinary and Minister Plenipotentiary from the Court at St. James's to the King of Hanover, Sir John Crampton, K.C.B., eldest son of Sir Philip Crampton, Bart., of Dublin, has been appointed Envoy Extraordinary and Minister Plenipotentiary to the Court at St. Petersburg. The elevation of the son to so important a post must be a very great gratification to the father, and we are quite sure that the whole Profession will join us in sincere congratulations.

A long correspondence has been laid before us, between the Sardinian Government, Lords Clarendon and Malmesbury, and Dr. Vaughan Hughes, with a memorial to the Foreign Secretary signed by 158 Medical men, the subject being one of considerable interest to Medical men who may wish to accept foreign decorations. It appears that Dr. V. Hughes was an Acting Staff-Surgeon in the Crimea, and was appointed by Lord Raglan and Sir John Hall to attend on the Sardinians; that he did attend entirely to them for some time, and that while in close attendance upon them he was attacked with cholera, which placed his life in danger, and ultimately led to his being invalided. The Sardinian Government expressed a wish to give a "mark of satisfaction certainly merited," if Dr. Hughes could obtain the consent of our Government; but both Lord Clarendon and Lord Malmesbury agree that the permission cannot be granted "consistently with the established regulations respecting foreign orders." The sooner the established regulations are amended the better. It really seems an absurd piece of red-tapism to refuse to allow a foreign Government to reward a British subject for services the said Government believe to deserve reward.

Mr. Lawrence has received the appointment of Serjeant-Surgeon to the Queen, vacant by the death of Mr. Travers. Mr. Lawrence's claim to the Serjeant-Surgeoncy was indis-

putable. Mr. Travers was also Surgeon in Ordinary to Prince Albert, and Mr. Lawrence's promotion has made a vacancy for a Surgeon Extraordinary to the Queen. Rumour of course is busy as to the two new Court Surgeons; but, as the names have not been published, we can only express the conviction that merit and not age, ability not favour, are the surest steps towards professional advancement at Court with Her Majesty's present advisers.

We have just received a report of the Special General Meeting of the Odontological Society, held on the 19th inst., containing the correspondence between the Society and the College of Surgeons on the proposed examination in Dental Surgery and the new diploma to Surgeon-Dentists, and an account of the contemplated amalgamation with the College of Dentists. The negotiation with the College of Surgeons is at a stand-still pending the Medical Reform debates in the House of Commons, as a new clause would be required in the Charter of the College; and the projected amalgamation was not arrived at, owing to what appears to be a very ill-judged opposition on the part of the College of Dentists. The Society accordingly have resolved to form a school "for teaching those branches of science appertaining peculiarly to the practice of Dentistry, which are not taught in the existing Medical Schools; and that the Council be requested to draw out the plan of such a School, and be empowered to open it as soon as circumstances permit." And further, "that, in the event of the College of Surgeons being unable ultimately to accede to the propositions contained in the memorials that have been presented to it from the Council of this Society, it would be desirable that the members of the Dental Profession should unite, and endeavour to obtain from the Crown a Charter, or from the Legislature a Bill of Incorporation, for an independent Institution, or College, to regulate the education of future members of the Profession, institute examinations, and grant diplomas of professional qualification." So stands this question until the more general one of Medical Reform is settled.

The state of education in the western districts of England does not appear to be very creditable to the nation. Sarah Palmer, a married woman, after her confinement found herself in a low state of mind, and consulted a certain Esther Peadon, and asked if she could cure her. Esther said she could, and ordered Palmer's finger and toe-nails to be cut, and her hair to be cut off, and she gave her some medicines, which she told her would make her very ill. She said she must not send for a medical man. The finger and toe-nails were ordered to be put into paper, and then put into the neck of a bottle until they perished. Esther asked Mrs. Palmer how much she could afford to pay for medicines at that time. Mrs. Palmer told her she could afford to give 4s., and it was then that the prisoner made up some medicine for her. She became almost out of her mind shortly after taking the medicine. Mrs. Palmer afterwards sent for her husband and complained of her state, and she soon afterwards died—on the 1st of January. The surgeon who made a *post-mortem* examination said in his opinion "she died from an acronarcotic poison, similar to mandrake." The contents of the stomach were afterwards conveyed to Mr. Herapath, the chemist of Bristol. There were some medicines left in the bottles, and those also were sent to Mr. Herapath. Esther was tried at Taunton for manslaughter, before Mr. Justice Crowder, who said that there was no proof that the bottles had been given by the prisoner, nor was there proof that the medicines they contained had been furnished by the prisoner. The jury then Acquitted the prisoner. His Lordship gave the prisoner a caution to take care how she again gave persons medicines; and she is

again at liberty to sell her filthy charms and poisonous herbs to all who are ignorant enough to prefer them to the assistance of gentlemen of education and experience.

## REVIEWS.

*On Malformations, &c. of the Human Heart; with Original Cases.* By THOMAS B. PEACOCK, M.D., Assistant Physician to St. Thomas's Hospital. Pp. 143. London: 1858.

It is well known that Dr. Peacock has devoted great attention to the morbid and abnormal conditions of the heart. In this very useful monograph, he has collected together and classified some of the more extraordinary deviations from healthy structure presented by that organ. Some years ago, Dr. Peacock delivered a series of lectures on Malformations of the Heart to the students of St. Thomas's Hospital, and these lectures were subsequently published in this Journal. The substance of these lectures, amplified by greater experience, and the addition of cases contributed from time to time to different Medical Societies and journals, is contained in the volume now before us. Besides the personal experience derived from his own cases, Dr. Peacock has largely availed himself of all the existing literature on this interesting subject. There are eight plates, the first of which illustrates the seat and form of apertures in the septum of the ventricles; the second shows two cases of obstruction at the orifice of the pulmonary artery, one of the cases showing moreover a defect in the septum of the ventricles; the third exhibits a case of obstruction at the orifice of the pulmonary artery and an open foramen ovale; the fourth plate shows obstruction and obliteration of the orifice of the pulmonary artery; in the fifth are cases of open ductus arteriosus and supernumerary septum in the right ventricle; the sixth delineates a supernumerary septum in the right ventricle, and an open foramen ovale; the seventh plate contains four cases of defect in the number of the semilunar valves, and in plate eight there are four cases in which the number of the same valves was in excess.

In the body of the work, the misplacements of the heart are considered in the following order:—I. Congenital Misplacements of the Heart. II. Deficiency of the Pericardium. III. Malformations of the Heart, including: 1st. Malformations dependent on arrest of development at an early period of fetal life; 2nd. Malformations preventing the changes which should ensue after birth; and 3rd. Malformations which do not interfere with the functions of the heart, but may lay the foundations of disease in after life. IV. Malformations consisting in the irregular development of the primary vessels; and V. The mode of formation, the symptoms and effects, the diagnosis and medical management of cases of malformation.

Where the subjects of description are so numerous, and where almost every case described is a history in itself, it is impossible to offer anything like an analysis; and we must content ourselves with observing that the volume before us is a remarkable instance of Dr. Peacock's industry and research. He has himself investigated a great number of the deviations from normal structure presented by the heart, as the members of the Pathological Society are well aware, and as the records of that Society abundantly testify; and he has now collected together the results of his own observation, compared with the written descriptions given by other observers, both British and foreign, and has condensed and classified them in such a manner as must render his work most acceptable and useful to the Profession.

*On the Mechanical Appliances necessary for the Treatment of Deformities.* By HENRY HEATHER BIGG. Pp. 225. London: 1858.

Mr. Heather Bigg, the well-known and ingenious anatomical mechanist, has here given us a work describing the artificial contrivances suitable for the deformities of the lower limbs. Some of them are applicable in cases where tenotomy cannot be performed; others are employed as adjuncts to that operation; and all are more or less available in some of the distortions to which the leg and foot are liable. The chief deformities described are those of the toes, the different varieties of club-foot, the curved tibia, genu valgum, contracted knee, and



contracted hip-joint; and for all these the forms of apparatus invented from time to time, and now in use among Surgeons, are described and figured. Mr. Bigg is evidently one who desires to exalt his art, and he considers that the surgical mechanist should be a scientific and well-educated person, in order to carry on his business with success. The failure of many former efforts to relieve deformities is attributed by him to the fact, that the mechanists were too often mere "instrument-makers," and were not well acquainted with the mechanical principles on which the human body is constructed; whereas a competent professor of the art should be tolerably well instructed in osteology and myology, both by reading and by witnessing dissections, in order to render intelligent assistance to the Surgeon in carrying out his suggestions. Mr. Bigg himself appears to be well acquainted with the anatomy of the bones and muscles connected with the deformities he describes, and his descriptions therefore of the construction and uses of the various apparatus employed deserve and will command attention. His book must prove of very great value to those practitioners who wish to treat cases of deformity brought under their care without consulting any of the gentlemen who have devoted special attention to Orthopedic Surgery, for there can be no doubt that the great difficulty Medical men have to contend with in such cases is the want of the exact instrument required to carry their wishes into effect, and this want will not be felt by those who possess Mr. Bigg's very useful little work.

*On Pepsine.* By M. BOUDAULT. Translated by W. S. SQUIRE, Ph. D. F.R.C.S. Second Edition. Pp. 32. London: 1858.

Those who wish to know all about pepsine had better expend the sixpence this pamphlet costs in its purchase; for it not only contains a correct translation of M. Boudault's paper, but some valuable remarks by Drs. Chambers, Ballard, and Protheroe Smith on the cases in which the new remedy is likely to be useful.

*Elements of Practical Midwifery; or, Companion to the Lying-in-Room.* By CHARLES WALLER, M.D., Obstetric Physician to, and Lecturer on Medicine at, St. Thomas's Hospital. Fourth Edition. Pp. 190. London: 1858.

THE fact that this little work has reached a fourth edition is a sufficient proof of the estimation in which it is held by the Professional public to whom it is addressed. It contains three plates illustrating the stages of natural labour. It is written in an easy and very lucid style, rendering it a valuable assistant to the student and young practitioner.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### LAUDANUM DRESSINGS IN PAINFUL AFFECTIONS OF THE UTERUS.

By M. ARAN.

M. Aran in this paper describes a means of locally applying laudanum, that he has found useful in several hundred affections of the uterus. The object being to retain this substance in contact with the os uteri and upper part of the vagina, a magma is produced by means of an inert powder. The cervix being exposed by means of the speculum, from thirty to fifty (and sometimes more) drops of laudanum are allowed to flow to the bottom of the instrument. After bringing the fluid in contact with the surface by alternately opening and closing the valves of the speculum, a few drachms of starch are placed at the bottom of the instrument by means of a spoon or spatula, so that the laudanum may become absorbed by this, and, this taking place very speedily, the speculum is then withdrawn. While this is doing the starch is kept in the vagina by charpie or cotton, which, indeed, may be left at the entrance of the vulva, if the size of this leads to the fear that the substance will fall out when the patient stands erect. Absorption takes place slowly, one hour, and sometimes three

or four hours, being required before the first assuaging effect is perceived. No ill effects, whether from excess of narcosis or disturbance of digestion, have been observed. The application may be repeated every other day, or even every day, the patient in the interval well washing out the previously applied magma.

This dressing is applicable to those affections of the uterus and genital organs which, after active inflammation is subdued, still manifest a painful hyperæsthesia. But it is especially useful in the hyperæsthesia which sometimes accompanies uterine deviations, or the morbid adhesions contracted by the uterus with the other pelvic organs. In these cases of chronic cellulitis, as also in chronic inflammation of the ovary and the tube, it does good service by allaying morbid sensibility. In such cases a precise indication may be often sought for in vain, nothing indicating inflammation or congestion, or these having been subdued by local bleeding. A few laudanum dressings quickly bring relief, and that not for some days only but for entire months. "I have found another morbid occurrence remarkably modified by these dressings, viz. a special condition of the entire uterus, frequently met with in women of a certain age, and which perhaps is in some cases connected with the formation of small fibrous tumours. In these patients the finger and the speculum fail to detect any sign of inflammation or congestion; and yet so excessive is the morbid sensibility, that a false step or violent shock excites sensibility on every side. In other words, it is a most complete state of hysterælgia; a few laudanum dressings soon allay this sensibility and pain, the patient exchanging in a few days a state of extreme suffering and uneasiness for one of remarkable comfort." M. Aran has made but little use of this means in ulcerated cancer, fearing hæmorrhage from the employment of the speculum; but in non-ulcerated cancer and epithelioma and in fibrous tumours, this means has afforded more marked relief than any other he has tried. It does not cure these patients, but to afford them relief is to do much.—*Bull. de Thérap.* tom. liii. p. 481.

#### EXCERPTA MINORA.

*Liniments in Eczema.*—Oil of sweet almonds 10, glycerine 10, and oxide of zinc 5 to 10 parts. To be applied after the acute stage has passed, or when the inflammation has become abated, and the scales detached by cataplasms. If in the chronic stage the effect is inefficient, add from 2 to 4 parts of sublimed sulphur. The formula is especially useful in eczema of the anus and chapped nipples.—*Bull. de Thérap.* Feb. p. 111.

*Iodide of Starch in Ulcers.*—This is prepared by making a paste of 1 part starch and 3 of water, with which are thoroughly mixed, when cold, 8 of tincture of iodine. This, spread on charpie, is applied to the ulcers, employing a little pressure, so as to mould it on to the surface of the ulcer. It may remain thus applied during several days. Still, as it excites abundant suppuration, it must be watched, removing it if it becomes painful or the discharge is great. In general we may wait until the discharge or the progress of the cure detaches the application. M. Castax, an Army Surgeon in Algeria, has employed it with great success for several years past in ulcerated wounds and all descriptions of old ulcers.—*Gaz. des Hôp.* No. 26.

*Digitalis in Migraine.*—M. Debout relates several cases showing the good results which attend the addition of digitalis to the anti-periodics employed in the treatment of this troublesome affection. He was first induced to employ it from having observed the regularising effect it exerts upon the menstrual function of women submitted to its influence; and afterwards extended its application with advantage to other cases of migraine than those which seemed to be dependent upon, or aggravated by, disorders of this function. His first formula consisted in sulph. quin. 46 grains, pulv. dig. 22 grains, cons. q.s., in 30 pills, one every night. But this was subsequently modified according to the indications in different cases.—*Bull. de Thérap.* tom. lii. p. 114.

*Retention of Urine produced by large Doses of Quinine.*—M. Ségalas has already drawn the attention of Practitioners to the fact, that quinine administered for intermittent fever will sometimes induce cystitis; and in this paper Dr. Brun relates an interesting case, in which large doses of this substance produced retention of urine in a patient suffering

from stricture; and this, joined to other cases which have been published, leads him to caution against employing large doses of quinine, except in very urgent cases, without first inquiring whether some affection of the urinary organs, quiescent or otherwise, exists. On the other hand, M. Serres, of Dax, relates several cases in which the principal means of relieving dysuria and retention of urine consisted in the administration of considerable doses of quinine.—*Bull. de Thérap.* tom. liii. pp. 273, 418.

*Milk Diet in Dropsies.*—Some time since, M. Serre advised the employment of abundant and exclusive milk diet, with or without a raw onion, as almost a specific in anasarca. M. Guinier finds that under certain circumstances it proves an efficacious remedy. He says it is especially adapted to the hyperæsthenic form of dropsy, and is therefore often of, at all events, temporary utility in the dropsies dependent upon Bright's disease.—*Bull. de Thérap.* tom. liii. p. 397.

*Labour impeded by a Calculus.*—M. Monod, called to a case of midwifery, found the head of the child thrusting down the anterior-inferior wall of the uterus upon a tumour, which was evidently constituted by a calculus enveloped by the bladder, and forced into the vagina by the pressure of the head. It was easy to feel that this was a very large mural calculus, and it evidently presented an insurmountable obstacle to delivery. The woman having been brought under the influence of chloroform, an incision was made from before backwards on the projecting portion of the tumour, constituted by the anterior wall of the vagina and *bas-fond* of the bladder. The latter was so closely applied around the calculus that it was impossible to use the forceps; and it was only after long and painful efforts that it could be brought out by the fingers. The os uteri being very dilatable, the forceps were at once applied, and a still-born child was easily delivered. The incision healed completely in two or three weeks, and the woman, since observed, continued quite well.—*Bull. de Thérap.* tom. liii. p. 373.

## GENERAL CORRESPONDENCE.

### NITRO-GLYCERINE.—GLONIN.

[To the Editor of the Medical Times and Gazette.]

SIR,—The extraordinary effects ascribed to glonoin by Mr. Field, in a communication inserted in the *Medical Times and Gazette* of the 20th instant, induced me this morning to undertake a series of experiments, in conjunction with Dr. Harley, of University College, with the view of testing the effects of this agent; and as the subject is one which has attracted some attention, it may be useful to make the Profession acquainted with the results at which we arrived. I leave to Dr. Harley to describe the details of the experiments in his own case, as also of those on a rabbit to which we administered this substance, and shall merely premise that the glonoin which I swallowed was pure glonoin, obtained from Morson's of Southampton-row, diluted with 10 parts of rectified spirit; whilst the glonoin which Dr. Harley took was pure glonoin, obtained from a homœopathic chemist, diluted with 6½ parts of rectified spirit. Eight drops of this latter solution added to 92 drops of rectified spirit would form (so the homœopathic chemist stated) the solution of glonoin known to homœopaths and described by Mr. Field as glonoin of the first dilution. It would contain 1 drop of pure glonoin to 99 of spirit.

Our experiments commenced at 12.45 o'clock, at which time my pulse was 80, and my respirations were eighteen in a minute. I began by taking 2 drops of a solution containing 1 drop of pure glonoin in 99 of rectified spirit—the solution employed by Mr. Field. It was sweet to the taste and warm, and imparted a flavour or odour somewhat resembling chloric ether. In the course of a minute I felt, or fancied that I felt, some fulness in the head, but was not conscious of any other unusual sensation. At four minutes past 1 o'clock I took 2 drops of the solution obtained from Morson's, or in other words, one-sixth of a drop of pure glonoin, which is equal to 17 drops of the solution spoken of by Mr. Field. It was very sweet, and pungently hot to the tongue and throat, giving rise to a burning sensation which lasted several

minutes. At six minutes past one my pulse had risen to 96, and I felt, or fancied that I felt, increased fulness about the head, but without giddiness or confusion of thought. My pupils were not affected, and I did not experience any unusual sensation beyond that just referred to. At 1.15 o'clock I took four more drops of Morson's solution, or in other words, one-third of a drop of pure glonoin, which is equivalent to 33½ drops of Mr. Field's solution. At 1.18 o'clock my pulse was still 96; my respiration remained tranquil; my pupils were unaffected, and I was not conscious of any unusual sensation, except a sense of slight fulness in the head. As no further symptoms occurred, at 1.30 o'clock I swallowed six drops of Morson's solution, or in other words, half a drop of pure glonoin, which is equivalent to fifty drops of Mr. Field's solution. It was intensely hot to the mouth and gullet, rendering it necessary for me to swallow half a glass of water. I felt somewhat nervous; and for a few moments the surface of my body became covered with a clammy perspiration; my pulse intermitted occasionally, and I experienced, or fancied that I did so, an increase of fulness about the head; but my pupils remained unaltered, and in no other respect did I perceive any difference from the effects produced by the former and smaller doses. In a few minutes the nervousness passed off, and at 1.35 o'clock my pulse was 90 and regular. At 1.40 o'clock my pulse was 86, and my respirations were sixteen in a minute. At 1.50 o'clock my pulse had fallen to 80, or the standard at which it was found before the commencement of the experiments.

Thus within the space of one hour I took rather more than one drop of pure glonoin, which is the amount contained in eighty drops of the solution spoken of by Mr. Field. This would appear conclusive as to the fact that whether in weak solution (1 in 100) as employed by the homœopaths, or in a strong solution (1 in 6) glonoin does not produce the effects which have been ascribed to it; and that, contrary to what has been stated by Gmelin and implied by Mr. Field in his recent communication, it may be taken with impunity in considerable quantity. Whether the acceleration of the pulse which was observed in the first instance was attributable to the effect of glonoin, is a question which requires further experiments to determine. My own impression is, that it was purely the effect of the nervousness or excitement resulting from the experiments in which we were engaged, for had it been otherwise it is not probable that the pulse would have fallen to its natural standard within so short a period after taking the larger doses. The fulness in the head may have been attributable in part to the same cause, but some discomfort about the head, not amounting to headache, continued for several hours afterwards, and I cannot help thinking that it is fairly referable to the effect of the glonoin I had taken. I will only add, that for some weeks I had been suffering from slight bronchial irritation, with frequent expectoration of thick mucus, and that since I swallowed the glonoin I have not had occasion to cough or expectorate. I am, &c.

HENRY WM. FULLER, M.D., Cantab, F.R.C.P.

Physician to St. George's Hospital.

13, Manchester-square.

Monday evening, March 29, 1858.

[To the Editor of the Medical Times and Gazette.]

SIR,—In last week's number of your Journal appeared a very interesting communication on the toxic and medicinal properties of the substance to which homœopaths have given the name of glonoin. The author described the effects produced by this substance upon himself and other animals, and, strange to say, the results obtained seemed to indicate that glonoin, although poisonous to man, was yet perfectly innocuous in its effects upon other animals.

The effects so graphically described by Mr. Field are scarcely those one would expect to find produced by so small a quantity of a homœopathic drug; and I must candidly admit, that if all infinitesimal doses are equally potent, my ideas of homœopathy require to undergo a radical change. The abovementioned two drops of liquid were taken from a solution consisting of one drop of glonoin dissolved in ninety-nine drops of rectified spirit; consequently the alarming effects spoken of were produced by only one-fiftieth of a drop of pure glonoin. From another part of the communication of Mr. Field, it would appear that glonoin is a very powerful

poison; but, on reading a little further, we find that animals "appear to be almost unaffected by this drug."

Being unacquainted with any substance whose toxic effects are entirely limited to the human organism, (a) I was naturally anxious to repeat Mr. Field's experiments. Consequently I lost no time in procuring at a homœopathic pharmacy a bottle of glonoine, of the same strength as Mr. Field's. I began by touching my tongue with the cork moistened with the solution; but experiencing no effect beyond that which usually follows the application of alcohol or ether to the tongue, I boldly put a couple of drops in my mouth. At first I felt a kind of sweet and burning sensation, and soon after a sense of fulness in the head, and slight tightness about the throat, without, however, any nausea or faintness. After waiting a minute or two these effects went off, and I could not help thinking that they were partially due to imagination. Determined to give the thing a fair chance, I swallowed five drops more, and as these did not cause any increased uneasiness, I took, in the course of a few minutes, other ten drops of the solution. Being at the time quite alone, I became somewhat alarmed lest I should have taken an over-dose, and very soon my pulse rose to above 100 in the minute. The fulness in the head, and constriction in the throat, I thought was more marked than after the previous dose. In a minute or two, however, my courage returned, and the pulse soon fell to 90. The fulness in the head lasted some time, and was followed by a slight headache. Next day I repeated the experiment upon myself by taking ten-drop doses, and finding no bad effects to result from them, I tried the substance on some of my friends, without saying what sensations might be expected to arise from it; and I may cite the following as a good example of an experiment unaffected by imagination:—

To Dr. von F., a strong, healthy gentleman, aged 26, respirations 28, and pulse 84 in the minute, I gave ten drops of the solution. After waiting five minutes without witnessing any effect, I administered to him other eighteen drops of the glonoine in a little water. In about a quarter of an hour the pulse was noticed to be slower; this, however, was, no doubt, caused by his sitting quite still. The respirations remained as before, and neither fulness in the head nor constriction in the throat was complained of. Upon the tongue of another gentleman (a Medical man) who was equally ignorant of the contents of Mr. Field's communication, I allowed two drops of glonoine to fall; after waiting five minutes without any peculiar sensation being felt, I gave him eighteen drops of the solution, and in five minutes more, as there was still not the slightest effect observable, I again gave him other eighteen drops. The pulse and respirations were carefully watched during a quarter of an hour longer; but as absolutely nothing was either felt or observed, my friend went home. Having been thus unsuccessful in obtaining any decided effects from the employment of glonoine procured at the homœopathic pharmacy, I obtained some of the pure substance from Mr. Morson, in Southampton-row. While standing in Mr. Morson's shop, I took by degrees a drop of the perfectly pure material, and found that, on bringing it in contact with the tongue, it at first gave rise to a sweet flavour, which was rapidly followed, however, by a most disagreeable, acrid, burning sensation. The latter lasted during several minutes. Immediately after I had taken the drop, which was equal to 100 drops of the solution previously employed, I felt my pulse, and found it 106 per minute. I imagined, too, that I felt fulness in the head, and some tightness about the throat; but as these effects gradually passed off in the course of a few minutes, I thought that they were most probably due to fear and imagination.

On the 29th instant I made, in consort with Dr. Fuller of St. George's Hospital, some experiments with two different solutions of glonoine. One contained one drop of glonoine dissolved in ten of spirit; the other, one drop dissolved in six and three-quarters of spirit. As Dr. Fuller will, in a separate letter, describe the effects produced upon himself by glonoine, I shall limit my remarks to a description of my own sensations. At 12.45, my pulse being 80, my respirations 22 per minute, I took of the solution containing one part in six and three-quarters of spirit, a quantity equal to one-sixth of a drop of pure glonoine, which would be equal to sixteen and a-half drops of the solution used by Mr. Field. At one

o'clock my pulse had risen to 90, but the respirations were about the same. I felt some fulness in the head, and slight tightness about the throat. At 1.5 I took one-third of a drop (= thirty-three drops of Field's solution). In three minutes afterwards my pulse was 98. The other effects continued as before. At 1.16 I took another half-drop, (= fifty drops of Field's solution,) and in four minutes afterwards, my attention having been directed to another subject, my pulse had fallen to 94. At 1.30 I took a whole drop of pure glonoine, (= 100 drops of Field's solution,) and in six minutes afterwards my pulse had got up to 106 per minute. None of the other effects were increased. Ten minutes later, when I had become convinced that I ran no risk in thus rapidly augmenting the dose, my pulse fell to 78, while the respirations were 18 per minute. I have, therefore, no hesitation in saying, that the effect upon the heart's action was entirely due to fear. The head and neck sensations, however, I think, are too constant to be attributed to the same cause, although I have no doubt the imagination exaggerates them. During the three-quarters of an hour that this experiment lasted, I had taken altogether a quantity of glonoine equal to 199½ drops of the solution used by Mr. Field, and of which two drops were sufficient to produce in him symptoms of narcotic poisoning.

While Dr. Fuller was with me at University College, we gave in the course of fifteen minutes a quantity of an alcoholic solution of glonoine, equal to three drops of the pure substance, to a small sickly looking rabbit. The animal was kept under observation for more than an hour without any effect being observed.

To a frog we gave at 1.20 some of the solution equal to two-thirds of a drop of pure glonoine. At 1.34 he was noticed to be in a convulsion. This experiment, however, scarcely deserves to be mentioned, as it is impossible to say whether the alcohol or the glonoine induced the tetanic state.

Through the kindness of Mr. Spencer Wells, who gave me a quantity of pure glonoine, prepared by Mr. Squire, I was enabled to perform the following experiments. To a middle sized dog I gave fifteen drops of the undiluted substance, and in three minutes afterwards I gave him other ten drops—in all, a quantity represented by 2500 drops of the solution employed by Mr. Field, and although the animal was most carefully watched during a couple of hours, no effect was detected beyond what was produced in the mouth by the acidity of the drug.

At 11.45 I put two drops of pure glonoine into the mouth of a frog. At 12.7 he was seized with convulsions. The fore-legs were firmly clasped on his breast, and the hind-legs were stretched straight out. The slightest touch or even blowing with the breath upon him was found sufficient to induce a spasm. The tetanic state differed from that produced by strychnia, inasmuch as the spasms were of very short duration, almost instantaneous, and when the animal was left quiet recurred at regular intervals—eighteen in the minute. In about an hour and a half after the administration of the toxic substance, the frog was found flaccid, and nearly dead. When touched, however, slight spasm could still be induced.

To another frog I gave three drops of pure glonoine, and in twelve minutes afterwards he was found convulsed. I watched him for nearly an hour, and he presented symptoms very similar to those already described as occurring in the previous case; the only difference being that he frequently croaked, and occasionally made a sort of screaming noise. I observed that the mucous membrane of the frog's mouth was somewhat inflamed by the drug,

I may mention that the pure glonoine which Mr. Wells gave me, as well as that got at Morson's, is an oily-looking, pale yellowish coloured liquid, soluble in alcohol and ether; and when first mixed with them yields a perfume similar to that arising from mellow apples. It is insoluble in water, in which it sinks to the bottom like chloroform. It has a sweet burning taste, is very slightly volatile, and inflammable.

In conclusion, I have only to remark, that I have experimented upon ten different gentlemen, with glonoine obtained from four different sources, and that I have not seen any dangerous effects follow its employment when given in the before-mentioned doses, but if taken pure great caution should be used. I am, &c. GEORGE HARLEY, M.D.

40, Somerset-st., Portman-sq., March 30

(a) The old notions about hydrocyanic acid not being fatal to hedgehogs, &c., have all proved false.

[To the Editor of the Medical Times and Gazette.]

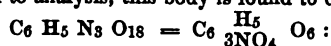
SIR,—I see that some of your correspondents are anxious to know something about phosphate of zinc, and the so-called glonöin, or nitrate of oxide of glycy, both as regards their chemical history, and also the method of preparing them. First, then, with regard to

#### GLONÖIN.

This body was discovered by Sobrero, and described by him in the "Comptes rendus, 24, 247," and was afterwards more minutely examined by Williamson and others. It is prepared by slowly dropping pure glycerine into a mixture of equal parts of strong nitric and sulphuric acids, stirring well after each addition. Three fluid ounces of glycerine to eight of nitric and eight of sulphuric acid is a good proportion. The vessel should be surrounded with pounded ice, and any rise of temperature carefully avoided. After allowing the mixture to stand some time an oil will be found floating on the surface, which must be separated and well washed with water by decantation. The oil should then be dissolved in a small quantity of ether, and the ether allowed to escape by spontaneous evaporation.

The substance thus obtained is a heavy oil, of an amber colour, very slightly soluble in water, but exceedingly so in ether. It has a sweet, pungent, aromatic taste, and when placed on the tongue, even in very small quantity, produces headache, which lasts for several hours. When a small piece of blotting-paper, moistened with a few drops of it, and placed upon a smooth anvil, is struck with a hammer, a violent explosion is produced. If, on the contrary, a little of it on a piece of paper is introduced into the flame of a candle, the combustion takes place quietly. When boiled with aqueous potash, nitroglycerine is decomposed, glycerine and nitrate of potash being formed.

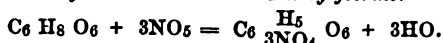
Submitted to analysis, this body is found to consist of



that is to say, it is glycerine in which three equivalents of hydrogen have been replaced by three equivalents of hyp-nitric acid, three equivalents of water being formed at the same time, thus:—

*Glycerine.*

*Nitroglycerine.*



I may mention, that the proper name of this substance is nitroglycerine. The word "glonöin" gives no idea of its nature, and the term "nitrate of oxide of glycy" is quite inadmissible.

#### PHOSPHATE OF ZINC.

Ordinary phosphate of zinc may occur in two forms, either as triphosphate or as diphosphate. If a solution of sulphate of zinc is poured into a solution of phosphate of soda, a fine white crystalline powder is obtained. This is the triphosphate, the composition of which is expressed by the formula:—



If, however, a solution of four parts of crystallized phosphate of soda in thirty-two parts of hot water is poured into a solution of three parts of sulphate of zinc in thirty-two parts of hot water, and the whole allowed to cool, the diphosphate of zinc is deposited in shining laminae.



Both these salts are readily soluble in dilute acids; but the diphosphate dissolves to a greater extent than the other, inasmuch as it already contains more phosphoric acid, and its crystalline form is a guarantee of purity. A fluid ounce of the dilute phosphoric acid of the Pharmacopœia dissolves 40 grains of the diphosphate; and in this solution both the acid taste of the phosphoric acid and the styptic taste of the zinc are singularly modified and diminished. It would be, I think, an agreeable form for administration.

I am, &c. W. STEVENS SQUIRE, Ph. D. F.C.S.

277, Oxford-street, March 30.

#### A FICTITIOUS DIPLOMA.

[To the Editor of the Medical Times and Gazette.]

SIR,—I was gratified to find the University of St. Andrews had "requested" Dr. Day to "make public a gross attempt

at fraud" in one Thomas O'Grady, "falsely claiming to be a graduate" of their ancient University.

I can sympathise with the idea the learned Professor apparently entertains, that to "make public" such conduct might shame the evil-doer; and in the case of honest men publicity is doubtless a terrible punishment for any rash or foolish action; but I cannot for one moment imagine that the mere "exposure" is any punishment to one so abandoned as to make this nefarious "attempt." On the contrary, if all there is to fear from such conduct be an "exposure" in the columns of the *Medical Times and Gazette*, there are many who would readily commit the fraud and scorn the consequence. Now the law places in the hands of the Senate a remedy which is far more likely to instil a wholesome fear; and I trust Dr. Day will urge upon the Senate its manifest duty, to take proceedings against the delinquent, both for the sake of protecting the graduates and deterring from a repetition of the misdemeanour, or forgery, whichever the law may pronounce it.

Allow me also to suggest another mode of preventing future attempts, or at least rendering them less likely to succeed, viz. by giving greater publicity to the names of graduates and the proceedings of the University. The present "Calendar" I consider a disgrace to its compilers; being a mere list of officials, followed by the list of graduates, and one or two specimens of "examination papers" of the Faculty of Medicine, but not one of either of the other faculties. For this "Calendar" the price is three shillings, while the "Catalogue of the College of Surgeons" may be had for one shilling, with ten times the amount of letterpress. If Dr. Day will compare his Calendar with that of the London University he will at once see the superiority of the latter.

It is generally understood that a University Calendar should contain full information respecting the University regulations and government, its officers and Professors, so set forth as to be easily understood; also a list of all Graduates in Divinity, Medicine, Arts, and Laws, as well as a good supply of examination papers in all these Faculties, as well as an account of the prizes. If the Senate think well to issue a new Calendar, it should contain all the papers of the several Faculties for the last ten years or more, whether for graduation, honours, or prizes. Published at a low price, it would be extensively seen, and would apprise the public of the many improvements and the gradual progress to its present high standing of this venerable seat of learning. It should be issued simultaneously in St. Andrews, London, Edinburgh, and Dublin, and inserted in the catalogues of the four publishers.

Mr. Churchill would, no doubt, aid the University in so laudable an effort; and even if not quite a paying concern, the pecuniary loss would be more than compensated by its circulation.

Lastly, let the other Faculties be as well managed as that of Medicine. Degrees in Divinity, Arts, and Laws should be as accessible as in Medicine; but, after most carefully searching the present Calendar, I cannot find out how to proceed to obtain them.

I am, &c.

A ST. ANDREWS GRADUATE.

#### BUTCHER'S SAW.

[To the Editor of the Medical Times and Gazette.]

SIR,—May I request you will insert the following observations in reply to a letter which appeared in the last number of the *Medical Times*, relative to "Butcher's Saw." The gentleman who has thought fit to assail my claim to originality in a former number of your Journal, has the candour at least now to admit that "the artist's saw now adopted by Mr. Butcher is not the same as that invented by Mr. Graham." Shortly, Sir, after the invention of my saw, numerous modifications, as conceived improvements, were suggested; and first I shall notice the instrument depicted in Mr. Druitt's admirable Surgery.

The following letter from Messrs. Fannin and Co., the celebrated surgical instrument-makers in this city, will I conceive be very conclusive as to the source from which this modification issued:—

"41, Grafton-street, March 14, 1858.

"Sir,—In answer to your inquiries respecting the saw bearing your name, we perfectly remember giving Mr. Hutch-

neon of Sheffield an order for it, with certain modifications, which we thought would make it suitable to fit in an amputating case. He then suggested the alterations as they appear figured in Druitt's Vade Mecum, and sent us one in a rough state for approval. This we remember showing to you, when you declined to adopt the change as yours; notwithstanding we gave the order for it in the altered shape. Bearing so close a resemblance to yours, it has ever since borne your name. Neither do we remember having seen any saw like it used for Surgical purposes.

"To Dr. Butcher."

"We are, Sir, yours, &c.

"J. FANNIN AND CO."

Now, Sir, I am aware that Mr. Hutchinson supplied many houses in London with this saw; that represented in Druitt bears Mr. Coxeter's name, and must, to say the least, have been copied accurately from Mr. Hutchinson of Sheffield's pattern. A simple inspection of the instrument will prove this. In a note Mr. Druitt says, "The saw depicted above differs in some respects from that described by Mr. Butcher in the *Dublin Medical Journal*, Feb. 1855." Messrs. Fannin and Co. assert, that "bearing so close a resemblance to my saw, the instrument has ever since borne my name." The discrepancy as to name, occurring in the text and index of Druitt, is clearly the result of typographical error. Now, Sir, it is stated in the letter which has called forth these remarks, "the under-woodcut is an exact representation of the saw presented by Mr. Graham in 1831-2 to Professor Dr. Laurie of this city, and the saw itself I forward to you, Mr. Editor, for the fullest inspection." It will be at once seen that *this woodcut* has been traced from the opposite side of that represented in Druitt, and therefore from Mr. Hutchinson's pattern. There is, however, some ingenuity shown in the construction of the upper bar, for in the tracing, by particular desire I suppose, the ornamentation at either side of the screw has been omitted.

The saw, Sir, which has been forwarded to you, is *the same* as that which had been planned in Messrs. Fannin's establishment by the proprietor and Mr. Hutchinson—the *same* as that represented in Mr. Druitt's Surgery, and sold with Coxeter's name. Now, Sir, examine the instrument, and you will find, as the woodcut expresses, that the ends of the blade are not sharp, as I have advised them to be; that there is no mode of detaching the blade, (a) as I have insisted on, for passing behind bones, and as I have depicted in the representation of my saw.

With humility I ask the question, who has drawn the attention of the Profession to the practical utility of the instrument? Has Dr. Laurie or any other gentleman in the Profession written about or alluded to the instrument? Immediately after my invention of the instrument several modifications of it were made, in addition to that just detailed. As Mr. Druitt says, "Mr. Weiss has another modification of it suggested by Mr. Busk." And Messrs. Bigg and Milliken constructed another, and there are others likewise. Before it became so generally adopted, I had proved its value in many amputations—at the shoulder, the arm, the forearm, and the hand; near the hip, the thigh, the leg, in Syme's and Pirogoff's operations at the ankle-joint and the foot: in frequent resections of the knee, the elbow, and the wrist-joints, as likewise at the metacarpal and metatarsal articulations. Not until I had demonstrated the practical utility of the saw which I had invented do we find any notice of the various modifications of it which quickly came into the market. I consider the instrument which I first invented, figured, and wrote about as superior to every other, and continue to use it in preference to any.

I maintain then, Sir, that I am entitled to the originality of the instrument, in all the particulars to which I have adverted in my several communications. I have been thus compelled, Sir, in order to establish my rightful claims, to enter into a correspondence which otherwise I should have shrunk from; but the step which I have taken was due unto myself and to the right decision of the Profession, to which I fearlessly appeal.

Feeling deeply obliged for the space which you have allotted to me, I beg to decline any further correspondence with Mr. Hilliard, the instrument-maker; but if any member of

(a) Mr. Butcher is mistaken here. The blade can be easily detached.—Ed.

the Medical Profession wishes for any further discussion on the subject, I shall be happy to enter into any additional explanation that may be deemed necessary.

I am, &c.

RICHARD G. H. BUTCHER.

19, Fitzwilliam-street, Merrion-square,  
Dublin, March 15, 1858.

### PROLAPSUS UTERI.—PERINEO-PLASTIC SURGERY.

[To the Editor of the Medical Times and Gazette.]

SIR,—In reference to a letter from Dr. Savage, which appeared in your Journal of the 20th ultimo, I beg simply to remark that I have been as scrupulously careful as it has been possible for me to be; having applied directly, or indirectly, to every patient whom I could trace, in private or public practice: but unfortunately, contemporaneously with the painful attack which was made upon me by a late House-Surgeon in charge of my cases at St. Mary's Hospital, two of my case-books, containing cases of three years, disappeared; and although I have taken every means to recover them, I have not up to the present moment succeeded in doing so. The Profession will therefore see that I have no power to give further or fuller details.

I am, &c.

17, Connaught-square, Hyde-park. J. BAKER BROWN.

### THE LATE DR. SCHÆPF MEREL.

THIS eminent Physician expired at his residence, Oxford-street, Manchester, on the 12th inst., in the 54th year of his age.

Brief as was the period of Dr. Merel's sojourn in this country, his loss will be deeply lamented by many sincere friends, and not a few ardent admirers among literary and scientific men, both in his adopted city and in places remote from the sphere of his daily avocations. On the Continent, where his scientific merits were well known and appreciated, the event of his death will be deemed a calamity to the branch of science in the cultivation of which he was more immediately engaged.

He was cut off, it may be truly said, in the prime of life; for, although in his 54th year, his physical energies and mental activity were equal to those of one many years younger. His health had been in an unsatisfactory state for several months previous to his last illness. In the autumn of the past year, when complaining of faulty digestion, and the necessity of a carefully regulated hygiene, his Medical adviser recommended him to spend a few weeks in the country, believing, from a manifest change in his complexion, tint, that his biliary functions were deranged. This phenomenon, however, the patient asserted, was attributable to over-exertion and loss of rest, as he had not naturally the bilious temperament. After a shooting excursion of three weeks in Scotland, he returned in improved health and spirits, and continued to discharge his duties with his usual energy, and but little complaining, until within six weeks of his decease. His restlessness at night had for a length of time been remarkable. Possessing a constitution and temperament of a type requiring but little sleep comparatively, the need of this natural restorative seemed to have almost fled, as he declared during his illness that in the course of the past winter he did not remember to have fallen into a state of unconsciousness during any one night, although he rose in the morning not unrefreshed. His custom was to retire late to rest—one, two, or three hours after midnight—and to rise early. But latterly, while in bed and apparently soundly sleeping, he was fully conscious of everything passing on around or near him, and could rouse himself at any moment. His mind did not cease to be active during this imperfect repose, ever dwelling upon what had engaged him during the day, and arranging plans for the future. It seems never to have occurred to him that this state of insomnia might owe its existence to physical malady, but was attributed invariably to moral agencies.

At the beginning of February he complained of rheumatic pains around the lower region of the chest, shooting upwards in the direction of the shoulders and arms, with occasional embarrassment in breathing. These symptoms were referred

both by himself and his Medical adviser, to diaphragmatic rheumatism, and treated accordingly. In the second week of February his health was still sufficiently firm to enable him to make a journey to London; and it appears to have been during this journey that the first indications of hepatic disease presented themselves in decided form, as he states in a letter written after his return to Manchester, to Dr. Keith of Edinburgh, and dated February 16:—"I have, for the first time, felt severe intestinal and hepatic neuralgia from the east winds, and have suffered much in the railway carriage." The treatment by means of quinine and small doses of morphine, prescribed some time previously, had been thus far continued with apparent benefit, but soon ceased to afford relief, and the pain and debility increasing, he was induced to remain indoors.

On the 23rd of February, seventeen days before death, he remained for the first time in bed, having on the previous evening discovered the existence of an unusual fulness of the epigastrium, which region, on examination, was found occupied by an unyielding tumefaction, reaching downwards as low as the umbilicus, and having a lateral extent of at least ten inches. The most prominent part of this tumour presented itself in the subternal arch; its surface was smooth over its entire extent, was very hard and resistant, and slightly tender under pressure.

Willing to believe at the time that the tumefaction consisted in a form of chronic inflammation, with persistent hypertrophy of the liver, antiphlogistic measures were employed—leeching, cupping, and vesication, with the internal administration of calomel. The treatment was soon followed by free bilious evacuations, and, during one day, by bilious vomiting. No mitigation of symptoms having ensued, however, the tumefaction remaining unaltered, it was suggested that there might be abscess, either in the liver or between it and the diaphragm, or possibly thoracic effusion. After careful auscultatory inquiry, however, the chest was believed to be perfectly normal, and on manipulating, during a sustained inspiration, fluctuation could not be detected. The presence of serous cysts or of hydatids seemed to be out of the question; and the probability of its being cirrhosis was also discountenanced by every physical and etiological argument which could be brought to bear on the diagnosis. It was at this juncture—twelve days before dissolution—that the inevitable and most painful conviction seized him, as it had previously done his Medical friend, that the disease was of malignant nature. During this, the last deliberate examination that was made, he listened anxiously to every sound elicited by percussion, and repeated some of the manipulations himself. When the possibility of malignancy was mentioned, he said that was just what he began to suspect, and settling himself down with closed eyes, expressed a wish to be left alone for a time.

Besides these negative evidences, there were others of a positive character which predicated the existence of cancer. He had frequent eructations, sometimes vomitings, of viscid phlegm mixed with black grumous spots, of a peculiarly offensive odour; the cutaneous transpiration was clammy and offensive; the urine was loaded with phosphates; the complexion of the skin, over the whole body, was of the dusky sallowness peculiar to malignancy; and the muscular and adipose tissues became rapidly attenuated.

He received the intelligence respecting the nature of his malady with firmness and resignation, as might have been anticipated; and on its being stated that it might possibly be otherwise, he shook his head doubtfully and said he was sure the diagnosis was correct. He had no fears about the change which, he believed, was inevitable, and not far distant, nor did he trouble himself afterwards about worldly matters.

He had no relish for food in any shape, and gradually declined, like one sinking from starvation. Death stole over him like tranquil slumber, without a struggle or any manifestation of suffering.

The *post-mortem* section, performed twenty-two hours after death in the presence of five medical gentlemen, revealed the correctness of the diagnosis. The liver was about twice its normal size. It was occupied throughout by encephaloid deposit,—in some places single, in others grouped; of dimensions of from the size of a pea to that of a large walnut. The smaller deposits were cheesy in consistency, but the larger ones hard and fibrous, the fibres radiating from a homogeneous semi-transparent centre, of still firmer consistency. The only portion of the organ not thus occupied, was the

lower part of the right lobe, which was extremely friable, very dark in colour, and coarsely granular.

He was interred on Tuesday the 16th; and although his funeral was intended to be strictly private, a considerable number of gentlemen, with a long line of private carriages, attended, without invitation, to follow his remains to their resting-place.

Dr. Merai was born in April 1804, at Raab, near Comorn in Hungary. His father, descended of a respectable German family, was a prosperous merchant and a man of literary attainments; his untimely end was accomplished by violence, having been decoyed and assassinated by a pretended friend for the purpose of robbery. The son's rudimentary instruction was received at a seminary in his native town, and he was remarkable for quickness and intellectual precocity. His Medical career commenced at the University of Pavia, where he first graduated. He afterwards studied at Heidelberg, Vienna, and Pesth, of which Universities also he possessed diplomas. He was Licentiate of the Royal College of Physicians of London, and member of many learned societies. From an early period he obtained the favourable notice and lasting intimacy of several men of the highest repute in the literary and scientific world, amongst whom was the celebrated Skoda, whose friendship and distinguished esteem he retained to the end of his days.

After commencing practice at Pesth he rapidly rose to distinction. A professional friend, Dr. George Keith of Edinburgh, who knew him at this period, and received his instructions, writes thus:—"When I first knew Dr. Merai in Pesth in 1839, he was Director of the Children's Hospital, Professor of the History of Medicine in the University, and editor of the only Hungarian Journal. He was then also in excellent practice, and I certainly looked upon him as the first Medical man in Pesth; though, from belonging to the popular political party, he was not, I believe, looked upon with favour at Court. I know, however, that his services were afterwards demanded by members of the Imperial family, as he attended throughout a long illness the Archduchess M., who became his warmest patroness."

About the year 1835 he founded the Children's Hospital of Pesth, one of the first of the kind in Europe; the only others in existence at that time being one at Paris, one at St. Petersburg, and one at Vienna. Into the organization of this establishment he introduced those broad principles of scientific inquiry which soon made it pre-eminent in its benevolent purposes and scientific efficiency. Of this institution he was directing physician from the period of its foundation to the time of his expatriation in 1849.

Dr. Merai's attainments in general literature were varied and extensive. His knowledge of languages might, in a measure, account for this. He was able to speak and write Latin with a facility equal to that of his native tongue, and with almost every European language he was equally familiar. The quality of his mind was eminently reflective; and, although fond of demonstration, he rarely ventured an opinion except upon facts revealed evidently to the senses. He was anxious to generalise, but would never do this but upon overwhelming and incontrovertible evidence,—so that every statement and every truth propounded by him was sure to have been maturely weighed and tested beforehand.

His manner was always that of a polished gentleman—kind, considerate, communicative without reserve, and studious to avoid the infliction of a wound upon the feelings of any, however widely differing from him in creed or opinion. Towards his patients of the poorest class who paid him nothing, this trait of character was especially noticeable; and he was always more considerate and conceding towards this class—endeavouring, while administering to their material wants, to improve their moral tone—than towards the wealthy.

During the political disturbances of 1848-9, having, unfortunately for himself, linked his fate inextricably with that of the revolutionary party, he abandoned his position and prospects in Pesth to accompany and relieve the insurgents through their disastrous campaign. He was present, with his wife and children, at the affair of Szegedin, and afterwards during the 107 days' siege of Temesvár, where want and disease thinned their numbers fearfully. During the latter part of this contest cholera was raging among them in its most virulent form, his wife, Madame Merai, being one of its early victims.



On the relief of Tamesvar by the Imperial troops under the command of Haynau, he escaped with his children to the Turkish frontier town of Widden, thence to Constantinople, where he, with others, was for some months detained. In this hurried flight he lost the whole of his available property and valuable effects, and his possessions in Pesth were confiscated. Among his losses, what he ever seemed most to regret were his note-books, containing an abundance of facts which he had industriously accumulated on the subject of children's diseases, both in public and private practice, during all the years he had been so actively employed. It is to be hoped, for the cause of science, that these records may hereafter come to light.

The writer may be pardoned for recording his deep sense of the loss which he personally, and which the needy and afflicted especially, have sustained in the premature removal of one so truly amiable, truthful, and intellectual, and whose labours were calculated to prove really beneficial both to science and humanity.

Manchester, March 26, 1858.

W.

## MEDICAL NEWS.

**ROYAL COLLEGE OF PHYSICIANS.**—At the Comitia Majora Ordinaria, held March 29th, 1858, the following Gentlemen, having undergone the necessary examinations, were admitted Licentiates of the College:—

BUCHANAN, GEORGE, M.D.  
CHILD, GILBERT W., M.B.  
GUENEAU DE MUSSY, HENRY, M.D.  
REES, JOHN, M.D.  
SANKY, W. H. OCTAVIUS, M.D.

Also, on the 26th, at a meeting of the Elects, the following were admitted Extra-Licentiates:—

HILLIARD, GEORGE RICHARD, M.R.C.S.  
ROBERTSON, W. TINDAL, M.D.

**ROYAL COLLEGE OF SURGEONS.**—The following Gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 26th inst. viz.:—

BARRETT, JAMES, Banbury, Oxon.  
BEDFORD, ROBERT JAMES, Sleaford, Lincolnshire.  
BROAD, JAMES, Stoke Newington.  
BROOKE, THOMAS THORNILEY, Stockport, Cheshire.  
FALWASSER, FRANCIS, Sherborne, Dorset.  
GARNEYS, THOMAS, Bungay, Suffolk.  
HALLOWES, FREDERIC BLACKWOOD, Canterbury.  
HEWLETT, THOMAS, Army.  
HUGHES, THOMAS HUNTER, Pwllheli, Carnarvonshire.  
HUNT, WILLIAM JAMES, Hinton Blewett, Bristol.  
KING, EDWARD PENDRILL, Chepstow, Monmouthshire.  
MAJOR, HARRY PIKE, Hungerford, Berks.  
MOSELY, ALEXANDER, Grosvenor-street, Grosvenor-sq.  
PEART, ROBERT SEPTIMUS, North Shields.  
PHILIPSON, GEORGE HARE, Newcastle-on-Tyne.  
RYATT, FREDERICK ELLIOTT, Newbury, Berkshire.  
TUCKWELL, HENRY MATTHEWS, Oxford.  
WILLIAMSON, JOHN NEWBY, Bothel, Cumberland.

Also, on the 29th inst.:—

BANNING, ROBERT JOSEPH, Fairfield, near Liverpool.  
BOUFFLOWER, JOHN, Army.  
CRANSWICK, WILLIAM NOAD, Merchant Service.  
DAKERS, WILLIAM HENRY PHILIP, Herne Bay.  
GARNHAM, RICHARD WILLIAM, Upper Holloway.  
HARPER, FREDERICK LUTHER, Aldenham-street, Somers-town.  
HARVEY, HENRY OFFLEY, Hailsham, Sussex.  
HICKMAN, WILLIAM, Brixton.  
JONES, EVAN, Hendreforgan, Swansea.  
NOEL, ANGE FERDINAND RENE, Mauritius.  
PRINCE, ARTHUR, Hartow-road.

**APOTHECARIES' HALL.**—Names of Gentlemen who passed their Examination in the Science and Practice of Medicine,

and received Certificates to Practise, on Thursday, March 25, 1858:—

ALLEN, WILLIAM EDWARD, York.  
BERRY, WILLIAM, Holmfrith.  
BROOKE, THOMAS THORNILEY, Stockport.  
GRIGO, JOSEPH COLLINGS, Exeter.  
MAJOR, HARRY PIKE, Hungerford, Berks.  
NUSSEY, THOMAS JOHN HARTLEY, Cleveland-row, St. James's.  
PEART, ROBERT SEPTIMUS, North Shields.  
PENISTON, JOHN, Worcester.  
SPRY, GEORGE FREDERICK, Cheltenham.

## DEATHS.

**DARBY.**—At Lucknow, aged 24, Edward Darby, M.D., 10th Oude Irregular Infantry, eldest son of Sydney Hudson Darby, Esq., of Tienga, Bandorah River, Australia. He was wounded by a shell, and died shortly after, in November 1857.

**FOOTE.**—On the 25th inst., at 36, Tavistock-street, Strand, John Foote, Esq., Surgeon, after a long and severe illness, in the 47th year of his age.

**HART.**—On the 24th inst., at his residence, 15, Union-street East, Spitalfields, aged 45, William Benedict Hart, Esq., Senior Medical officer to the Whitechapel Union.

**MORRIS.**—At Delhi, on the 13th January, in the 32nd year of his age, William Gardiner Morris, M.D., son of the late J. Pemberton Morris of Bolton, Pennsylvania, U.S., and grandson of the late Rev. Dr. Gardiner of Edinburgh.

**WALKER.**—March 9, at Orchard House, Teignmouth, Edward Dering Walker, Esq., M.D.

**WATT.**—Suddenly, at 15, Lansdowne-crescent, Glasgow, on the 22nd inst., Peter Fullarton Watt, Esq., M.D., late of Demerara.

## APPOINTMENTS.

The Queen has been pleased to appoint William Lawrence, Esq., F.R.S., to be one of Her Majesty's Sergeant-Surgeons in Ordinary, in the room of Benjamin Travers, Esq., deceased.

**THE LATE DR. ROLPH'S FAMILY.**—Additional subscriptions received at the *Medical Times and Gazette* office:—

Edward Ambler, Esq.	£1 1 0
Henry Sterry, Esq.	1 1 0
Thomas S. Upton, Esq.	10 0

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY.**—The following gentlemen will be balloted for as Fellows of the Society, on Tuesday evening, April 13th, 1858:—William Chapman Begley, Teofilo de Lima, Edward Stephens, and J. F. Streetfield. The ballot will be opened at half-past seven o'clock, and will close at half-past eight precisely.

**SHIPS OF WAR FOR HOSPITALS.**—In consequence of the number of troops now in the Hospitals at Chatham, and the expectation of a very large arrival of invalid troops from India in the month of April next, the Board of Ordnance made application to the Lord Commissioners of the Admiralty for assistance, in granting the use of a large class war ship; their lordships very readily offered the Powerful, 84, and the Superb 80; both ships are immediately to be taken up and fitted for the accommodation of 800 men.

**M. GROUX AT MANCHESTER.**—On Thursday there was a numerous gathering of the Medical Profession of Manchester at the Royal Institution, on the occasion of a visit by Mons. Groux, the subject of a congenital fissure of the sternum, so fully described in our last volume. Mr. Thomas Turner presided. M. Groux afforded the Medical gentlemen an opportunity of making their observations upon his chest. By means of Dr. Alison's sphygmoscope, by delicate flexible stethoscopes, and by feathers made to adhere over the fissure, M. Groux demonstrated the correctness of the explanations generally offered of the phenomena which his case presents. The pulsations in the right auricle were very distinctly visible, and were found to be perfectly simultaneous with the pulse at the wrist.

THERE was a concert a day or two since in the Austrian State Lunatic Asylum, and Staudigl, the once celebrated singer, sang the "Chapel in the Wood," by Schubert, to the great delight of his fellow-patients.

**CASE OF GASTROTOMY.**—The operation of opening the stomach with the view to establish a fistula in order to the introduction of food, was performed the other day at Guy's. We hope to give its details next week. The patient was a man, under Dr. Habershon's care, on account of cancer of the œsophagus, which prevented him from swallowing, and also rendered it almost impracticable to employ the tube. The operation was performed by Mr. Cooper Forster, on Friday last. The poor fellow, who was already in the last stage of inanition, sank on the third day.

**MR. TUCKER'S ANTICIPATED ELECTION AS A PENSIONER OF THE ROYAL MEDICAL BENEVOLENT COLLEGE.**—Mr. Tucker, the founder of the Epidemiological Society, has, we are glad to say, in great measure recovered from the calamitous disorder with which he had for some time been afflicted. But his advanced years (67), and the broken state of his constitution, preclude all hope of his ever again returning to practice. A Committee, consisting of Dr. Babington, 31, George-street, Hanover-square, W.; Dr. Camps, 40, Park-street, Grosvenor-square, W.; Mr. Hunt, 23, Alfred-place, Bedford-square, W. C.; Dr. McWilliam, 14, Trinity-square, Tower-hill, E. C., and others, has, therefore, been for some time engaged in raising, by subscription, a sum sufficient to purchase a small annuity, so as to enable Mr. Tucker to enjoy the quiet and comforts of the Asylum of the Royal Medical Benevolent College during the remaining years of his life. The members of the Committee earnestly beg the assistance of their brethren and others, who are subscribers to the Institution, in securing Mr. Tucker's election as a pensioner in May next. For that purpose the members will gratefully receive proxies in aid of their benevolent object.

**INFLAMMATORY AND OBSTRUCTIVE DISEASES OF THE CÆCUM.**—Dr. W. R. Rogers has recently brought before the Medical Society of London, a paper, to show that the cæcum may be the seat of fatal diseases, without any other part of the digestive tube being implicated. It is the viscus in which the last act of digestion is performed, secreting an acid, albuminous, and solvent fluid, and pouring out of its numerous follicles an unctuous and oily material with hydrosulphuretted gases, to be eliminated from the economy, being, like the lungs, kidney, and skin, a depurating organ. When costiveness exists, these excretions may be reabsorbed and contaminate the blood. The symptoms of inflammation of the cæcum may begin mildly, and gradually proceed to greater intensity, or they may in excitable subjects be violent from the onset. There is but little febrile disturbance compared with the local pain and suffering, less anxiety of countenance than in enteritis, pulse not so small or much quickened at the commencement; there is great tension and tenderness over the cæcum, so that the least pressure cannot be borne; there are no rigors, the pain constant, does not intermit, and its area goes on increasing till the whole abdomen is involved, but the ileo-inguinal region is always the most tender part. There is obstinate costiveness, and later sickness and vomiting, especially when drastic purgatives have been persevered in. Patients when suffering from these acute diseases, will lie on the back, inclined to the right side, body bent, thigh drawn up; the countenance has not the anxious aspect of enteritis. If neglected or wrongly treated, the abdomen becomes tense and tympanitic, and general enteritis or peritonitis may supervene. Should the appendix be inflamed, all the symptoms are more acute and likely to terminate fatally. In the progress of these diseases, adhesions are often formed in its interior or to other parts, and the cellular tissue around may inflame, suppurate, and give rise to abscess. These inflammations may terminate either in resolution, ulceration, perforation, and abscess, which may tend upwards or downwards and require to be opened; they may open externally or find their way into other parts of the intestinal canal, the patient recovering, or may die worn out by the discharge. Should the ulceration open into the peritoneum, without adhesion to the abdominal walls taking place, peritonitis of a diffused and fatal nature will be set up, as in one of the cases related by the author. This termination is fortunately rare, though not uncommon in typhoid and dysenteric fevers. The author in the acute cases advises

leeching, fomentations, soft warm poultices, mild effervescing aperients, and large bland enemata, sometimes with castor oil and turpentine; if these means fail, calomel and opium, or opium alone, but all drastic purgatives are to be avoided. The careful and repeated use of O'Beirne's tube has been of essential service, and has often alone cured cases of simple obstruction and constipation that had resisted other treatment. The author thinks the use of this instrument is much neglected, and lays great stress on cautions dieting, which should be for a long time of the most simple and bland form, arrow-root, rice, milk, and eggs, subsequently beef tea and jellies. In chronic inflammation the author relies on blisters, iodine liniments, and saline aperients, with strict attention to dietetic rules.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, March 27, 1858.

### BIRTHS.

Births of Boys, 1000; Girls, 924; Total, 1924.

Average of 10 corresponding weeks, 1848-57, 1615.

### DEATHS.

	Males.	Females	Total.
Deaths during the week ... ..	647	621	1268
Average of the ten years 1848-57 ...	616.5	600.4	1216.9
Average corrected to increased population ...	...	...	1359
Deaths of people above 60 ... ..	1	4	5
Deaths in 15 General Hospitals ... ..	39	25	64

### DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hoop- ing-Cough.	Dis- sentery.	Ty- phus.
West ....	376,427	1	7	7	18	1	7
North ....	490,396	2	10	5	9	3	2
Central ...	398,256	..	12	1	15	1	4
East ....	485,522	..	13	7	18	4	7
South ....	616,685	..	8	9	12	3	6
Total ...	2,367,286	3	50	29	72	12	...

### METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer ... ..	30.190 in.
Mean temperature ... ..	46.6
Highest point of thermometer ... ..	68.7
Lowest point of thermometer ... ..	31.1
Mean dew-point temperature ... ..	37.8
General direction of wind ... ..	Variable
Whole amount of rain in the week ... ..	0.00 in.
Amount of horizontal movement of air in the week ...	140 miles

### BOOKS RECEIVED.

- Dislocations and Fractures. By Joseph MacLise, F.R.C.S. Fasciculus III. London: 1858.
- A Catechism of Chemistry. By the Rev. J. W. Neat, M.A. London: 1858.
- Evil Results of Over-feeding Cattle. By F. J. Gant. London: 1858.
- Madeline. By Historicus. Glasgow: 1858.
- On Excision of the Os Calcis. By T. M. Greenhow, M.D. F.R.C.S. London and Newcastle: 1858.
- The Sanitary Condition of Jamaica. Kingston: 1858.
- Report on the International Statistical Congress at Vienna in 1857. By W. Farr, M.D. F.R.S. London: 1858.
- Report on the Sanitary State of Hackney District. By J. W. Tripe, M.D. London: 1858.

### TO CORRESPONDENTS.

Ozone.—Miller's Chemistry, price £2 6s. 6d.

Mr. Eaker Brown's cases of Vesico-Vaginal Fistula are unavoidably delayed until next week.

Dr. Rigby's paper on the "Squatting Uterus" is in type.

Mr. Field will see that the publication of his letter was unnecessary after the full particulars given by Dr. Squire.

Mr. Page's paper, "On some Affections of the Urinary Bladder and Urethra," shall appear next week.

A *Quæst-Mater's* letter shall be published if he will append his name to his communication.

Mr. Smith's (*Southam*) letter arrived too late for insertion this week.

*Chirurgicus* (*Edinburgh*).—The details of the arrangement as to the Clinical Chair between Messrs Russell, Syme, and Liston, are very amusing, but are scarcely adapted to these columns.

Mr. Bastick's paper on the Chemistry of Caustics shall appear next week.

ERRATUM.—Page 321, col. 1, line 26, for eight inches, read one inch.

#### CHLORO DYNE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Being somewhat interested in the "Chlorodyne Discussion," allow me to ask, "Who is Dr. J. Collis Brown?" Let him come forth (if he is, as stated, a Medical Officer in Her Majesty's service) to do battle for the "Incomparable Chlorodyne;" and, if he possesses the wonderful properties enumerated in Mr. Davenport's advertisement, he need not be ashamed. Will Dr. Collis Brown disprove satisfactorily and clearly that Dr. Medlock's and Dr. Horsley's analysis are not near the mark?

I am, &c.

EUPHIDES.

#### BLEEDING IN ARMY MEDICAL PRACTICE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your impression of March 13th I have observed a letter from the inquiring pen of Dr. W. O. Markham, under the title of "Bleeding in Army Medical Practice." I conclude this gentleman must be one who for many years past has been out of the way of knowing the revolutions produced by scientific researches in the action of remedies, and the inherent power of the "vis medicatrix nature" in the cure of disease. The "darkness" which he presumes to apply to the Profession generally, with reference to the medical treatment of the soldier when attacked by acute diseases, I should hope can only exist in his own distorted imagination, and such errors I would beg to remind him are often the result of "curious examinations," similar, probably, to his admitted style of examination into the case of the magnificent-looking Guardsman, whose case he was permitted to witness. The mortality from pulmonary diseases among the Guards stationed in the metropolis is, unfortunately, very high; but the Medical officers have the satisfaction of knowing that it is probably to be attributed to causes over which neither they nor their commanding officers can in any way whatever be held responsible for.

Torquay, Devon,

I am, &c.

JOHN WYATT,

March 29th. Battalion-Surgeon, Coldstream Guards.

#### DIPHTHERITIC CROUP.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Will you allow me to ask those of your readers whose opportunities may have qualified them to form conclusions as to the following points: What has been their experience with regard to the best remedies for diphtherite? the most successful, or rather the least unsuccessful, treatment of diphtheritic croup? and the results of tracheotomy in this disease? As the disease is so prevalent and fatal at the present time, it is desirable to bring the light of accumulated professional experience to bear upon it. My own observation as to the treatment of diphtheritic croup has been that, however carefully it may have been adapted to the constitutional and local conditions of individual cases, it has been very unsatisfactory, whatever may have been the special means used. I have lately seen two deaths of strong and healthy children in one family from this disease, which commenced in the throat, and after a few days extended to the larynx, and was then rapidly fatal.

March 29, 1858.

I am, &c. M.D.

#### ANATOMY ACT.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In reviewing your number for the 16th January, 1858, I find in it an article complaining of the manner in which the Anatomy Act is wrought in London, and in the examples adduced as to the working of it in other countries, I was very much surprised to find that you entirely overlooked the existence of the Glasgow Medical schools, which schools, I can safely say from my own experience, are superiorly supplied to that of any others in Great Britain or Ireland.

Certainly I acknowledge the liberal supply which the Dublin school receive, as I have had an opportunity of witnessing it, but as to Edinburgh being adduced as an example, I am somewhat astonished. I have the pleasure of being acquainted with several students who studied their first two years in either of the Edinburgh schools, but who came here in their third year to study for the sole purpose of dissections, and from what I have heard them say I think that I am fully justified in concluding that the supply of subjects at the Edinburgh schools is very deficient indeed.

But when I consider that the Glasgow schools only used one-fourth of the subjects proffered to them last winter, and that this winter they have used about one-half,—not that the latter arose from any diminished supply of subjects, but from the increased demand for them owing to the number of students in attendance having increased considerably this winter,—I think that I am fully warranted in writing to you in favour of the Medical schools of this city.

March 23, 1858.

I am, &c. JOHN MARTIN.

STUDENT OF MEDICINE, GLASGOW.

#### CASE OF CONVULSIONS IN AN INFANT FROM OVERFEEDING—RECOVERY.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—You will oblige me by giving insertion to the following interesting case:—A child, 13 months old, was attacked with symptoms of convulsions,—viz., startings, catchings, impeded respiration, etc. etc. Seven teeth had been cut with the greatest ease, but as an eighth tooth was due, and no other cause could be assigned for the above symptoms, they were attributed to the effects of some pressure on the brain from teething; accordingly a warm bath was ordered, into which the child was placed for

about ten minutes at a temperature of 98°–6. Almost immediately after being taken out of the bath, a severe convulsive fit came on—gums were lanced—and a calomel powder was administered followed by castor oil. The action of these medicines relieved the symptoms at once, and revealed the true source of the mischief—a mass of undigested food had evidently induced the premonitory symptoms, and the bath had accelerated the seizure. It was elicited, after closely questioning the child's nurse, that she had crammed him with indigestible pudding, contrary to orders, the parents wishing bottle-food only to be administered. This case possesses much interest on more points than one: it is illustrative of a very common error, that of attributing convulsions to teething as a primary cause. Teething is a natural process, and under ordinary circumstances would go on well; even in cases of delicate subjects, with suitable diet and judicious general treatment, convulsions need not be feared. It is, therefore, a libel upon Dame Nature to put down to dentition the numerous cases of convulsive fits which carry off young children; but, that such is the common opinion, the verdicts of coroners' juries amply testify. Note again.—A warm bath is the ordinary remedy resorted to in cases of convulsive attacks; but the above particulars will prove that it is necessary to pause before incurring such a risk, and whenever there is the least ground for suspicion that the stomach or bowels may be the seat of the disorder, it is a safe course to make use of an active purgative without delay. Such cases as this point very forcibly to the need of training young women to the responsible duties devolving upon them as nurses to infants. Considering the great ignorance that prevails among persons who undertake the feeding and management of young children, and the lamentable consequences of such ignorance, it is a wonder that the necessity for the establishment of institutions with that object is not more generally felt and insisted upon. Dr. Routh, in his admirable papers, which he is now publishing, proves that "the high rate of mortality among infants is chiefly attributable to improper diet and injudicious method of feeding. Another cause of increased mortality is the substitution of a hired wet nurse's milk for the mother's milk," thus establishing the fact that if a mother cannot or will not give nourishment to her offspring, bottle-feeding judiciously managed would promise more certain success in promoting the child's health and vigour than consigning it to the hired breast.—The foregoing case and remarks will, Sir, I am sure possess some interest to those of your readers who are giving their attention to the important matter of infantile alimentation, especially to those who have any intention of applying the result of their study to some practical purpose.

I am, &c.

M. A. B.

#### COMMUNICATIONS have been received from—

Dr. CONOLLY; Mr. PAGET; Dr. RIGBY; Dr. MACKENZIE, Glasgow; Mr. WHARTON JONES; Dr. SYMONDS, Clifton; Dr. HARLEY; Dr. DAVIS; Dr. BYRD, Chicago; SECRETARY, GENERAL BOARD OF HEALTH; Mr. TOMES; Dr. CARPENTER; Mr. FIELD; Mr. BAKER BROWN; REGISTRAR GENERAL, Edinburgh; Dr. KENTON; Mr. BUTCHER, Dublin; Dr. FOOTE, Constantinople; Mr. SMITH, Southam; Mr. GRANTHAM, Crayford; Mr. HOOD; Mr. BASTICK; Dr. WHITEHEAD; Mr. BONNER; Mr. HATCHARD; Mr. R. HILL; Dr. DUNN; Mr. JACKSON; Mr. NEAT; Mr. JAMES; Dr. EVERETT; Dr. DYCE; Mr. BARNES; Mr. J. GELLATLY; Mr. J. C. SYKES; Mr. EDWARDS; Dr. O'NEIL; Mr. PARSONS; Mr. STRONG; Mr. DUNSMORE; Mr. STOKES; Mr. IRVINE; MEDICUS; Mr. W. WILLIAMS; Dr. FULLER; Dr. M'WILLIAM; Mr. WYATT; Mr. RIVERS; Mr. STEELE; Mr. CONNEY.

## APPOINTMENTS FOR THE WEEK.

April 3, Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.  
ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Busk, "On the Invertebrata."

#### 5. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopædic Hospital, 3 p.m.  
ENTOMOLOGICAL SOCIETY, 8 p.m.  
EPIDEMIOLOGICAL SOCIETY, 8 p.m.: Dr. Milroy, "On the Sickness and Mortality in the French Army in the East during 1854-6."

#### 6. Tuesday.

Operations at Guy's, 1 p.m.  
ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Quekett, "On the Structure of the Skeletons of Vertebrate Animals."  
PATHOLOGICAL SOCIETY, 8 p.m.

#### 7. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.  
Orthopædic Hospital, 3 p.m.  
HUNTERIAN SOCIETY, 8 p.m.: Dr. Lever, "On Retention and Absorption of the Placenta."  
PHARMACEUTICAL SOCIETY, 8 p.m.

#### 8. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 1½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.  
ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Quekett, "On the Structure of the Skeletons of Vertebrate Animals."

#### 9. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.  
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON, 8 p.m.; Dr. Alison, "On the Diagnosis of Pulmonary Consumption at its Commencement." A Council Meeting will be held at 7 p.m.

## EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday), at 2 o'clock:—  
Lithotomy; trephining tibia. By Mr. Ferguson.

**Carriages, New and Second-hand, of**  
superior style, sterling quality, and finest finish at reasonable rates, for cash, credit, job, or exchange. Circular of prices on application. Credit given when required. Buyers should take carriages on trial, with power to purchase by yearly payments, and thus prove them.  
**OFFORD'S PATENT MEDICAL-MAN'S BROUGHAM MANUFACTORY, 79, WELLS-STREET, OXFORD-STREET.**

## Pepsine.—M. Boudault begs to state

that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr. PETER SQUIRE, her Majesty's Chemist, 277, Oxford-street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on "Pepsine," with Remarks by English Physicians. Edited by W. S. SQUIRE, Ph. D., published by J. Churchill, London, may be also had of the Author, 277, Oxford-street, price Sixpence.

## A New Discovery. — Mr. Howard,

**SURGEON-DENTIST, 52, FLEET-STREET,** has introduced an entirely NEW DESCRIPTION of ARTIFICIAL TEETH, fixed without Springs, Wires, or Ligatures. They so perfectly resemble the newest teeth as not to be distinguished from the original by the closest observer; they will NEVER CHANGE COLOUR or DECAY, and will be found very superior to any teeth ever before used. This method does not require the extraction of roots, or any painful operation, and will give support to and preserve teeth that are loose, and is guaranteed to restore articulation and mastication; and that Mr. Howard's improvements may be within the reach of the most economical, he has fixed his charges at the lowest scale possible. Decayed Teeth rendered sound and useful in mastication.

## Solution Nitrate of Oxide of Glycyl,

used with success in the relief of SPASMS, HEADACHE, NEURALGIA, etc. by A. G. Field, Esq. F.R.C.S.

"I have not yet met with one well-defined case of neuralgic or spasmodic disease in which this medicine has failed to afford relief."

"As a direct sedative to the nervous system, without possessing any stimulating or permanently depressing qualities, without affecting secretion, together with its power of subduing muscular action, it appears to promise to become an invaluable agent in the treatment of a large class of nervous and spasmodic diseases."—Medical Times, March 20, 1858.

This powerful remedy requires the greatest care and exactness in its preparation. That the Profession may assure themselves they are using a preparation of uniform strength, each bottle will bear the signature of the manufacturers, **PERRINS and BARNITT, Operative Chemists, 22, Conduit-st., London, W.**

## Wines from South Africa. — Port,

**SHERRY, etc., TWENTY SHILLINGS PER DOZEN.** These Wines, the produce of a British colony, which has escaped the vine disease (the vintage occurring in February may account for the same), are in consequence wholesome, and are warranted free from acidity and brandy, are admitted by Her Majesty's Customs at half-duty, hence the low prices. A Pint Sample Bottle of each for twenty-four stamps, Bottles included. Packages allowed for when returned.

"We have taken the trouble to try Mr. Denman's wines, and have also submitted them to several of the clergy, and the opinion formed is that they are worthy of being patronized."—Clerical Journal, October 22, 1857.

**EXCELSIOR BRANDY, Pale or Brown, 15s. per gallon, or 30s. per dozen.** Terms—Cash. Country orders must contain a remittance. Cheques to be crossed "Bank of London."

J. L. Denman, Wine and Spirit Importer, 65, Fenchurch-street. Counting-house entrance, first door on the left up Railway-place.

## For Use Medicinally, in all Diseases of

the STOMACH, CHEST, etc., for dressing and deodorizing cancer and all foul wounds, for purifying sick chambers, for embalment of the dead, etc., Mr. JASPER ROGERS'S PATENT CARBONIZED PEAT MOSS. The various kinds of powder and lozenges are prepared solely by the Health of Towns Improvement Company. Sole Wholesale Agent, Joseph G. Thompson, Esq., 2, Adelaide-place, London-bridge, London, E.C., and 6, Donegal-square, Belfast; sold by Mr. W. L. Bird, Pharmaceutical Chemist, 42, Castle-street, East, Oxford-street, W.; Mr. J. Johnson, Chemist, 123, Upper-street, Islington, N., London; Messrs. Bewley and Evans, Dublin; and all respectable Chemists. See extracts from publications on the subject, with the preparations.

## The Best Food for Children, Invalids,

and others.—ROBINSON'S PATENT BARLEY, for making Superior Barley-Water in Fifteen Minutes, has not only obtained the Patronage of Her Majesty and the Royal Family, but has become of general use to every class of the community, and is acknowledged to stand unrivalled as an eminently pure, nutritious, and light food for Infants and Invalids; much approved for making a delicious Custard Pudding, and excellent for thickening Broths or Soups.

ROBINSON'S PATENT GROATS, for more than thirty years, have been held in constant and increasing public estimation, as the purest farinae of the oat, and as the best and most valuable preparation for making a pure and delicate GRUEL, which forms a light and nutritious support for the aged, is a popular recipe for colds and influenza, is of general use in the sick chamber, and, alternately with the Patent Barley, is an excellent Food for Infants and Children.

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## The Medicated Cod Liver Oils,

comprising  
**OLEUM MORRHUÆ CUM QUINA.**  
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&c. &c. &c.

Prepared only by SAVORY and MOORE, 143, New Bond-street.

## Liquor Pepsinæ.—A Convenient and

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GROSS of NEW MEDICAL GLASS BOTTLES and PHIALS, assorted to suit the convenience of Purchasers, at ISAACS and SON, Medical Glass Bottle Manufacturers.—London Warehouse, 6, Warren-street, Tottenham-court-road.

	s.	d.
6 and 8 oz., any shape, plain, or graduated	8	0 per gross.
3 and 4 oz. ditto ditto	7	6 do.
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No remittance required until the goods are received. Packages free. Delivered free within seven miles. Immediate attention to country orders. Post-office Orders payable to S. Isaacs and Son, at the Post-office, Tottenham-court-road, London. Bankers: Unity Bank.

ESTABLISHED 1830.

## M. and R. Jewell beg to express their

thanks for the encouragement they have received from the Medical Profession, and hope for a continuance of their favours at their Medical Glass and Bottle Warehouse, 53, Howland street, Tottenham-court-road, where an extensive Stock is always kept on hand, at the lowest prices. Measures, Stopped Bottles, Pedestal Mortars, etc. etc. Orders punctually attended to. List of prices forwarded post free.

## Surgical Instruments, and every Im-

plement necessary for Surgeons and Druggists, can be had (warranted best quality and moderate prices), retail as well as wholesale, from the Manufacturer, JAMES ARNOLD, 35, WEST SMITHFIELD, St. Bartholomew's Hospital, London.

Single Circular Truss, 2s. 6d.; double ditto, 5s.; on Salmon's Expired Patent, 4s. 6d.; double ditto, 9s.; on Coles's Expired Patent, 5s.; double ditto, 10s.; Cotton Net Suspensory Trusses, from 10d.; Elastic Stocking Net bandage, 4d. per yard; Case of Tooth Instruments, £1; Case of Cupping Instruments, £2 18s. 6d.; Case of Pocket Instruments, £1; Brass Enema Syringe, complete in mahogany case, 10s. and 12s.; Case of Dissecting Instruments, Ivory Handles, 15s.; best Bleeding Lancets, per dozen, 18s.

BROUGHAMS.

## Kinder, M'Naught, and Smith,

MANUFACTURERS, WORCESTER, beg respectfully to invite the attention of professional men to their improved Medical Broughams, as under:—

Width of Seat.	Weight.	Price.
3 ft. 5 in.	7 1/2 cwt.	5 Guineas.
3 ft. 6 in.	8 1/2 cwt.	95 Guineas.
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The latter, including a segmental front, with seat for third person.

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SOAP. Analysed by Dr. Hoffmann, F.R.S., and Professor Redwood, Ph.D., strongly recommended by many eminent members of the Medical Profession, and favourably noticed by the following Medical Journals:—

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THE MEDICAL TIMES AND GAZETTE.  
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It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, etc.

SOAP-WORKS, CLEBKENWELL, LONDON, E.C.

## Great Reduction in the Prices of New

MEDICAL GLASS BOTTLES and PHIALS at the Warehouse, 2, Upper Copenhagen-street, Barnsbury-road, Islington, London, N.

E. and H. Harris beg to submit the following prices, for quantities of not less than 6 gross, assorted to suit the convenience of the purchaser.

	s.	d.
6 & 8 oz., any shape, plain or graduated	8s.	per gross.
3 & 4 oz., do.	7s.	6d. do.
1/2 oz. white moulded phials	4s.	6d. do.
1 oz. do.	5s.	6d. do.
1 1/2 oz. do.	6s.	do.
2 oz. do.	7s.	do.

No remittance required until the goods are received. Packages free. Delivered free within 7 miles. Immediate attention to country orders. Post-office orders, made payable to E. and H. HARRIS, at the Chief Office, London. Bankers: Union Bank of London.

## ORIGINAL LECTURES.

A COURSE OF CLINICAL LECTURES  
ON  
DISEASES OF THE KIDNEY.

By GEORGE JOHNSON, M.D. F.R.C.P.

Physician to King's College Hospital.

## LECTURE VIII.—CONCLUSION OF THE COURSE.

We have seen that the chronic desquamative disease of the kidney may pass through all its stages and produce extreme atrophy and contraction of the gland without the occurrence of dropsy. In cases of *contracted* Bright's kidney the existence of dropsy, in any great degree, may be considered as an exception to a general rule; whereas, in cases of chronic Bright's disease with *enlargement* of the kidney, whether the kidney be fat or in a state of so-called waxy degeneration, the presence of dropsy, sooner or later in the course of the disease, is the rule, and its absence the exception. For some time past I have been engaged in making a tabular analysis of a large number of cases of Bright's disease, with a view to ascertain, amongst other points, what is the relative frequency of dropsy in the different classes of cases. My analysis is not yet sufficiently advanced to enable me to give you the exact numbers, but I can tell you with the greatest confidence that, while some cases of large Bright's kidney terminating fatally have been unattended with dropsy at any period of their history; and while dropsy has been present in some cases of contracted kidney, yet the rule is as I have just now stated it to be.

The common occurrence of dropsy in one well-defined class of cases of chronic renal disease, and the comparatively rare occurrence of that symptom in another class of cases, constitutes one of the most obvious and weighty objections to the theory which assumes that Bright's disease is always one and the same disease, and that a large Bright's kidney presents only an early stage of the same morbid process as that which induces atrophy and contraction of the kidney. For if all the contracted Bright's kidneys have passed through a previous stage of enlargement, it is difficult to understand how it happens that nearly all those patients who reach this final stage, should have escaped the dropsy which so commonly troubles those who die in what is assumed to be an earlier stage of the same disease.

Another important difference between the two classes of cases, and one which is closely connected with the relative frequency of dropsy as a symptom of the renal disease, is to be found in the quantity and quality of the urine secreted. Associated with the large Bright's kidney, we generally find a scanty secretion of highly albuminous urine; whereas, the contracted kidneys commonly secrete an abundance of urine of low density, which seldom contains much albumen, and sometimes none at all. Now, it is a generally admitted fact, that, *ceteris paribus*, the risk of dropsy is directly as the drain of albumen, and inversely as the secretion of water by the kidneys. The more scanty the secretion of urine, and the greater the amount of albumen which it contains, the greater is the probability that the patient will become dropsical. I might go on to show you that there is a difference in the morbid anatomy of the kidney in the two forms of disease, which, to a considerable extent, explains the difference in the character and the quantity of the urine; but I wish rather to direct your particular attention to the fact that, as I just now stated, the urine secreted by a wasting Bright's kidney sometimes contains no albumen.

We are so much in the habit of relying upon albuminous impregnation of the urine as a sign of Bright's disease, that the absence of that symptom is very likely to mislead us. Now, the fact is, that, both in the early and in the advanced stages of chronic desquamative disease of the kidney, the urine sometimes contains not a trace of albumen.

This form of renal disease frequently affects the subjects of confirmed and inveterate gout; and if you examine the urine of such patients, you will often find that, after a few hours' rest in a conical glass, it deposits a cloudy sediment, con-

taining the granular casts (Fig. 7, p. 269), which are for the most part composed of disintegrated gland cells from the tubes of the kidney. The appearance of these casts, then, is *pro tanto*, evidence of a destructive process affecting the secreting cells of the kidney; and this evidence of degeneration is often unassociated with albumen in the urine.

In most of the cases to which I am now referring, the renal disease is, probably, in an early stage; but I have met with several instances in which, although the urine contained little or no albumen, yet the kidneys were found, after death, in an advanced stage of degeneration. One case of this kind will serve as an illustration. On the 6th February, 1886, a man named Joseph J., aged 57, came into the out-patient room, and told us that he was a brass-finisher, of temperate habits; that he had once had an attack of gout, and that for several years he had been subject to winter-cough. The cough had been very troublesome for some months past, and he had suffered from dyspnoea and weakness. He had the large barrel-shaped chest which often accompanies emphysema of the lungs, and he presented the physical signs of bronchitis. The heart, pushed down by the enlarged lung, was felt beating in the epigastrium, but its sounds were normal. The ankles were somewhat swollen, and the face, sallow and puffy, was so decidedly suggestive of renal disease, that I requested him to pass some urine, in the confident expectation that I should find it albuminous. To my surprise, however, it contained no trace of albumen. He was too ill to be treated as an out-patient, and I admitted him into No. 4 Ward, where the urine was repeatedly tested for albumen, with a decidedly negative result, except upon one occasion, when it was noted that "the urine contained a small quantity of albumen (?)"—a query being added to signify a doubt as to the fact. While in the Hospital, he frequently vomited a clear acid liquid; and on the evening of the 17th February he was found by the House-Physician in a state of collapse, with great tenderness of the abdomen, indicative of severe peritonitis. He died within twelve hours from this sudden seizure, and on examination it was found that the immediate cause of death had been intense peritonitis, excited by the escape of the contents of the stomach through a perforating ulcer of that viscus. The kidneys were small, the cortical substance was much wasted, and contained several cysts. On microscopic examination there was evidence of advanced and extensive degeneration of the secreting tissue. These appearances are still plainly seen in portions of the kidney, which I have preserved as microscopic specimens.

This case affords as good an illustration as I can give you of advanced renal degeneration, unassociated, except doubtfully upon one occasion, with albumen in the urine. Cases of this kind are by no means of rare occurrence, and therefore, when we have reason to suspect disease of the kidney, we are not at once to conclude that the absence of albumen negatives the idea, but the urine should be submitted to careful microscopic examination. In the case which I just now related to you we neglected to examine the urine microscopically until after the patient's death. We then found that the urine contained in the bladder had in it the granular tube-casts, which are usually indicative of the chronic desquamative form of disease, and which, if we had observed them during the patient's lifetime, would have confirmed us in our suspicion that disease of the kidney formed a part of his ailments. It is probable that the dropsy in this case was chiefly due to the impeded circulation through the lungs, consequent on the emphysema and bronchitis.

I have not yet met with a case of unequivocal chronic desquamative disease of the kidney, in which the urine contained neither tube-casts nor albumen. I have found the urine albuminous without containing tube-casts as in the case of Louisa S., which I related to you in my last lecture; and I have, in several instances, found the granular casts without albumen. As a matter of precaution it is well to bear in mind the possibility that both tube-casts and albumen may for a time be wanting in some cases of the disease in question. In such cases, if there be such, the diagnosis would be very difficult and doubtful.

We have seen that the granular form of tube-cast is generally associated with the chronic wasting form of Bright's disease. I wish now to impress upon you the fact that these granular casts do not necessarily and invariably indicate chronic disease, but that they may occur as the only form of tube-cast in the urine of a patient who has an acute and

curable affection of the kidney. The diagnosis of renal diseases would be much easier than it is if each form of tube-cast were constantly associated with one particular condition of kidney, just as the diagnosis of pulmonary disease would be facilitated if fine crepitation, bronchial breathing, pectoriloquy, etc., were each diagnostic of one special morbid condition of lung; but as this is not the case with the physical signs of either renal or pulmonary disease, it behoves us to give to these subjects the additional care and thought which they require, in order that we may escape being misled.

I have found the granular casts with albumen in the urine of patients suffering from various forms of acute disease, and I have observed that the urine has regained its normal characters during the convalescence. I may mention, as examples, typhus and typhoid fever, pyæmia, erysipelas, and pneumonia. A case which occurred not long since in the Hospital, affords a good illustration of the practical importance of a correct interpretation of these granular casts.

William Morrison, aged 26, a painter, was admitted into No. 4 ward on the 7th August. Like most men of his trade he had drunk pretty freely of beer; and he had suffered several attacks of colic. His present illness began on the 2nd of August with pain in the limbs and in the belly, from which he continued to suffer until the 6th, when he was suddenly seized with giddiness, and fell on the floor immediately after rising from bed in the morning: he quite lost consciousness for a time, but quickly recovered it. In the course of the day he had two or three similar attacks, and on the following day he was admitted under my care. On the morning of the 8th—that is, the day after his admission—he suddenly fell down insensible while at the water-closet; he was immediately carried back to his bed, and for about two minutes he was much convulsed. I happened to enter the ward immediately after the convulsion had ceased. He was still unconscious, his breathing was stertorous, the face very pale and cold, and the pupils were unequal, the left being much smaller than the right. Whatever the disease might be it seemed only too probable that it would be quickly fatal. It occurred to us as a possible solution of the symptoms, that the case was one of advanced Bright's disease with uræmia. Obviously it was important to ascertain the condition of the urine, but none, we were told, had been passed since his admission. A catheter was now introduced, and a few ounces of urine were thus obtained. It was very acid, somewhat high coloured, sp. gr. 1014, it contained a very small quantity of albumen, and on subsequent examination we found in it many granular casts. This being the character of the urine, what was the probable condition of the kidney? The small quantity of albumen in the urine precluded the idea of any of the ordinary forms of acute Bright's disease, and of any form of chronic disease except the chronic desquamative. It seemed by no means improbable that the latter disease had produced contraction of the kidney, and that the brain symptoms were the result of uræmia; but, there was some reason to hope that the kidneys were *not* in an advanced stage of degeneration, for the density of the urine was somewhat higher and the colour decidedly deeper than is usual in the last stage of contracted Bright's kidney. It was at least possible that the albuminous urine and the granular casts might be the result of some zymotic blood-poison; and we felt that the condition of our patient, although sufficiently alarming, was not quite desperate, as it would have been if advanced degeneration of the kidney had certainly been at the root of the symptoms.

I have already told you that when the convulsion had ceased the patient was in a state of extreme exhaustion, which threatened to be fatal. To guard against this tendency we immediately gave him a small quantity of brandy with water, and directed that he should have six ounces of brandy in repeated small doses during the twenty-four hours. A blister was applied to the nape of the neck, and he took two scruples of the compound jalap-powder. This dose had to be twice repeated, and then followed by one of castor oil before the bowels were freely moved.

The progress of the case from day to day was fully and faithfully recorded by my clinical clerk, Mr. Meadows, but my present purpose will be answered by a very brief abstract of the history. When the patient had rallied from the collapse which followed the convulsive seizure, the pulse and respiration were rapid, the former 120 and the latter 44, the tongue was dry, and the skin hot, but no eruption was

seen at any period of the case. We then detected the physical signs of pneumonia affecting the lower lobe of the right lung, and as the inflammation resolved itself, a friction sound over the same part showed that the pleura had been involved in the disease. He remained for some days in a half-conscious, delirious state, but these symptoms gradually passed off, and the pupils became equal. The urine had ceased to be albuminous on the 16th, but the tube-casts were visible for a few days longer. He continued to make steady progress towards convalescence; and when he left the hospital on the 15th September, no trace of disease remained.

With regard to treatment, the only means employed besides those which I have already mentioned, were an occasional turpentine stupe to the chest, and an effervescing saline draught, which he was allowed to take *ad libitum*.

As to the pathology of the disease, I can only suggest that some zymotic blood poison affected simultaneously the brain, the lung, and the kidneys, and so excited the symptoms which were referable to each of those organs.

Bear in mind that my chief object in referring to this case, is to show you that granular tube-casts, very similar to those which are seen in cases of chronic desquamative disease, may occur as a result of some transient blood zymosis.

I have preserved microscopic specimens of the casts which occurred in this patient's urine, so that we can refer to them and compare them with the casts which we may find in any future case of the same kind.

For some time past, as most of you are aware, I have been in the habit of preserving specimens of the urinary sediment in all cases of unusual interest, and I advise you to do the same; you will find that such memoranda of cases of renal disease will afford you most important aid in forming a correct opinion respecting other cases which you may hereafter meet with. With this piece of practical advice I bring the present series of lectures to a close.

## LECTURES

ON

## THE ANATOMY, INJURIES, AND DISEASES OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,

Professor of Anatomy and Surgery to the College.

## ON FRACTURES OF THE SKULL.

### LECTURE III.—Continued.

#### ON INDIRECT FRACTURES OF THE BASE OF THE SKULL.

BUT why are fractures of the base frequently thus limited to such well-defined regions? The answer to this question is to be found in the anatomical disposition of the skull, and in the nature of the accident.

Recall to mind the disposition of the base of the skull with its three fossæ, on different levels, and all clearly mapped out by prominent and well-defined ridges; recall to mind, moreover, that each fossa of the skull has its corresponding part in the vault. Such a disposition of the bones enables us, as I have already mentioned in a former lecture, to divide the skull into three different zones or segments; an anterior zone, formed by the frontal, the upper part of the ethmoid, and the fronto-sphenoid; a middle zone, formed by the parietals, the squamous, and the anterior surface of the petrous portion of the temporals with the greater portion of the basi-sphenoid; and a posterior zone, which is formed by the occipital, the mastoid and the posterior surface of the petrous portions of the temporals, with a small part of the body of the sphenoid.

If the skull be thus divided into three different zones, the fractures stretching from the vault into the base will often be found strictly limited to one of these regions.

Let me briefly mention one or two examples selected from each of these three regions. And first, as to fractures confined to the anterior fossa.

A man, aged 37, fell from a tree while bird-nesting. About the head the only external injuries observed were a fracture of the nasal bones, with extensive bruising of the eyelids and



upper part of the face. The most important injury was a very severe compound fracture of the thigh, from the effects of which he died in twenty-four hours. The frontal bone, just anterior to the crista-galli, presented a slight fissure, which was traced down into the cribriform plate of the æthmoid, and partly into the orbital plate of the frontal. No other injury was observed about the bones of the skull.

A lad, aged 15, fell from a ladder. The only external injury about the head was a superficial scalp-wound, a little above the left brow. He went on well for some days, but inflammation of the cerebral membranes supervened, and he died on the 26th day after the accident. Corresponding to the scalp-wound, which was healed, was a lineary fracture passing perpendicularly into the left orbital plate of the frontal, where two small portions of bone were completely broken off, and driven about two lines down into the orbit.

The following are two cases limited to the middle fossa:—

A man, aged 30, was pitched out of a cab while drunk, and died twenty minutes afterwards. The scalp was slightly bruised over the right parietal eminence. Commencing a little below this spot was a fracture, which passed through the squamous portion of the temporal, reached the great wing of the sphenoid, and ended in the sphenoidal fissure.

A man, aged 25, fell while drunk from the top of an omnibus, and died in a few minutes. In this case the fracture, commencing in the centre of the right parietal, was traced obliquely across the squamous portion of the temporal, and through the great wing of the sphenoid into the body of this bone, at its junction to the æthmoid. Another line of fracture also ran some distance along the anterior surface of the petrous bone, breaking the upper wall of the tympanum.

In the next cases it was the posterior fossa that was involved.

A lad, aged 13, was pitched off a donkey, and fell on to the back of his head. He went on well for some days, but subsequently died of inflammation of the membranes of the brain, and extensive suppurative around the left sacro-iliac synchondrosis. The only injury about the bones of the skull was a narrow fissure, which began at the lateral sinus, and passed perpendicularly into the foramen magnum.

A man, aged 40, while drunk, was knocked down in the street. He died thirteen days after the accident, of diffuse inflammation of the membranes. Lineary fractures were traced from the torcular Herophili in various directions; one branch passed upwards into the right cerebral fossa; another downwards into the right cerebellar fossa, and a third into the foramen magnum; besides which there were two or three smaller branches, but none of these fractures passed beyond the occipital bone.

In the above cases we have clear evidence that a fracture beginning at the seat of the blow on the vault does not, in many instances, spread beyond the corresponding bones of the base. I might greatly have multiplied examples such as these, for I have by me notes of no less than 25 cases of fractured base thus limited. Let me, however, state that in 5 of these cases the line of fracture was traced from the forehead into the bones at the base of the anterior zone, and into these alone; from the parietals or temporals in 14 cases the fracture was found to pass into the corresponding bones at the base; and in 6 cases the line of fracture passed from the occipital into the posterior segment only.

When the injury has been of a severer nature than it was in the cases which I have just mentioned, it frequently happens that the line of fracture starting from the vault spreads into two of the fossæ at the base at the same time. This, however, is easily accounted for, when we come to examine the position of the middle fossa, the bones of which are not only wedged in between, but also firmly articulated with, the bones of the other fossæ. Thus situated, the middle fossa either receives or transmits the injury; and the fracture in these cases generally runs obliquely from one fossa into the other; or else, coursing along the boundaries of the zones, in the neighbourhood of the sutures, which may be widely separated, the fracture passes into both fossæ at once.

And the fossæ thus implicated may be either the middle and anterior, or the middle and posterior ones. Thus, in 29 cases, where the line of fracture occupied two fossæ at the same time, I found it in fourteen cases in the middle and anterior fossæ, and in fifteen cases it was in the middle and posterior ones.

In the following case the fracture spread from the forehead

both into the anterior and into the middle fossæ at the same time.

A man, aged 45, fell from a ladder on to his head, a distance of about forty-five feet. The only external appearances were an extensive bruising of the eyelids, with protrusion of the eyeball, from blood in the orbit. There was also some bleeding from the nose, and a large quantity of blood was subsequently brought up. He died seven hours after the accident. Extravasated blood was found over both frontal eminences, and in the right temporal muscle. The right side of the frontal bone was extensively broken; a line of fracture was traced, running obliquely across the roof of the orbit into the æthmoid, and from thence into the front part of the body of the sphenoid, and through its left wings into the anterior surface of the left petrous bone, where it ended, breaking into the tympanic cavity, but not rupturing the membrane.

The next is a case in which the line of injury was traced from the parietal bone both into the middle and into the anterior fossa.

A lad, aged 14, was thrown from a horse. He was picked up in a state of perfect insensibility, the only outward appearance being a bruise over the right eye, and protrusion of the eyeball from blood in the orbit. He died two hours after the accident. Blood was found extensively extravasated over the right side of the head, and in the substance of the temporal muscle. Towards the back part of the right parietal, and about two inches from the temporal bone, was a comminuted fracture with some slight depression. From this spot, skirting the squamous suture, a line of fracture was traced into the coronal suture, which it followed, and ultimately divided into two branches, one of which, coursing onwards, reached the orbital plate of the frontal, and the other, passing downwards, stretched into the body of the sphenoid, and ended in the great wing on its left side.

And now I will mention a case in which the injury passed from the back of the head into the posterior and middle fossæ at the base.

A man fell on to the back part of his head against a stone pavement, producing a small scalp wound, not exposing the bone, on the right side of the occipital, near the lambdoid suture. He died of diffuse inflammation of the membranes eight days after the accident. A line of fracture was traced from the seat of the blow, in the neighbourhood of the right lambdoid suture, obliquely through the occipital, to the left side of the foramen magnum, which it skirted, and then proceeding through the lateral sinus, it reached the petrous portion of the temporal, which it cut across, and then passed along the anterior surface of the bone, towards the inner opening of the carotid canal, where it ended.

But, whenever the accident is of a very severe nature, the fracture spreading from the vault into the base, may be much more extensive than any we have hitherto seen. In falls from very great heights, or in blows of a very severe character, all three fossæ may be involved at the same time. In these cases the fracture is generally accompanied by extensive separation of the sutures.

A man fell from a cart loaded with hay, and pitched directly on to his head. He was picked up bleeding profusely from a large scalp-wound at the top of the head, was perfectly insensible, never rallied, and died in a few hours. In addition to the wound, the scalp at the top of the head was extensively infiltrated with blood. The coronal suture was separated in its whole length, and from the ends of this suture fractures were traced into the upper walls of both orbits, and through both great wings of the sphenoid right across the basilar process, thus completely dividing the skull into two halves perfectly moveable upon each other. There was also a perpendicular fracture running along the basilar process into the foramen magnum. The petrous bone was not in the least injured.

A man, aged 27, fell from a scaffold thirty feet high. The only external appearances observed about the head were some large bruises over the forehead and eyelids, with profuse bleeding from the nostrils. He remained perfectly insensible, and died four days after the accident. The scalp of the forehead was extensively infiltrated with blood. A fracture, commencing an inch above the middle of the left superciliary ridge, was traced through the left orbital plate of the frontal into the æthmoid, and thence into the body of the sphenoid, which was broken into several fragments, widely separated

from each other. Passing through the cavernous sinus, the fracture continued its course into the left great wing, and into the petrous bone, which was also broken in two places. One line of fracture then ran into the occipital, through the lateral sinus, and along the foramen magnum into the occipital sinus. The fracture around the foramen magnum was comminuted, and the fragments displaced upwards.

But injuries such as these, in which all three fossæ at the base are implicated at the same time, occur much more rarely than those in which the fracture is less extensive. In fact, of this class of cases I found only ten instances.

Within a period of ten years there were then 25 cases in which the line of fracture was strictly limited to one of the three fossæ at the base; there were 29 cases in which two fossæ were involved at the same time; and only ten cases in which the injury had spread into all the three fossæ at once.

Let us, however, especially bear in mind that the middle fossa, either by itself or in combination with the other fossæ, is the region in which fractures most frequently occur. If you cast a glance over the number of cases of fractured base to which I have alluded, you will find that out of the 64 cases the bones of the middle fossa were broken in no less than 53 cases.

In the severer forms of injury we may sometimes find, in various parts of the base, some small circumscribed fractures in addition to, and having no connexion with, the main line of fracture. The roof of the orbit is sometimes thus broken independently of, and away from, the line of the principal fracture. Such were the appearances in a case reported by Mr. John Adams (a). "There was a fracture traversing the left side of the occipital and petrous portion of the temporal, and, in addition to this, a circular portion of bone, of about an inch in diameter, was broken from the centre of the right orbital process of the frontal bone, and driven into the frontal sinus, which was unusually large. No bruise, or any trace of direct violence, was detected externally in the neighbourhood of the injury of the frontal."

And so, too, may we find the posterior clinoid processes chipped off as it were, although the line of fracture does not pass through this part of the bone. Of this I have seen two or three cases.

And now, let me draw your attention to the signs or symptoms by which we are to recognise these fractures of the base of the skull.

I at once pass over all the numerous symptoms so much dwelt upon in olden times, experience having proved that such symptoms are not, in any single instance, to be depended upon.

Neither can we make use of the absence, or the presence of cerebral symptoms for the purpose which we have in view. Cerebral symptoms cannot serve as a guide to fractures of the base. On the one hand you will meet with cases in which the brain is extensively bruised and lacerated, without any injury of the bones; and, on the other hand, you will now and then find cases in which most extensive fractures have existed about the base, and that, too, without a trace of injury about the brain.

In one instance, both orbital plates of the frontal, the ethmoid, and the sphenoid were extensively broken, the latter so much so that its body was reduced into fragments. The parietal was also broken at its back part, and the occipital presented an extensive fissure running right through the foramen magnum, and the right petro-occipital suture was widely open. And all this without a trace of injury about the brain.

In another instance, that of a child, where there was a distinct history of two different accidents, at an interval of a week each, the left parietal bone was broken, perpendicularly nearly in its whole length, with a small circumscribed extravasation of blood underneath the pericranium, evidently of some standing; and, on the right side of the head, there was a more recent fracture, which, beginning at the lower border of the parietal, passed through the great wing of the sphenoid, and ended in the petrous bone, at the foramen auditivum internum. No trace of injury about the brain.

In a third instance, a fracture, commencing at the external angular process of the right frontal, passed through the orbital plate into the ethmoid; the fracture also extended from the lesser wing of the sphenoid, through the body of this bone, and into its left great wing, and ended at the petrous bone. No trace of injury about the brain.

(a) Medical Gazette, vol. xxii. p. 564.

To what symptoms, then, are we to trust as indicative of the existence of a fractured base of the skull?

The only symptoms that can be depended upon are connected, either with an escape of some of the contents of the skull, or with an injury done to the nerves as they are emerging from the skull.

The contents of the skull which escape in a fracture of the base may be blood, watery fluid, or brain substance.

The escape of a watery fluid, and that of brain substance, I must leave for further consideration, as it is my intention to dwell at length upon these subjects in the following lectures. Neither shall I at present touch upon the injury of the nerves at the base. There remains, then, the escape of blood.

But, for this escape of blood to take place, the line of fracture must run in certain directions; it must, in its course involve some of the large vascular channels lying at the base of the skull, and it must open a road through which the blood can get out of the skull, into some part where its escape may be visible.

Should it so happen, however, that the injury does not produce effects such as these, we may have a very extensive and complicated fracture of the base, the existence of which will not be revealed until the examination of the body takes place. Hence the reason why we find some Surgeons still dwelling upon the great uncertainty as to the diagnosis of fractures of this part of the skull. Let us freely admit that this uncertainty does, and must necessarily exist in many cases, still there will remain a large number of instances in which blood issuing from its natural channels, will, under certain conditions, become a diagnostic sign of great value, so much so, indeed, that we may with due care, safely pronounce as to the existence of a fracture.

(To be continued.)

## ORIGINAL COMMUNICATIONS.

### NOTES OF

## PRACTICE AMONG THE OUT-PATIENTS OF ST. BARTHOLOMEW'S HOSPITAL.

By JAMES PAGET, F.R.S.

Assistant-Surgeon to the Hospital.

### NO. IV.—ON SOME AFFECTIONS OF THE URINARY BLADDER AND URETHRA.

I do not profess in any of these notes to record discoveries, or tell things which others do not know, but to relate such facts as, though known to many, are yet not enough known, and to recommend some modes of practice which many follow, and which should be followed by many more.

*Diseases of children imitating the symptoms of vesical calculus.*—A large majority of the children who, when brought to the Out-patients' room, are suspected of having calculus, have none. The imitation of the symptoms is sometimes so exact, that only very careful sounding can persuade one that no calculus is present. In other cases the imitation is less exact, yet sufficient to make sounding necessary.

The diseases that may be thus deceptive are various. The most frequent are the following:—

1. Phymosis, with contracted preputial orifice.
2. Nervous affections of the bladder, either with neuralgia, or with muscular irritability, or with both.
3. Similar affections dependent on disorder of the urine, or ascariæ, or other distant sources of irritation.
4. Morbid growths in the bladder.
5. Tuberculous disease of the same.

Phymosis is a frequent cause of symptoms like those of stone, especially when the prepuce is not only long, but very narrow at its orifice. And it may give rise not to these symptoms alone, but to muscular hypertrophy of the walls of the bladder, dilatation of the ureters and kidneys, and other of the most serious consequences of urinary obstruction. In two young children, I believe that abnormal opening of the urachus at the umbilicus was the consequence of phymosis; for

in one this defect was cured, and in the other relieved, by circumcision.

I need not say that phymosis and calculus may coincide. But the rule that these cases dictate is, that if signs of calculus exist, in a boy with phymosis, and no calculus can be detected, the phymosis should be cured at once. If no advantage be hence derived, some of the other probable causes of the symptoms may be again looked for.

The neuralgia and muscular irritability of the bladder, may, in most respects, be studied better in adults than in children. But it has been best observed in children, that irritable bladders become hypertrophied; and the likeness of this hypertrophy to that of bladders which have long acted against mechanical obstruction, makes it probable that, in these cases, though no cause of obstruction may appear after death, one existed during life. Such an obstruction may arise in discordant actions of the muscles of the bladder and urethra; and I believe that a close resemblance may be traced between many of these cases of irritable urinary organs, and the cases of common stammering. Just as stammering is evidently due, in great measure, to want of consent between the glottis and the expiratory muscles,—the glottis keeping close, or unsteadily opening and closing, during the intended expiration; so, in these stammering bladders (as they might be called) there is a want of consent between the expulsive and the permissive muscles, the latter not quietly relaxing, while the former are acting. Whoever will inquire closely will find that the influence of the mind, and of mental associations, and of interference with the general health, is in both disorders similar; and that the remedies for certain cases of irritable bladder must include, or chiefly consist in, such as are appropriate for vocal stammering. Moreover, in children and adults alike, the remedy of this state is always the more difficult, the more the troubles are of purely nervous origin, and independent of local irritation.

The most frequent extrinsic local sources of irritation of the bladder are ascariæ and morbid conditions of the urine. Their cure will commonly remove all symptoms of disturbance in the bladder.

Morbid growths are so rare in the bladders of children, that they had better not be suspected till the absence of all other probable causes of the symptoms of calculus has been proved. But how closely such growths may simulate those symptoms, and how difficult their diagnosis may be, is well illustrated in the cases of polyp of the bladder related by Mr. Cresse (a) and Mr. Savory. (b)

Far more numerous are tuberculous diseases of the urinary organs, and there are none that in children or, more rarely, in adults, may so closely imitate the symptoms of a calculus in an inflamed and ulcerated bladder. The main things to look for in the diagnosis, when a calculus cannot be detected, are the coincident tuberculous diseases of other parts, especially of the kidneys, testicles, and vasa deferentia, and, in adults, of the prostate and seminal vesicles. For tuberculous disease of the bladder alone is very rare, and equally so is the coincidence of calculus with persistent disease of any of the genital organs except the prostate.

All these diseases of children imitating the signs of calculus are more frequent before than after eight years of age. And even those which are not connected with the urethra are more common in boys than in girls; an evidence that the greater frequency of the disease of the male bladder is not to be wholly ascribed to the troubles into which it is led by diseases of the urethra and other sexual organs.

**Accumulation of Urine.**—Few diseases are likely to be overlooked for want of names, and, generally, medical nomenclature might be made clearer by decrease, rather than by increase, of its terms. But the state that I would call "accumulation of urine," though well described by Hey, and well known to many surgeons, is yet, for want of a name of its own, unknown to many, and confounded by many with retention of urine.

A patient, unconscious of any disease in the bladder or urethra, finds himself becoming gradually more annoyed with fulness of the lower part of the abdomen, or with pain in the bladder, or too frequent action of it, or occasional incontinence of urine in the night. He is sure that he passes his full

quantity of urine daily, and passes it with nearly full force, and little or no difficulty; and retains it easily, except, perhaps, at night; and yet we find the bladder distended. Then, if the bladder be emptied with the catheter, the power of passing urine remains apparently good. It appears to the patient, perhaps, nearly as strong and as complete as ever: but it is not complete: the bladder never quite empties itself, and each day more and more urine accumulates, till it is again as much distended as it was before.

I have known such a state to be the first overt sign of paraplegia; but much more frequently it portends nothing of the kind, and is an entirely local disorder. A case may best illustrate it.

An old man came, on his way to work. He said he thought his bladder must be full, and he had sensations of discomfort in and about it, and his urine-stream was rather less strong than usual; but he believed that he passed as much urine as was his custom. I found the bladder distended, and drew off sixty ounces of urine. Three days later, though he had passed, he said, large quantities, sixty ounces had again accumulated; in four days more, fifty ounces, with no discomfort, and scarcely any other sign of trouble in the bladder. And thus the case went on, the accumulations gradually decreasing, till they were not more than thirty ounces in a week, and then some twenty or thirty ounces in a fortnight. At last, after about three months, the bladder recovered the power of completely emptying itself.

This case may be taken as a fair specimen of "accumulation of urine." The disease appears to be of the same kind with the fecal accumulations which one meets with in persons whose colon or rectum, without being paralysed, is at some part feeble, and who, passing feces daily, are unaware of the masses that day by day are accumulating in them. I think that a similar condition sometimes occurs in the stomach; and it may be impossible to explain the exact state of any of the organs thus able to act, yet not able to act fully. The muscular fibres are not paralysed; for to some extent, or for some time, they act well enough; but, in action, they seem to become prematurely weary, and thus, as they gradually contract less and less, they permit accumulation, till they may be paralysed by excessive elongation, or relieve themselves with some unnatural force.

Cases of accumulation of urine often show how much the secretion of urine is hindered by fulness of the urinary passages. We may guess at the amount of this hindrance from the quantities of urine that are secreted after the accumulation is withdrawn (and similar occurrences may be sometimes noted after the relief of a retention). One day I drew off eighty ounces of accumulated urine from a gentleman's bladder, and in the several days following there were secreted, and either evacuated or drawn off, 80, 75, 68, 70, 65, 65 ounces, varying in specific gravity from 1014 to 1018; and on each day in the next week about sixty ounces, of similar sp. gr. After this, the daily secretion fell to about fifty ounces, his ordinary average.

In the management of this disease, the bladder should be emptied daily, or as often as the accumulation amounts to more than twenty ounces. Generally, tonic treatment is useful: especially, I think, the sesquichloride of iron, in doses of forty or more more minims, does good. I think, also, that strychnine is useful; and, if the patients can bear it, cold sponging over the pubes and perineum should always be employed.

**Strictures of the Urethra.**—One of the best things about strictures to be learnt in an out-patient's-room is the value of medical treatment, and of rules of living, in alleviating the occasional urgencies of the disease, and enabling the patients to live in comfort and without catheters. Many good writers have urged the value of medical treatment in diseases of the bladder and urethra; but their advice is, in Hospital-practice, too often disregarded; and herein is one of the reasons, why there are no diseases in which so much better results are obtained in private practice than in that of Hospitals.

A great majority of the out-patients with stricture come for treatment only when they are worse than usual; and this worseness is generally due to intemperance, disordered digestion, cold, venereal excess, or unusual poverty. Of course every patient ascribes all his troubles to the stricture alone, although before it was thus aggravated, he had tolerated it for months or years. And if one is induced to pass an instrument at once, mischief is likely to be done; for the tissues a

(a) *Treatise on the Urinary Calculus*, pt. xx. fig. 2.

(b) *Medical Times and Gazette*, 1862.

and about the stricture are probably inflamed, ready to bleed, or to be torn, or to become more inflamed, and more changed in texture. As a general rule, therefore, it is best never to try to pass an instrument for a stricture, on the first coming of the patient, unless he have an urgent retention of urine. The disorder to be treated is not mere stricture, but that condition (whatever it be) which aggravates the stricture; and the first object should be to bring back the stricture to the state in which the patient could tolerate it.

Generally, the aggravation seems to be due to a congestion, or inflammatory state, of the stricture alone or with the whole urinary tract. And how slight and transitory a change of this kind may suffice to make a stricture scarcely permeable, may be estimated from the slowness of the swelling of mucous membrane which, in common coryza, will for a time completely hinder breathing through one of the nostrils.

Many of the out-patients who thus come with strictures aggravated complain of pain in the loins. They have headache, a furred tongue, and other signs of (I suppose) congested or inflamed kidneys. All these (unless there be something evidently contra-indicative) should be cupped on the loins. Whether such signs are present or not, the bladder is generally irritable, and the urine is high-coloured and scanty, smells strongly, and feels hot as it passes through the urethra. Alkaline and saline purgatives suit these conditions; and a good formula is, "Potassæ bicarbonatis ʒss., magnesiæ sulphatis ʒj., potassæ nitratis, gr. x. ter die." These should be given in diluted solution, and chloric or nitrous ether, or opium, may be added. A grain of calomel and a grain of opium should be given every night for three nights; or, if the patient be well-fed and gluttonous, ten grains of calomel should be allowed to act before any other medicine is given.

All patients thus suffering are relieved by warm baths. Their diet should be strictly ordered, and, as a general rule, all strong drinks should be forbidden; for the poor have none that are not injurious in such cases as these.

The cases of stricture that should be thus treated make up, I think, about nine-tenths of those that come to out-patients' rooms; and the general result of such medical treatment is, that within a month, or often within a week, the patient reports himself "well," or "much better," or "as well as he has been for years past." The surgical treatment of the stricture may now be safely undertaken; but, generally, the patient thus far relieved is content; and he may be so, if he will observe prudent rules of living. I believe that permanent good is very seldom done by the instrumental treatment of "tolerable" strictures in out-patients; and I am sure it is an error to regard stricture as a disease which has a natural tendency to increase. Left alone, and with well-managed general health, an urethral stricture, if not extremely narrow, will remain unchanged, or become gradually less. Many prudently living men can testify this,—men who had strictures "years ago," which now never trouble them, though they never pass instruments. On the other hand, no instrumental treatment, unless it be the perineal section, will prevent the increase of strictures in those who will not live prudently.

**Retention of Urine.**—What has been said about the management of strictures may apply to the greater part of the cases of retention of urine connected with stricture. There should be no long, or various, or forcible, attempt to pass catheters. Even if the bladder is thus emptied, the patient is most likely to come to the Hospital again in the evening, or next day, with renewed and worse retention, the stricture aggravated by the swelling that follows the passing of the instrument. In this way, success with the catheter is often as mischievous as failure.

It is a good rule, in any such case of retention, to desist from catheterism as soon as blood flows in more than a few drops. Such bleeding implies either congestion of the urethra, which proper treatment will remedy, or else a wrong route taken by the instrument.

The best plan is to admit the patient, if possible; for the things to be done in cases of bad retention are such as few of the poor can manage. The patient should have a warm bath and a warm bed, and, generally, opiate enemata, or chloroform, or local depletion, or, in some cases, the sesquichloride of iron. The time that may be spent in using these things must vary according to many circumstances, such as the duration of the retention, the tension of the bladder, the sufferings and general illness of the patient. But the cases

are very few in which it is necessary to perform any operation in less than twelve hours from the admission of the patient; and, on the other hand, if he be not relieved without operation in less than twenty-four hours it will, generally, be unwise to wait longer.

## ON THE "SQUATTING" UTERUS.

By EDWARD RIGBY, M.D. F.R.C.P.

Late Senior Physician to the General Lying-in Hospital, &c.

Mrs. S., aged 27, pale, hollow-cheeked, emaciated; never pregnant.

Feb. 17, 1857.—Constant pain above the symphysis pubis and left groin, sometimes sharp, increased by standing, constipation, and latterly by the catamenial periods; much puriform discharge. Pulse feeble. Tongue very pale and sulcated. Evacuations light and offensive. Catamenia have become more profuse: the previous period lasted fourteen days: has had night perspirations until lately.

*Exam. per vaginam.*—Upper aperture of pelvis filled by a large globular uterus, which is acutely tender; there is no cervix, but merely a round orifice to mark the os uteri, which is soft and very tender. On passing the sound, the shape of the uterus alters and becomes pyriform; there is now a taper cervix, which, as well as the os uteri, is no longer tender to the touch.

℞. Pil. hydrarg., ext. hyosc. ā gr. v. alt. noct.; acidi hydrochlor. dil., acidi nitrici dil. āā ʒi.; liq. taraxaci, ʒi., infusi cinchonæ oblongifoliæ, ʒvii. M.—Ft. mist.; sumat cochl. magna ii. bis terve die, ante cibum.

℞. Plumbi diacet., extr. conii, āā gr. viii., pulv. acaciæ, ʒss. M.—Ft. suppositorium ori uteri h.s. apponend.

Let her dissolve a desertspoonful of common salt in a pint of water, soak six towels in it, and hang them up to dry; let her use one of these towels every morning after washing.

March 13.—Writes that she is better, but still suffers a good deal from bearing-down pain, and pain in her hips; during the last few days she has suffered pain in the vicinity of the anus, so that she could not sit with any comfort; there has been severe menorrhagia, and she has now profuse leucorrhœa.

Rep. pilulæ just before the next period. Rep. mist. cinchonæ, decoct. quercus c. alumine pro lotionē.

April 7.—Suffered much pain at the last period, which came at the fortnight, she feels weak in consequence; there was not much pain previously; it has been chiefly since the period began, which has now lasted ten days. The leucorrhœa was diminished by the lotion; but she still has the same uterine pain, which is at times severe, with pain on sitting down; she has also pain in the left groin: until this attack she thought she was gaining strength.

Let her attend to the state of the bowels, and lie down during the period. Rep. mist. cinchonæ. ℞. Acidi gallici, ʒi., ext. conii, gr. x., pulv. acaciæ, ʒss. M.—Ft. suppositorium ori uteri o. n. applicandum.

May 8th.—Another period is nearly over. It commenced two days beyond the fortnight. For nearly two days before the discharge appeared she was in such severe suffering as to prevent her rising from her bed. The pain continued unabated for a few days after. "It was most severe behind, with a dreadful bearing down." The bowels are sufficiently open, and more healthy; but defecation has caused "intense pain during this period." She is inclined to perspire. Leucorrhœa "as bad as ever;" is very feeble, and "cannot sit up comfortably." Rep. mistura cinchonæ. ℞. Ferri sulph. gr. xvi., acidi sulph. dil. ʒj., magnesiæ sulph. ʒj., syrupi rhæados, ʒss., aquæ menthæ pip. ʒvijs., M.—Ft. mist.; sumat cochl. magna ij. primo mane. Let her take this medicine every morning after the half-way time.

June 20th.—Is much better. "The period came on at the month, and without any pain beforehand," nor had she any of "that dreadful pain behind," but only the bearing down pain. The period lasted only four days, and she has felt quite well since. She has not been so free from leucorrhœa for years. Appetite much improved—"always hungry." Bowels regular without medicine, and moved without pain. Rep. mist. cinchonæ.

July 30.—Has continued perfectly well until a few days ago, when she had a slight return of bearing down pain.

Thinks that she requires a blue pill every week, which relieves the pain. Bowels regular, but the passage of feces occasionally gives pain. Feels stronger than she has done for a long time.

I had seen this patient in 1849, just after her marriage, when suffering from severe vaginal and vesical irritation, which was relieved by appropriate remedies. I saw her again in 1851. She was very feeble. There was much gastric derangement. The os uteri was low in the pelvis, but otherwise natural; the cervix hard and painful. She had constant leucorrhœa with lancinating pains. I ordered leeches to the cervix, to be followed by suppositories of plumbi diacet. c. extr. conii, and put her upon an alterative and tonic course of treatment; she improved considerably, and I did not see her again. I have now very little doubt but that she was then suffering from a similar condition of uterus to that described in her present case; the different remedies which were used appeared to afford her only a temporary relief, and nearly the whole period which elapsed to when I again saw her in 1857 was passed in ill health and much suffering, the effects of which were but too plainly stamped on her sickly and emaciated features. In addition to the constant drain of profuse leucorrhœa, menorrhagia had lately come on, and was gradually increasing; night perspirations had appeared, and her general state betokened an alarming degree of prostration.

The characters of the "squatting uterus" (as I have called it for want of a better name) were well marked in this case; the hard, globular, and painful uterus nearly filled up the superior pelvic aperture, the cervix was entirely lost in the swollen condition of the organ. On passing the uterine sound and raising the fundus, the change was not less remarkable than instantaneous; the body of the uterus resumed its natural pyriform shape; a soft taper cervix could now be felt, and bore the pressure of the finger without pain. Her health improved under the use of the infusion of red bark and nitro-muriatic acid, but the next period was of a menorrhagic character, and was followed by profuse leucorrhœa, which was considerably diminished by the injection of decoct. quercus c. alumine. The next period (May) came on after an interval of only sixteen days, preceded and attended by intense suffering of an entirely different character to what she had felt before; it was evidently of an ovarian character, and could I have had an opportunity of examining I should have doubtless found the left ovary lower than usual, much swollen, and intensely tender. The peculiarly agonising character of the pain, extending from the side of the pelvis backward, aggravated to a most intolerable degree by the painful bearing down during the passage of feces, leave little doubt as to the source of her sufferings. The connexion of these attacks of ovarian pain with the catamenial period are pretty good evidence that the ovary was not inflamed, but we may infer from the relaxed condition of the uterus and descent of its fundus, that the left ovary was lower in the pelvis than is natural, and that during the engorgement, which it undergoes at a catamenial period, it had been pressed down, and probably more or less strangulated during the passage of feces from the sigmoid flexure of the colon into the rectum. Still, however, the indications of treatment were the same, viz. to keep the bowels well emptied, and to improve the strength as much as possible. The morning laxative of ferri and magnesia sulph. was given every day from the half-way time up to and through the period; the bark mixture was continued steadily. A manifested improvement was the result as shown in the report of June 20th, and I trust that she has since been adhering to this plan of treatment until her health was fully established.

Berkeley-square.

## THE CHEMISTRY OF CAUSTICS.

By WILLIAM BASTICK, M.P.S.

Of all the applications of chemistry to the sciences of medicine and surgery, there is not one which has been so little studied or written upon as the Chemistry of Caustics. Having recently had my attention called to this fact, while making some investigations into the nature of caustics, and especially their mode of action, I propose to lay briefly before those interested in this subject the conclusions arrived at, however fallacious the labours of future and abler investigators may prove them to be.

It seems to me that caustics, with reference to their action, may be divided into two great classes, namely, one which comprises those which merely kill or destroy the vitality of the living tissue; and the other, which includes those which not only destroy the vitality of the living tissue, but decompose or dissolve the tissue whether dead or living.

As examples of the former class, may be enumerated chloride of zinc, sulphates of copper and zinc, bichloride of mercury, etc.; and as examples of the latter class, may be mentioned caustic potash, nitrate of silver, manganese cum potassa, chromic acid, etc.

Another distinctive feature of these two classes is, that while the latter destroys and decomposes the living or dead tissue, the former, having killed the living tissue, acts afterwards as a powerful antiseptic or preservative of it.

It is not within my province to point out to those extensively employing caustics, to whom these facts may be new, the importance of bearing in mind this distinctive feature between the two classes of caustics, when selecting the description of caustic to be employed in any given case.

Although caustics may be conveniently divided in the manner described into two principal classes, these classes can be further subdivided into many others, because the mode of action is frequently distinct in each individual case, whatever the final result may be on the living tissue.

To illustrate this point, the modes of action of caustic, potash, and chromic acid may be cited. When the living tissue is placed in contact with caustic potash, the destruction of its vitality ensues by the potash dissolving its albuminous and fibrinous components. In fact, acting in the manner described by chemists for obtaining the various protein substances from organic matter. Of course I only allude to the leading features of the action of caustics in this instance as well as in others. When the same tissue is treated, chromic acid, instead of obtaining a solution of the protein compounds of the tissue, and thus destroying its organized structure, the tissue is destroyed by a slow process of combustion; or, in other words, it is oxidized at the expense of the oxygen of chromic acid, by reason of the facility with which that acid parts with its abundant oxygen when in contact with organic bodies. The manganese with potash acts in a similar way as a caustic to chromic acid, but in consequence of the permanent and manganic acids which it contains being in combination with the base potash, its action is more controllable and persistent. It may be not here out of place to mention what appears to me to be a practical advantage that the destructive caustics, if I may so term them, possess over the conservative ones. In doing so I beg to state, once for all, that I offer my opinions on such points with great diffidence, knowing that chemistry is not medicine or surgery, but only one of their instruments. The practical advantage is this:—When the Surgeon desires the removal of a diseased tissue by caustics, if he uses a conservative caustic he kills the tissue, but has to effect its separation by a further process of suppuration, etc., whereas if he employs a destructive caustic, the two processes are in simultaneous action, and the desired result is consequently more speedily accomplished.

Nitrate of silver is essentially an oxidizing caustic, but its action is much slower than that of chromic acid or manganese with potassa, from the circumstances that it does not so readily part with its oxygen, and it forms an insoluble compound with organic structures which acts as a preventive to its continuous powers as a caustic, by forming a sort of impermeable coating on the tissue to be removed. I am aware that this action is an advantage where hæmorrhage is to be feared.

The exsiccated sulphate of zinc and copper, when employed as caustics, act like chloride of zinc by their powerful affinity for water. But when the vis vitæ is destroyed by such affinity, their further action is that of strong antiseptics, thereby greatly, if not entirely, retarding the natural disruption of tissues which have ceased to possess vitality. Bichloride of mercury, and in fact, all mercurial caustics possess a conservative action by their strong affinity for the albuminous components of organic structures with which they form compounds of definite character.

Nitric and sulphuric acids belong to the class of destructive caustics; the action of the former is that of the oxidation of the tissues, while the latter owes its power as a caustic to its power of extracting the elements of water from organized bodies, behaving like the exsiccated salts previously mentioned,



with which it is sometimes judiciously combined to prevent the spreading of the acid beyond the parts to be destroyed by reason of its fluidity when uncombined.

Chloride of gold has been extensively employed generally in combination with other caustics in some of the Continental Hospitals. When placed in contact with organic matter, this salt is reduced to a metallic state similar to the action of nitrate of silver; but as far as my experience goes, it is inferior as a caustic to the silver salt, because of the large quantity of oxidizing material which is set free when the organic matter is treated with nitrate of silver. Among the conservative caustics, arsenic and its compounds will find its proper class; for although arsenic is poisonous to living tissue, it is a powerful antiseptic agent. It forms no combinations with dead or living tissue, and only a feeble one with albuminous matter; and from this cause it must be regarded in a chemical point of view as a very inefficient caustic.

Chlorides of antimony and iron, which have been used as caustics, exhibit a mode of action similar to chloride of zinc. The very feeble action of the latter must in some cases be its principal recommendation.

It will be evident from the previous statements that chemistry will supply us with an indefinite number of caustics; for it is clear that whatever decomposes or combines with living tissue sufficiently to kill, it is, to all intents and purposes, a caustic. It is also equally manifest that, while it is the essential condition of every substance professing to be a caustic, it should kill the living tissue, it by no means follows that all caustics performing this condition should destroy or dissolve away, as it were, the tissue when no longer possessing life, for this latter property belongs to a distinct class of caustics.

I am aware that I have not noticed the so-called irritant action of caustics; but in explanation I reply that the consideration of this action is foreign to the purpose of this communication, and moreover is a subject not within the province of the chemist.

Brook-street, Bond-street.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### GUY'S HOSPITAL.

#### OPENING OF THE STOMACH FOR THE RELIEF OF STARVATION FROM MALIGNANT STRICTURE OF THE CESOPHAGUS.

(Case under the care of Dr. HABERSHON and Mr. COOPER FORSTER.  
[Communicated by Dr. HABERSHON.]

THERE are many operations which are undertaken to relieve suffering and to prolong life, without the prospect of cure, and the one performed in the following case was of that kind. Walter H—, aged 47, was admitted under Dr. Habershon's care into Guy's in October 1857. He had been suffering from chronic bronchitis for about fifteen years, but at the time of admission had severe pain in his throat, greatly increased on coughing and by swallowing. On examination, the eye could not at that time detect disease in the throat. In the chest there was great feebleness of the respiratory murmur at the apices, prolonged expiratory murmur, with slight sibilant râles, were generally audible; there was increased resonance on percussion. The dysphagia gradually increased, and emaciation steadily progressed; coughing produced much pain, and still more the attempt to swallow. For about a month he was able to take meat diet, when he became reduced to fluid forms of food. Mr. Cooper Forster could now detect a growth at the termination of the pharynx. During January swallowing became exceedingly difficult, and the patient in great distress; various modes of relief were used, but the most effective were counter-irritation by small blisters on both sides of the throat, etc. There appeared to be strong probability of the existence of epithelial cancer at the commencement of the œsophagus, in addition to chronic disease of the lung; and this was confirmed by the inspection after death. On Feb. 22 he was reduced almost to a skeleton, and swallowing was barely possible; his cough had nearly

ceased. It was found necessary to use nutrient injections, and after a few days deglutition again became partially restored for a short time. In this manner he continued, gradually wasting more and more, till, on March 19, he was unable to swallow even a drop of water; the thirst became very distressing, and he was, as he stated, "famished." It was evident that he was dying from inanition; injections had been used more or less for nearly a month, and were now the only means of administering any food; these were repeated at intervals of a few hours, but in a week they also failed, the rectum at once rejecting them. In this condition, March 26, it became a question whether the patient should be left to die suffering from starvation and thirst, or any means of relief be attempted. About a week previously, the effort of swallowing even a drop of water had produced violent coughing, and appeared to indicate a communication with the trachea. To attempt œsophatomy would have been in vain; for, as was suspected, the disease extended from the pharynx as far as the sternum. To pass a bougie would have been impossible, and would have probably produced instant death; the only means left was to make a gastric fistula. To some this operation may appear unjustifiable; but Dr. Habershon urged it as a means, not of cure, but to relieve the agonizing sense of starvation and of thirst, and this it completely effected. It was not performed till the pulse was very feeble; but even then it afforded comfort, and tended in some degree, perhaps, to prolong life—at the least, death was less painful. After consultation and deliberation among our colleagues, Mr. Forster made an opening into the stomach at the linea semilunaris. It was performed with very little suffering to the patient, without the collapse which might have been expected, and with an ease which surprised those who witnessed the operation. The edges of the mucous membrane of the stomach were stitched to the opening, and small quantities of food frequently introduced. The patient became much more comfortable, his thirst was relieved, and his hunger satisfied; he slept comfortably for several hours. After twenty-four hours, however, he was evidently sinking, and stimulants were given very freely, but with only very transient effect. He died forty-five hours after the operation. On inspection, there was epithelial cancer of the throat, extending from the cricoid cartilage to immediately beneath the sternum, where constriction was almost complete, only allowing a probe to pass. Above the constriction the coats of the œsophagus were perforated, and a small communication formed with the trachea. The lungs were emphysematous, at the right apex there was old deposit, with crepitant intervening lung. Some tubercles were studded throughout the right lung (non-cancerous), and there was considerable congestion, and some lobular pneumonia of the left lung. In the abdomen the centre of the anterior surface of the stomach had been opened. No peritonitis existed; the serous membrane was everywhere perfectly smooth. The food, consisting of eggs, milk, and some rum, had passed for four feet down the jejunum; the rest of the intestine was exceedingly contracted, but healthy, except several patches of congestion in the colon. The other viscera were healthy. One or two glands of the neck were enlarged. The fuller particulars of this case, and of the operation and treatment, with illustrative drawings, will be given in the next number of the Guy's Reports; but we have thought it right to give this early notice, that the nature of the case may be understood. The operation of forming gastric fistula or gastrotomy was shown in this instance to be performed without much suffering, without collapse, with ease, with considerable relief, and possibly, if done at an earlier period, with much more permanent benefit. It was not a trifling boon to this man to be relieved from intense thirst and the feeling of starvation.

**HEALTH OF INDIAN TROOPS.**—A letter from Cawnpore says:—"The troops appear as yet to be tolerably healthy. In Jung Bahadoor's force, however, smallpox has broken out, and cholera is fatally busy in Bengal. The 35th, at Raneegunge, has suffered severely from that disorder. It is to be feared that great losses will ensue if the men are not housed by the hot weather. The construction of barrack accommodation progresses very slowly; and, indeed, even were a sufficient amount completed, a considerable proportion of the troops would probably be unable to avail themselves of it."



THE PROVINCIAL  
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL  
OPERATIONS PERFORMED DURING  
THE YEAR 1857.

(Continued from p. 352.)

THE subjoined Report comprises the following Hospitals:—Addenbrooke's (Cambridge), the Bristol General, the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Glasgow Royal, the Gloucester, the Hull, the Leeds, the Leicester General, the Liverpool Royal, the Liverpool Southern and Toxteth, the Queen's, Birmingham, the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the Sussex County (Brighton), the West Norfolk and Lynn (Lynn), the York County.

AMPUTATIONS.

*Of the Leg.*—Case 76.—The Royal Berkshire: Mr. May.—A delicate man, aged 29, was admitted with a compound fracture of the leg. Primary amputation. Recovery. Case 77.—The Staffordshire General: Mr. Waddell.—A strumous lad, aged 13. Amputation on account of diseased tarsus. Recovery. Case 78.—The Sheffield: Mr. Barber.—A man, aged 28. Amputation on account of a large sore, which had remained from an unhealed burn fourteen years ago. Recovery. Case 79.—The Queen's, Birmingham: Mr. West.—A lad, aged 7. Primary amputation on account of crushed foot. Recovery. Case 80.—The Queen's, Birmingham: Mr. Langston Parker.—A woman, aged 48, was admitted with a compound fracture of the right leg. Secondary amputation on account of gangrene on the eighth day. Recovery. Case 81.—The Queen's, Birmingham: Mr. Langston Parker.—A boy, aged 11, admitted with his right foot crushed. Secondary amputation on account of profuse suppuration on the ninth day. Recovery. Case 82.—The Leeds: Mr. Teale.—A delicate lad, aged 17. Amputation of the leg on account of diseased ankle of two years' duration. Amputation. Recovery. Case 83.—The Leeds: Mr. Teale.—A delicate boy, aged 14. Amputation on account of diseased ankle-joint of two years' standing. Recovery. Case 84.—The Leeds: Mr. Hey.—A woman, aged 26, the subject of diseased ankle-joint for twelve years. Recovery. Case 85.—The Leeds: Mr. Hey.—A stout man, aged 44. Amputation (at his own request) of the leg, on account of an intractable and very painful ulcer, involving the periosteum. Recovery. Case 86.—The Derby: Mr. Fearn.—A man, aged 46. Secondary amputation of the leg on the seventeenth day, after a compound fracture. Recovery. The left arm had been removed by primary amputation, having been crushed in the same accident. Case 87.—The Derby: Mr. Gisborne.—A man, aged 19. Amputation on account of diseased ankle-joint of two years' standing. Recovery. Case 88.—The Liverpool Royal: Mr. Bickersteth.—A woman, aged 50, in good health. Amputation on account of malignant growth involving the foot and ankle. Recovery. Case 89.—The Liverpool Royal: Mr. Long.—A healthy lad, aged 12. Amputation on account of elephantiasis of the leg, which had occasioned much pain. Recovery. Case 90.—The Liverpool Royal: Mr. Long.—A healthy man, aged 26, whose leg had been amputated on the field at Inkermann. The bones being scarcely covered, a second amputation was performed. Recovery. Case 91.—The Liverpool Royal: Mr. Stubbs.—A healthy man, aged 26. Primary amputation on account of compound comminuted fracture. Recovery. Case 92.—The Sussex County: Mr. Blaker.—A man, aged 43. Amputation of the leg on account of intractable ulcer of eighteen years' duration. Under treatment. Case 93.—Addenbrooke's, Cambridge: Mr. Léstourgeon.—A boy of scrofulous habit, the subject of old-standing disease of the ankle. Amputation. Recovery. Case 94.—Addenbrooke's, Cambridge: Mr. Hammond.—A healthy boy, aged 11, the subject of diseased ankle. Amputation. Recovery. Case 95.—Glasgow: A boy, aged 11. Primary amputation on account of compound fracture. Recovery. Case 96.—The Sheffield: Mr. Barber

—A boy, aged 14. Amputation of the right leg on account of strumous disease of the ankle. Recovery. Case 97.—The Cheltenham General: Mr. Eves.—A boy, aged 14, in a state of the most extreme exhaustion on account of disease of the ankle-joint. Amputation. Profuse secondary hæmorrhage occurred, and was very nearly fatal, but the boy ultimately recovered well. Case 98.—The North Stafford: Mr. Garner.—Primary amputation after compound fracture. Recovery. Case 99.—The Dundee: Dr. Crockatt.—A woman, aged 40, in bad health, the subject of diseased ankle-joint. Amputation. Recovery. Case 100.—The Dorset: Mr. Curme.—A lad, aged 18, of scrofulous habit, was admitted with a compound dislocation of the ankle. Secondary amputation through the leg. Recovered. Case 101.—The Staffordshire General: Dr. Masfen.—A strumous lad, aged 17, admitted with disease of the ankle-joint and tarsus of eighteen months' duration. Amputation. Recovery. Case 102.—The Leeds: Mr. Smith.—A woman, aged 36. Amputation on account of diseased tarsus of nine months' duration. Recovery. Case 103.—The Leeds: Mr. Teale: A strumous boy, aged 13. Amputation on account of diseased tarsus, the result of an injury a year before. Recovery. Case 104.—The Leeds: Mr. Hey.—A man, aged 26. Amputation on account of diseased tarsus. Recovery. Case 105.—The Leicester: Mr. Paget.—A lad, aged 15, in fair health. Amputation on account of diseased tarsus. Recovered. Case 106.—The Gloucester: Mr. Wilton.—A healthy man, aged 40. Primary amputation on account of crushed foot. Recovered. Case 107.—The Liverpool Southern: Mr. Minahull.—A boy, aged 15. Primary amputation for compound fracture. Recovered. Case 108.—The Liverpool Southern: Dr. Nottingham.—A man, aged 45. Primary amputation for compound fracture. Recovered. Case 109.—The Liverpool Southern: Mr. Hamilton.—A boy, aged 12. Primary amputation for compound fracture. Under treatment. Case 110.—The North Staffordshire: Mr. Garner.—A lad, aged 19. Primary amputation for compound fracture. Recovery. Case 111.—The North Staffordshire: Mr. Ball.—A man, aged 62. Amputation on account of diseased tarsus. Recovery. Case 112.—The North Staffordshire: Mr. Ball.—A man, aged 47, admitted on account of a crush of the left leg. Primary amputation. Sloughing and hæmorrhage followed. Death on the tenth day. Other severe injuries had also been sustained. Case 113.—The Glasgow.—A lad, aged 18. Primary amputation on account of crushed leg. Death from exhaustion on the seventh day. Case 114.—The Glasgow.—A man, aged 23. Secondary amputation on account of severe injury to the leg. Death from phlebitis on the third day. Case 115.—The Glasgow.—A lad, aged 15, in good health, admitted on account of a compound fracture of the leg. Tetanus occurred on the sixth day, and secondary amputation was performed on the eighth. Death followed twenty-four hours after the operation. Case 116.—The Sussex County: The House Surgeon.—An intemperate man, aged 46. Primary amputation on account of compound fracture of the leg. Death on the fifteenth day from delirium tremens, with gangrene on the stump. Case 117.—The Liverpool Royal: Mr. Stubbs.—A healthy country woman, aged 25.—Primary amputation through the upper third of leg, on account of compound fracture from a machinery accident. She had an infant four months old at the breast. Death from irritative fever on the sixth day. Case 118.—The Liverpool Royal: Mr. Bickersteth.—A feeble woman, aged 60, suffering from diseased tarsus. After the amputation she did well for a while, but subsequently sank into a feeble condition and died. Case 119.—The Liverpool Royal: Mr. Stubbs.—A healthy man, aged 23, a railway stoker, was admitted with a compound fracture of the right leg and many severe bruises, having been blown up by a boiler explosion. Primary amputation. Death thirty-six hours afterwards. Case 120.—The Derby: Mr. Fearn.—A man, aged 76, the subject of diseased tarsus: after the amputation the flaps sloughed and the bones became exposed. Death from exhaustion on the twenty-eighth day. Case 121.—The Leeds: Mr. Hey.—A woman, aged 23, in fair health. Amputation through the leg on account of a tumour, the size of a cocoa-nut, which had been growing for two years from the dorsum of the foot. Death from pyæmia with purulent deposits in the lungs on the twenty-eighth day. On examination of the tumour it appeared to consist chiefly of fibrous structure. Case 122.—The Queen's (Birmingham): Mr. Sands Cox.—A very intemperate man, aged 44. Secondary

amputation on the fourteenth day, on account of gangrene after a compound fracture. Death two days afterwards. *Case 123.*—The Sheffield: Mr. Barber.—A stout woman, aged 67. An opium-eater. Amputation of the leg at her own request, on account of a large intractable ulcer; severe dyspeptic symptoms occurred afterwards. She died of exhaustion four months after the operation. *Case 124.*—The Royal Berkshire: Mr. Moxhay.—An intemperate woman, aged 60. Primary amputation, on account of a compound fracture of the ankle. The flaps sloughed, she sank into a typhoid state, and death took place on the ninth day. *Case 125.*—The West Norfolk: Mr. Sayle.—A healthy boy, aged 13. Secondary amputation, on account of gangrene on the sixth day, after a comminuted fracture of the leg extending into the knee-joint. The posterior tibial artery and nerve had been torn through. On the second day after the operation lockjaw showed itself, and general tetanus was rapidly developed. Death followed thirteen hours after the first stiffness of the neck. *Case 126.*—The North Stafford: Mr. Ball.—A man, aged 69. Amputation of the leg, on account of an old ulcer. Death from exhaustion in the third week. *Case 127.*—The North Stafford: Mr. Turner.—A man, aged 22, in good health. Compound fracture of the leg and ankle. Primary amputation. Death. *Case 128.*—The Glasgow.—A man, aged 46, the subject of sloughing ulcers of the leg, and necrosis of the tibia. Amputation. Secondary hæmorrhage. Death from exhaustion on the fifth day. *Case 129.*—The Glasgow. A woman, aged 34. Primary amputation, on account of compound fracture. Death.

## SUSSEX COUNTY HOSPITAL.

### INGUINAL ANEURISM—LIGATURE OF THE EXTERNAL ILIAC ARTERY—RECOVERY.

(Under the care of Mr. E. J. FURNER.)

[Reported by Mr. F. JOWERS, House-Surgeon.]

James Fawcett, aged 30, a tall, fine, strongly-made man, a master-mariner by occupation, moderately sober, much exposed to wet, cold, and severe toil, but usually enjoying good health, was admitted into the Sussex County Hospital, under the care of Mr. Furner, September 5, 1857, with a large pulsating tumour in the right groin, of three months' duration. He complained much of pain in this swelling, extending down the thigh to the knee, in which latter situation it was more severe than in the swelling itself.

He gave the following history:—

About January last he began to be troubled with darting pain in the groin, especially after any unusual exertion, but not so severe as to cause him very much inconvenience. Three months ago, after many hours very severe labour in lifting ballast, he was attacked with more than usually severe pain in the groin, and his attention being directed to the part, he found a swelling the size of a walnut.

This swelling was "beating," and, according to the account of his wife, pulsated so forcibly as to "jerk her finger off." He showed the swelling to various Surgeons at different seaport towns, and was treated for a bubo; leeches, poultices, and fomentations being applied to "bring it to a head, that it might be opened."

All this time he suffered acute pain, especially at night, so that he scarcely knew what it was to obtain any regular sleep, but not till three weeks before admission did he relinquish his occupation.

Fortunately he then came under the notice of my friend, Mr. Fuller of Shoreham, who at once diagnosed the real nature of the case, and advised his removal to the hospital.

He had no recollection of any sudden blow or strain, but his work was often extremely laborious; thus, for instance, he was sometimes at the helm for twenty hours at a time.

On examination there was found in the right groin a large pulsating tumour, measuring four inches in diameter, extending from the external abdominal ring outwards, and as much above as below Poupart's ligament, and apparently going deeply into the pelvis. It was circular in form, tolerably uniform on its surface, firm and incompressible, and pulsated with a strong uniform swelling, synchronous with the pulse, and without any thrill.

At one point only, at its upper and inner margin, could a

slight bruit be detected. A faint bruit was also heard in the course of the femoral artery. There was no œdema of the limb. The skin over the swelling was marked by the scars of old buboes; otherwise it was healthy.

He was ordered to lie in bed, to apply cold lotion to the swelling, to take a mercurial purge, and have a spare diet.

The tumour made such rapid progress that it was deemed advisable not to delay the operation, and on the 11th September, six days after admission, it was performed. The swelling then measured more than five inches in diameter, and was much more prominent.

The external incision was commenced about an inch above the external abdominal ring, and carried upwards and outwards in a curved direction to the extent of five inches and a half. The only check that occurred in the operation was from the remarkable contraction at each application of the knife of the abdominal muscles, which were developed to an unusual degree, and interfered considerably with the free use of the knife. The ligature was applied in the usual manner, very little blood was lost during the operation, the only vessel wounded being the superficial epigastric, which was immediately secured, and the entire operation was completed, including the administration of chloroform, in something less than twenty minutes.

By the liberal application of leeches and the free use of calomel and opium he recovered from a severe attack of peritonitis, and was going on fairly till the evening of the ninth day, when, after sleeping all the afternoon, he awoke shivering, and complaining of a sense of weight and coldness in the tumour. These symptoms subsided on the administration of some ether and laudanum, but recurred on the following evening about the same time. The tumour was now soft, and doubtfully fluctuating.

On the twelfth day the tumour was softer, tender, and more prominent; he had but little sleep during the night, being kept awake by a sense of weight and fulness in the abdomen in the immediate vicinity of the swelling; and early in the morning of the thirteenth day a gush of dark bloody fluid took place from the wound. All the dressings were removed, and the wound exposed to the air. Some hours afterwards the discharge had somewhat increased, but was now more evidently mixed with matter. It smelt like decomposed animal matter, and the microscope showed little besides exudation cells; there were but few corrugated and worn-out blood-cells. The swelling was very much flattened, less tender, and less fluctuating; and pressure over it increased the discharge from the wound, which had a good appearance. The patient looked and felt well.

On his return to bed the limb was wrapped from the foot to the groin in cotton wool, and raised on pillows.

About six hours after the operation he complained of intense pain in the calf of the leg, which felt, to use his own expression, "as though it must burst." The right limb was only two degrees colder than the left. They were respectively 76° and 78°. He took half a drachm of laudanum, and was soon free from pain.

At midnight, being rather restless, he took fifty drops of laudanum, and obtained some good sleep at intervals.

On the following day he had a tranquil expression, and was quite comfortable, save that there was some slight tenderness in the region of the wound, and he was somewhat troubled with flatulence, to which he was subject.

He was directed to take a grain of crude opium every four hours, and to have a light poultice over the abdomen.

This treatment was followed by marked relief. In the evening he was quite easy, the abdomen scarcely tender, and the pulse but little over 100. The use of the opium persisted in, and he continued doing well till the evening of the third day after the operation, when his pulse rose almost suddenly from 74 to 100; the abdomen became painful, tender, and distended, and vomiting with hiccough set in.

The discharge became good pus, and on the sixteenth day the ligature came away. On the eighteenth day another gush of thick blood-stained pus took place, with three or four large clots of blood. He had on the previous day felt some uneasiness in the swelling, and this was followed by marked relief.

He was now apparently getting rapidly well, when, early on the morning of the twenty-fifth day following the operation, and the ninth after the separation of the ligature, there was a sudden gush of florid and seemingly arterial blood from

the wound, to the extent, as nearly as could be ascertained, of sixteen ounces.

The patient was perfectly quiet at the time, but attributed the bleeding to his having used the limb while shifting his position some short time before; he then inadvertently made use of the affected limb to push against the foot-board.

As the hæmorrhage had entirely ceased when seen by the House Surgeon, and showed no disposition to recur, no compresses were used; but the patient was placed upon a more spare diet than before, and he was carefully watched, as he had been from the commencement, by the dressers and nurses. He said that after the bleeding took place he had more sensation in the limb than he had had since the operation. The posterior tibial artery was detected for the first time.

After the hæmorrhage, which did not recur, there was little to note save the steady progress of the case towards perfect recovery. For some time afterwards the wound did not assume the healthy appearance it had before, and not till the eleventh week after the operation could it be said to be fairly healed.

He was discharged Dec. 2, and has since performed several voyages. The wound is firmly cicatrized, and there is no tendency to ventral hernia.

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## Medical Times & Gazette.

SATURDAY, APRIL 10.

#### ELCHO v. COWPER.

HAVING in our last article (March 27) distinctly stated the PRINCIPLES on which a Medical Reform Bill ought to rest its claims for support, we proceed to examine the provisions of the two Bills now before Parliament—that of Lord Elcho and that of Mr. Cowper.

This analysis we shall attempt to make mainly upon the salient points on which the two Bills differ, as well in principle as in the machinery for carrying out executive details.

Both Bills are agreed as to the necessity of two out of the three great principles we have insisted on:—1. That every Medical Practitioner should have the right of free practice throughout the United Kingdom, without hindrance from local jurisdiction; and, 2. That the names of qualified Practitioners should be inscribed in a Register, to enable the public to ascertain their qualifications, and so to distinguish them from the unqualified.

Bearing on the powers, and the direction in which the Council may exercise their powers, there appears to us a significant difference, involving in the details of Registration principles of some importance, in the latter part of paragraph xxv. of Mr. Cowper's Bill, compared with paragraph xxxiv. of Lord Elcho's. By the former Bill, the insertion of additional qualifications in the Register may be made, "on payment of such fee as the Council may direct." By the corresponding paragraph in Lord Elcho's Bill, no fee is required for any such additional record. In short, while Lord Elcho's Bill proposes distinctly a fee of not more than £25 for all, the fees by Mr. Cowper's Bill are left undeter-

mined; and we confess to not being able to understand the principle on which they are to be exacted, or the mode in which they are to be paid. This is an important difference, considering the mode in which the Council of Mr. Cowper's Bill is proposed to be constituted; and the proposal may be used as an argument of some weight against the constitution of the Council as proposed by Mr. Cowper.

Those who are to be registered *simpliciter* under the Act, as already holding legal rights to practise, and who will thus at once be recognised as "the legally qualified," are defined similarly in the appended schedule of either Bill, namely, in schedule A of Mr. Cowper's, or in schedule B of Lord Elcho's. The only difference is, that Mr. Cowper's measure admits those who have been made Doctors of Medicine by the Archbishop of Canterbury, while Lord Elcho's does not. If such an authority for the creation of a Doctor is duly inserted after the name of the person there may be no objection to this concession, as the simple statement of the fact and source of the right may be amply sufficient, (in the absence of any other qualification,) to inform the public that such a man has not necessarily any training or knowledge of his Profession, and ought not to be trusted. Again, the Register proposed by Lord Elcho is simply alphabetical, whereas Mr. Cowper leaves to the Council the power to make a Register, or Registers, after their own fashion, which would possibly lead to the very objectionable plan of a separate register for Physicians, Surgeons, and General Practitioners. University Graduates who are not members of corporations would thus have a most indefinite position, not being recognised under any of the above designations. Both Bills also agree as to the necessity of publishing one uniform Pharmacopœia for the Three Kingdoms.

It is on the third great principle that the battle-ground must be contested. It is the manner in which future candidates for entrance into the Profession are proposed to be admitted on which differences exist of vital importance. We contend that every Practitioner, whatever higher honours or distinctions he may subsequently attain, should be required to pass through one common examination, which should be a fair, uniform, and sufficient test of education and of qualification, practical as well as theoretical. Thus all may start fair in the race of life, and strive to rise from this the lowest and most common level in Medical acquirements.

Let us, then, compare the provisions of the two Bills, by which it is proposed that admission to the Medical Profession is in future to be obtained.

Lord Elcho proposes to institute two Boards of Examiners—one for the preliminary examination of candidates as to their general education; and another for the examination of candidates as to their professional education. The examiners who constitute the first Board, to deal with the preliminary attainments of the candidate, are to be appointed by "the General Council," to hold office during the pleasure of the Council, and to receive pay.

One Professional Board is to be appointed for England, one for Scotland, and one for Ireland. The number of examiners is as yet undetermined, but left to be decided by the General Council. The professional examiners are to be appointed from year to year, and to be eligible for reappointment; but the Professional Board of Examiners is not to be appointed by the General Council.

The Examiners constituting the Board for England are to be appointed by the College of Physicians of London and by the College of Surgeons of England, and (until 1865) by the Society of Apothecaries of London respectively; and of Examiners to be appointed by the Universities of Oxford, Cambridge, and London respectively.

The Examiners constituting the Board for Scotland are to be appointed by the College of Physicians of Edinburgh, by the College of Surgeons of Edinburgh, and by the Faculty of

Physicians and Surgeons of Glasgow respectively; and of Examiners to be appointed by the Universities of Edinburgh and Glasgow respectively, and by the two Universities of Aberdeen conjointly.

The Examiners constituting the Board for Ireland are to be appointed by the College of Physicians of Ireland, by the College of Surgeons of Ireland, and (until 1866) by the Governor and Company of the Apothecaries' Hall of Dublin respectively, and of Examiners to be appointed by the University of Dublin and by the Queen's University respectively.

Such is the machinery for the examination of those who would enter the Profession according to the letter of Lord Elcho's Bill. They would thus pass a preliminary examination, unless they had already graduated in Arts at some University of the United Kingdom, or at some Foreign University approved by the Council. Having passed this preliminary examination and obtained the certificate, they would be entitled to present themselves for the professional examination; and this professional examination would be thus far publicly conducted, that the members of the Council, and any person deputed by the Council, and any one registered under Lord Elcho's Act, would have free access to all examinations conducted by the Professional Boards.

But Mr. Cowper's Bill leaves things as they are. Every one of the *twenty* licensing and examining bodies, as they at present exist, would still, according to his Bill, be the examining bodies for the several parts of the United Kingdom. "Diplomas, degrees, certificates of the said examining bodies respectively, shall be evidence of the qualifications which are to entitle persons to be registered under this Act, subject to the orders and regulations of the General Council."

Now, nothing can be more varied in their nature than the examinations at present conducted by these *twenty* examining bodies. No two examine alike. No two exercise their vocation through the same number of Examiners. They do not all examine students on the same topics. They are not equally rigid in their tests. In short, a more objectionable system than the present cannot be devised; and we are only surprised that the Archbishop of Canterbury has not been made an *examining body*, to complete the legitimate variety, and make the confusion still more confounded. Although it is indirectly implied in Mr. Cowper's Bill that the present Corporations shall cease to hold their individual powers as *licensing bodies*, yet they are thus to be maintained as *examining bodies*, and on the results of these examinations the licences are to be granted or not by the Council. We showed in our last that the existing state of things fosters a "competition downwards"—a progressive deterioration in the tests of proficiency which tends to preserve the attainments of the members of the Medical Profession merely at the level of mediocrity. We recognise in the measure proposed in Mr. Cowper's Bill—(namely, to maintain the present examining bodies, withdrawing their executive powers as licensing corporations)—a step most prejudicial to the interests of the Profession and dangerous to the Public. The responsibility of these bodies as licensing Boards is to be withdrawn, and the responsibility, of examining merely, is to be thrown upon them. What, then, would be the nature of the competition? It would still be a competition of the downward kind among those examiners, of whom many are at the same time teachers in our Schools of Medicine. Such examining teachers would be greatly tempted to permit their pupils to pass with an easy examination. The practical result would be, that students would flock to those schools where they would be examined by their own teachers, and the examining bodies where no schools exist would only be called upon in rare instances to exercise their vocation. This proposed measure would thus furnish a most inefficient test of professional acquirements, and a most unfair test, because it would open at least twenty different doors into

the Profession; and the door-keepers, as we shall by-and-by see, would be held responsible by a no less heterogeneously composed Common Council. Moreover, we do not see that any test of preliminary education is to be required by Mr. Cowper's Bill; and of all reforms there is not one of which our Profession stands more in need, than a measure, steady, uniform, and reasonably exacting in this direction. Lord Elcho's proposed plan of examining appears far better than Mr. Cowper's. It seems wise and liberal to concede to the existing Corporate Bodies and Universities the sole right of appointing those who are to constitute the Boards of Examiners. We apprehend that Lord Elcho's Boards, in the exercise of their vocation, will be analogous, in their mode of operation, to the members of the legal profession when they go on circuit. In certain towns at certain fixed and definite periods of the year, a sufficient quorum from the Examining Boards would hold their sittings, announcing to all whom it may concern that they are ready to examine those students of Medicine who have conformed otherwise to the requirements of the Act. It would not be easy to propose a more simple, just, uniform, and efficient mode of executing a most important and responsible function.

Now, between the Medical Profession, as a national institution, and the Public at large, to whose necessities it ministers, there must be some medium of inter-communication. There must be some body whose sole duty shall be to see that the Public are fairly and justly provided for, and who shall see that the laws regulating the Medical Profession shall be efficiently carried out.

This medium of inter-communication must be an executive body, which shall come between the Public and the Profession on the one hand, and between the Government, the Public, and the Profession, on the other.

Both Bills attempt to provide for this most important requirement by a Common Council. The question as to the constitution of this Common Council is essentially a question of executive detail, and therefore a fit subject for decision in Committee of the House. It is not to be compared in importance with the great principles on which we have considered a Medical Reform measure ought to be framed; nor ought it to take precedence of plans of Reform embodying those principles. It is, however, a topic on which much misapprehension and misrepresentation prevails; and we must endeavour to put the matter as clearly as we can before the Profession.

One grievous misrepresentation is, that the Council, as proposed by Lord Elcho, throws the management of the Profession into the hands of the Crown. Now, to show the obvious fallacy of such a doctrine, we must look to the functions the Council would be required to perform. The proper function of the Common Council, we imagine, would be to see the spirit and letter of the law fully carried out. With the organisation and management of the Profession, the Common Council could have nothing whatever to do. Over the 19,000 members of the Medical Profession it cannot have control. They may form themselves into clubs, societies, corporations, educational establishments; in short, do as they please as regards their internal organisation. The Council could take no cognisance of their existence, unless they infringed the laws which it is proposed the Legislature shall enact. We conceive, however, that the Common Council would have a most important duty to perform, in that they ought to be responsible to Parliament and to the Public, that the Medical Act of 1858 be worked according to law. It would be their undoubted business to see the great principles of the Medical Reform Bill fully and efficiently carried out by every executive measure proposed by the Act. In the working of the Anatomy Act through its Inspectors we have an apt illustration of what we conceive to be the position of the Medical Council in relation to the proposed Medical Reform Measure. The Inspectors of Anatomy appear to stand in

their relation to the Anatomists, the Public, and the Government exactly as the Common Council ought to stand in relation to the members of the Medical Profession, the Public, and the Government. The Inspectors of Anatomy have nothing whatever to do with the organisation or management of the business of the Anatomists. They cannot interfere with the distribution of bodies in the dissecting-room, nor can they interfere between the teacher of Anatomy and his pupils. Their sole function is to carry out, under Her Majesty's Government, the provisions of Warburton's most praiseworthy measure. They are the immediate servants of the Government, and, as such, are responsible to Government; and, if such a view of their position is the proper one, we can see no other alternative than that Government ought to appoint those servants who are to do the work of the Government. If we saw that it was part of the duty of Lord Elcho's proposed Council to interfere with the organisation of the Profession, we should decidedly object to the Government having the nomination of them. But the Council so constituted has no such power. *It does not even appoint the examiners*, as we have seen. On the other hand, Mr. Cowper's Council, as constituted, is highly objectionable, if the liberty of the Profession is to be maintained. The 19,000 members of the Profession who have no interests or sympathies in common with any Corporation or University, are, by the enactments proposed in Mr. Cowper's bill, at once entrusted to the tender mercies of the Corporations and the Universities. Mr. Cowper's Council is that which was proposed by Mr. Headlam in his Bill of last year, viz.:—seventeen members of the Universities and Corporate Bodies, with six members nominated by the Crown, who are to manage details which were made in former Bills, and are now made in that of Lord Elcho's, in a straightforward and distinct manner, the subject of special clauses. Such clauses confessedly give the Council of Mr. Cowper's Bill great powers for good or for evil, so much so that it is deemed necessary to put them under a salutary restraint, namely:—to submit all their "orders and regulations" for approval to Her Majesty in Council, a month's public notice having been previously given. The question cannot fail to suggest itself.—Is such a heterogeneously constituted body as the Council proposed in Mr. Cowper's Bill, the fit depository of executive powers of such an important nature as are proposed to be entrusted to them? We think not. The powers entrusted to them ought not to be entrusted to any Council; and, if the Legislature is to provide a measure of Medical Reform founded on those great principles we shall continue to advocate, and which recommend themselves to all, the Government ought to nominate those who are to be responsible to the Public and the Legislature for the proper working out of the executive details of such a measure.

#### THE WEEK.

A case of considerable Medico-ethical importance has been much talked about in professional circles during the last few days. Some two months ago, Mr. Philbrick, a highly respectable Surgeon of Stamford, was called in to see a gentleman in that neighbourhood, and on the following day it was suggested that a homœopathic practitioner, named Bell, should be sent for from London. Mr. Philbrick very naturally objected, and Dr. Paley, of Peterborough, was called in. After a few days Dr. Paley's attendance was dispensed with, as the homœopath Bell had undertaken the cure, which was one of retention of urine; but Mr. Philbrick was requested to attend as the Surgeon, and use the catheter. We copy the following statement from a published letter of Dr. Pratt, and Messrs. Morgan, Howard, and Eddowes, of Stamford:—

"Mr. Philbrick again declined to act with the homœopathic gentleman, requesting to be allowed to withdraw, and suggesting that a homœopathic Surgeon should be telegraphed for from London to accompany Dr. Bell, as he did not think that one would be found in Stamford to act as he was desired. The family, however, obtained the assistance of Mr. Jackson, F.R.C.S., and Senior Surgeon to the Stamford Infirmary, who undertook, according to the statement of the lady, to 'do what was necessary, and act under Dr. Bell's orders'—from his own account, to attend to the surgical department *only*, not even seeing Dr. Bell on the medical treatment. On the 26th, the patient not being so well, another opinion was desired, and Dr. Bell was requested to obtain the services of Mr. Fergusson, of George-street, Hanover-square. He was successful, and they proceeded together into Northamptonshire, where Mr. Jackson met them at — Park; whereby it is supposed that he countenanced this sort of *fusion*, the orthodoxy of which is questioned. Mr. Fergusson states that 'his services were required solely as a Surgeon; and, as far as he was concerned, there was no consultation on the subject of homœopathy.' The patient is, we believe, convalescent, and has now placed himself under Mr. Jackson's care, Dr. Bell having taken his leave."

Considerations of very grave interest are excited by a perusal of the above statement. It is quite clear that it is the duty of every Surgeon to afford relief to any patient he may be called to, and that the Profession would sink in public estimation if any mere question of etiquette could lead a Surgeon to refuse his best aid to the suffering; but it is equally clear that no Surgeon can be expected to consult or attend with any one to whom he has objection either on personal or public grounds, still less with the professors of any system of fraud and folly; and no man in Mr. Fergusson's high position could be reasonably expected to accompany a notorious homœopath on a professional visit to the country. By doing so, great encouragement is afforded to what has been well termed a "gigantic swindle," and regular practitioners are disheartened. We must defer until next week, however, a complete discussion of this question.

The star of St. Bartholomew's is in the ascendant. The three Court appointments recently made have all fallen to the share of its Surgeons: Mr. Wormald is named for the vacant chair in the Court of Examiners at the College. Mr. Lawrence has got the Sergeant-Surgeoncy; and instead of one appointment of Surgeon-Extraordinary to the Queen, which was expected, two have been made, a long existing vacancy having been filled up, and these have been bestowed on Messrs. Stanley and Paget. Not a word can be said against either appointment. Mr. Stanley's long services and high character could not be passed over with justice, while the younger and working men of the Profession will look to the elevation of Mr. Paget as a most encouraging proof that ability and industry will obtain their reward without the ordeal of the wearying period of "hope deferred," that "maketh the heart sick." No official announcement has been made that the vacant Surgeoncy to Prince Albert has been filled up; but it is currently reported that Mr. Arnott has been selected for the post, which we need not say he has well deserved and would worthily fill.

A matter of considerable delicacy is discussed just now rather freely, and some attempts have been made to organize a movement upon which we feel called to offer a few remarks. It has been felt after some of the late annual elections to the Council of the College of Surgeons that the system of re-election as a matter of course, and of election by mere seniority, was not a good one, and that means should be adopted to select the Council from the most distinguished Surgeons among the Fellows. This feeling is so

strong and general that it must lead to some result, notwithstanding the extreme difficulty of the case. All must agree that it is undesirable to elect inefficient men; but in trying to avoid this evil we must be careful not to incur a greater by setting up a regular system of caballing and canvassing, which might give a pre-eminence to noisy men of doubtful or slender character, and lead our best men, upon whom must devolve the maintenance of the future dignity of the Profession, to shrink from the rude contest. It would appear better to leave future elections to the free exercise of individual feeling, than to set up any organized system of opposition to gentlemen who may be objected to on general or particular grounds. This course might speedily and effectually accomplish the end we should all wish for, if every Fellow determined to set aside all personal motives, and vote strictly and conscientiously for the good of the College and the Profession. Our body suffers much in public estimation from fierce squabbles, and we ought to try as much as possible to avoid them.

The Medical Reform Committee of the British Medical Association met on the 1st instant, and after taking Mr. Cowper's Bill into consideration they agreed to "recommend it with alterations to the Association at large." The alterations suggested are compulsory preliminary examination in general knowledge; a more definite provision for uniformity of qualification "as far as practicable;" the omission of the clause providing that "no person shall be erased from the register on the ground of his having adopted any theory in the practice of Medicine and Surgery;" and the provision that each member of the general council should hold office for a term not exceeding five years, but should be capable of re-election. Thus the association which once supported the very Bill of the Select Committee of the House of Commons now brought in by Lord Elcho, and then Mr. Headlam's Bill of last year, now comes round to a Bill by which the very evils are perpetuated which the Association has so long endeavoured to reform.

Another of our veterans has joined "the nations under ground," Sir James McGrigor, who held for so many years the important post of Director-General of the Army Medical Department, died on the 2nd instant at the age of 87. His active services in the Army from 1793 to 1815 in the East and West Indies, the Walcheren expedition, and as chief of the Medical Department in the Peninsula under the Duke of Wellington, obtained for him the high post he so long filled with credit to himself, and advantage to the service. He was a Knight Commander of the Bath, had received several foreign decorations, and was Physician-Extraordinary to Her Majesty. We shall take an early opportunity of giving a full biographical sketch of his career.

## REVIEWS.

### *Clinical Lectures on the Principles and Practice of Medicine.*

By JOHN HUGHES BENNETT, M.D. F.R.S.E., Professor of the Institute of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh, &c. 2nd Edition. Pp. 951. With 468 woodcuts. Edinburgh: 1858.

EVERY one is conscious that a new life has been for many years past gradually infusing itself into the theory and the practice of medicine, and that what may be called the red-tapism of the practice has been, and is, undergoing a thorough questioning. It will be the business of the historian at some future day calmly to appreciate the causes which have brought about these many changes—this actual revolution over the

face of old medicine. We are, at this period of transition, ill able to investigate their value. This much, however, is certain, that this new condition of things has arrived coincidentally with the amazing advances in a knowledge of the pathology and the diagnosis of diseases which have been made in modern days. The knowledge thus obtained has plainly taught us how much we have had to unlearn; how many errors and grievous fallacies, which have received the approbation of centuries, we have been compelled to surrender. And even yet the battle has to be fought against ancient prejudices and routine.

If we were to describe in a word the distinction between the model Physician of ancient and of modern days, we should say that the former was a polypharmical and the latter a physiological Physician. The former trusted, as we do now, to his experience and to his theory, and was satisfied with the results; for his experience seemed to show him that they were good. But, happily, observers now require something beyond the mere assertions of individual experiences as proofs of the correctness of methods of treatment. This *experimentum crucis*, this crucible, this experience, has been so often found a faulty guide, that we have been compelled to seek a test whereby to try its real worth. We are now only beginning to discover the clue to the history of these fallacies of experience. We are beginning to take due account of certain physiological and pathological laws, which have heretofore been ignored by the therapeutical Physician. The power of nature as a curer of disease is now admitted into our systems; but even yet its power is acknowledged more theoretically than practically.

Now we cannot but think it a reproach to our brethren that, in all this struggle against disorder, natural laws should be so little considered, and artificial means so profusely resorted to. Put by the side of luxurious polypharmacy and multifariousness of succedanea, the fact stated by Dr. Bennett at p. 104:—"Of all the causes of disease, irregularity in diet is the most common; and of all the means of cure at our disposal, attention to the quantity and quality of the ingesta is by far the most powerful." Now with this golden rule well fixed on the tablets of his memory, and a goodly store of globules in his pocket, the vilest of homœopathic swindlers might compete with the most orthodox polypharmaceutical Physician who neglects this rule. The polypharmacists have taught the public that for all diseases drugs were the only cure, and theirs is the fault if the public still demand such remedies; and the fault that, so often disappointed at the results, they rush into the arms of brazen-faced quackery.

Dr. Bennett in his book brings the practice into accordance with the theory of the day, and he does this in a bold and masterly manner. The work is one of a very elaborate kind, and must have cost him great labour. It contains about 950 pages, and 468 beautifully-executed woodcuts. At every page the reader will find the impress of the author's personal observation. His points of practice are exemplified by the details of 219 carefully-reported cases, selected from his clinical experience.

Few men of his age have striven harder than Dr. Bennett to advance his Profession to the position of a really scientific art; and we gladly seize this opportunity of acknowledging what he has done for it. The Profession are indebted to him for the introduction of cod-liver oil into this country. He was, we believe, the first person who publicly taught the use of the microscope. He also introduced the German system of clinical instruction into the Edinburgh Infirmary, and with excellent results. His investigations into pulmonary and cancerous diseases are well known; and he undoubtedly was the first person who published a case of leucocythemia, showing that corpuscles resembling pus-corpuscles were present in the blood, without any co-existing pyæmia. All his labours, and they embrace a wide field of observation, have tended to one end—the scientific and honourable advancement of our Profession.

It is out of question for us here to attempt to cope with the particulars of this new work; we can do little more than commend the careful study of it to our professional brethren, and especially to the rising generation. The chapter on the "Examination of the Patient," tells the student how to apply the stethoscope, the microscope, and chemical agencies in the diagnosis of disease. Then comes the part which treats of the principles of medicine. These are, in fact, the pathology of diseases; and then we have the detailed history of special



diseases. Dr. Bennett combats Dr. Burrows' theory of the cerebral circulation, and sustains Dr. Kellie's. We certainly think the fact of the brain not being withdrawn from atmospheric pressure is not decided by Dr. Burrows' experiments; most assuredly, at all events, it must be subjected to varying pressure, coincidentally with the varying force applied to the blood by the heart's varying contractions. We trust some physiologist will reconsider this question. Speaking of kidney diseases, our author gives an opinion which is exactly opposed to Dr. Johnson:—"I have given diuretics in all stages of the disease with the best effects. Nor have I seen any bad results from the practice." Dr. Johnson says, *per contra*:—"With our present knowledge of renal pathology, it is clear that the practice of giving diuretics in acute nephritis is most unjustifiable." We recommend to consideration the details of cases 153 and 163 on this subject given by Dr. Bennett.

We need hardly say, that bleeding as a remedy for acute inflammation is everywhere eschewed throughout this book. Theoretically and practically, Dr. Bennett denounces its use to this end. This is a revolution indeed! This is the first time in the history of modern medicine that the gauntlet has been fairly thrown down in a bold and uncompromising way. Inflammation, Dr. Bennett teaches us, is not a fiercely sthenic flame; it is a disease of weakness. It is unfair, however, to Dr. Bennett to suppose that he rejects the lancet altogether. On the contrary, we find that in congestions of heart and lungs, he often speaks of the service it does. Only in inflammations it is useless, and worse than useless. But we must not be tempted into this discussion at present.

Dr. Bennett speaks favourably of Dr. Horace Green's method of injecting the bronchi with solutions of nitrate of silver, in bronchitis, asthma, tubercular diseases, etc. He has several times performed the feat (for we must call it such) himself; but he admits that further experience of its use is necessary before judgment of it can be given. Two drachms of a solution (3ss. of nitrate of silver to 3i of water) when injected into the trachea produced in one case only a feeling of warmth in the chest. In some individuals, however, the use of the injection is impossible. The irritability of the parts varies infinitely in different persons.

We would call attention to the author's classification of skin diseases. He has much simplified this jumbled department of pathology. He combats the idea of those who think *favus* not of a vegetable origin; "if," he says, "long hollow filaments, with partitions at intervals, containing molecules within their cells, springing from an unorganised granular mass, and giving off towards their extremities round, oval bodies, or spores in arranged bead-like rows, be not vegetables, what are they? The animal tissues present nothing similar, while numerous plants long known to botanists, present the same identical structure." P. 803.

The views of Dr. Jenner and Dr. Stewart on fever are not received as proven by Dr. Bennett. "Without denying the existence of various kinds of eruptive fever, I am of opinion that this doctrine has not been established." P. 873. Dr. Dundas's opinions of the cutting short of continued fevers by quinine, Dr. Bennett has found like many another observer, will not stand the test of trial.

In conclusion, we have only to recommend this volume, with the most unqualified praise, to the attentive consideration of the practitioner and the student. We have met with no work of late years on the principles of Medicine more likely to advance the true and rightful study of our art.

*The British and Foreign Medico-Chirurgical Review, or Quarterly Journal of Practical Medicine and Surgery.* No. XLII. April, 1858.

THE present number of the *British and Foreign Medico-Chirurgical Review* is full of interesting matter, many of the subjects discussed having lately attracted much attention both in and out of the Profession. Among the more prominent of the articles is one on "Wines and their Uses," in which the chemical history of wines is very ably handled, and the use of wine, as well as its abuse, are candidly and impartially explained. The article is founded upon Dr. Henderson's "History of Ancient and Modern Wines," published in 1824, or the more recent treatise of Mulder, on the "Traité sur les Vins de France," by Batioliat, and upon what appears to be an extraordinary revela-

tion as to the adulteration of wines, contained in a book lately published called the "Wine and Spirit Merchant's Own Book."—In connexion with the Third Edition of the celebrated work on Prostitution in Paris, by the late Parent Duchâtelet, and the Treatise published last year by Mr. Acton on the same subject, the question of the "Great Social Evil" is examined in its moral as well as Medical bearings. The reviewer adopts a high moral tone in treating this delicate topic, and while agreeing with Mr. Acton in the propriety of bringing the evils attendant upon Prostitution before the notice of the public, he nevertheless deprecates any recognition of this vice by the Legislature, and objects to the formation of any new special Hospitals for the treatment of venereal diseases. He thinks that in place of the loose notions now prevalent, a more wholesome code of morality should be impressed upon the young men of the present day; and on the principle that the supply is regulated by the demand, he infers that virtuous habits on the part of the male sex would necessarily discourage the trade of prostitution on the part of the female. It is also urged that society ought not to punish the weaker creature with the severity which it now exercises, while it allows the other party, who is at least equally criminal, to escape altogether from censure. On the whole this article is exceedingly well written, and will command general attention.—The Review on the Report of the Commissioners appointed to inquire into the Regulations affecting the Sanitary Condition of the Army, gives a well-digested abstract of the chief points touched upon by the Commission, and of the evidence on which its conclusions were founded. It is to be hoped that the recommendations contained in this Report will be forthwith carried into effect, even for the sake of the soldiers, whose sanitary condition is at present anything but favourable, and also of the Military Medical officers, whose numerous grievances have been repeatedly brought before the notice of the public.—Among the other articles in the present number of the *British and Foreign Quarterly* are, one on Marshall Hall's "ready method" of resuscitation after apparent death from drowning, and other forms of Apnoea, in which article the comparative merits of the new and old methods of restoring suspended animation are impartially weighed; one on Dr. Inman's treatise on Spinal Irritation, which possesses much interest, as offering an ingenious explanation of many affections of that class; one on Scanzoni's Manual of Obstetrics, and the work of the same author on the Diseases of the Female Generative Organs; and others of equal interest upon various branches of Medicine, Surgery, and General Science. The Original Communications consist of a "Pathological Report of the Middlesex Hospital, being an analysis of the principal morbid appearances observed in 180 post-mortem examinations," by Dr. Van der Byl; and a second Original Communication is by Dr. Harley, entitled, "An Experimental Inquiry into the Function of the Supra-Renal Capsules, and their supposed connexion with Bronzed Skin." Dr. Harley has been led to doubt, although not to disbelieve, the existence of this connexion, and he has collected together a number of cases, with post-mortem examinations, in aid of his inquiries into the physiology and pathology of the bodies in question. The rest of the number contains a copious Bibliographical Record, and the usual Chronicle of the Medical Sciences, consisting, this quarter, of Reports on Micrology, Forensic Medicine, Medicine, Surgery, and Midwifery, by Dr. Ogle, Dr. Richardson, Dr. Sieveking, Mr. Chatto, and Dr. Barnes.

*Handbook of Zoology.* By J. VAN DER HOEVEN. Vol. ii. Translated from the Second Dutch Edition by the Rev. W. CLARK, M.D., F.R.S. Cambridge and London, 1858. 8vo, pp. 775.

THE first volume of this Handbook included the invertebrate animals. The vertebrate animals form the subject of the second and concluding volume. The whole work is characterised specially by the large amount of anatomical information it contains, differing in this respect from most other zoological works. Students of Comparative Anatomy and Physiology, and persons who specially study Zoology, will find in the learned work of the Leyden Professor a standard authoritative work of reference. The Professor of Anatomy in the University of Cambridge has performed his office of translator with great care and ability.

*The Nature of Inflammation, and the Principles on which it should be treated, examined from a common-sense point of view.* By THOMAS INMAN, M.D., Physician to the Northern Hospital, Liverpool. To which is added, a *History of Atheroma in Arteries, its Nature and Alliances.* Liverpool: 1858.

In the essay on Inflammation, Dr. Inman makes no pretensions to the elucidation of any obscure points in the pathology of that condition. He merely considers the subject practically, and chiefly in reference to the results of treatment. In common with some other writers, both of ancient and modern times, he regards inflammation as a disease of debility, and depletory treatment he declares in general to be not only unnecessary, but injurious. He seems to think that the Medical practitioners of the present day have carried bleeding and other antiphlogistic measures to an unjustifiable extent, and that the progress of the homœopathic quackery is in great part due to the beneficial changes sometimes produced upon disease by leaving the patient alone to the unassisted powers of nature. Dr. Inman observes, with considerable truth, that the chief patrons of globulism are silly and credulous people, who have but little the matter with them, and that when they are seriously ill, they readily fly to the resources afforded by legitimate medicine. It is only fair to Dr. Inman to state, that, while he deprecates blood-letting in the majority of inflammatory affections, he admits its efficacy in those somewhat rare cases where the inflammation "is not produced by any poison, is sudden in its access, excessive in its intensity, extensive in its seat; where the patient has been in comparative health prior to its invasion, and has youth on his side; where the fever is severe, and where there is not time for other measures to be employed with a similar end in view." The use of mercury, antimonials, and blisters is, if not interdicted altogether, very much restricted by Dr. Inman, who likewise condemns starvation and low diet in the treatment of inflammation.

The second portion of Dr. Inman's work is devoted to the history of Atheroma in arteries, especially in connexion with aneurism and apoplexy. This deposit beneath the lining membrane of arteries is associated with the appearance of oil globules, and is a disease of degeneration. Dr. Inman states that in almost all the cases of phthisis which he has examined after death, he has found the aorta in the first or some advanced stage of atheroma; and he therefore regards atheroma as a species of tubercle in the arterial system. Now, as this condition is a frequent cause of apoplexy and of pulmonary hæmorrhage, it follows that measures of depletion must be injurious when the arteries are already weakened by degenerative disease, and that, on the other hand, tonic and invigorating treatment is calculated to improve the state of the arterial coats, and thereby to avert their rupture. Several cases are recorded in favour of these views, and, although they are not all very conclusive in support of his theory, they possess a considerable degree of interest.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### INFLUENCE OF PREGNANCY AND DELIVERY UPON INSANITY.

By M. MARCÉ.

M. Marcé thus concludes an interesting paper illustrated by cases. 1. We cannot protest too strongly against the practice of those physicians who advise or allow pregnancy in insane women, for it results from the facts mentioned in this paper that, in the great majority of cases, pregnancy and delivery, so far from exerting a favourable influence on insanity, seem, on the contrary, to hasten on the progress of the disease towards dementia. If in certain exceptional cases (2 in 16) pregnancy has suspended the progress of the disease, the improvement has been only temporary, and the insanity has re-appeared after delivery. 2. In some few cases (4 in 16), remarkable especially for the predominance of erotic symptoms, pregnancy has exerted a beneficial influence on the cure. 3. When insanity becomes developed during pregnancy,

it very often remains incurable, even after delivery, or is cured so long after that no influence can be attributed to the latter in the termination of the nervous affection. 4. Sometimes, however (3 in 10 cases), the disease disappears after delivery, and these cases must be regarded as sympathetic. 5. Delivery in the insane is often remarkable for the slight amount, or even complete absence, of pain.

*Annales Médico-Psychol.* tom. iii. pp. 359.

#### ON THE CARBONIC ACID GAS DOUCHE IN UTERINE DISEASE.

By M. CHARLES BERNARD.

Dr. Bernard reports very favourably of some trials he has made of Dr. Simpson's treatment of painful affections of the uterus by injections of carbonic acid gas. Of his successful cases he relates eight of the most marked, four being examples of advanced and very painful cancer, and four examples of engorgement or painful congestion of the cervix. The gas has been, however, employed in other cases in which no amelioration has attended its use, an aggravation of suffering being produced in one of them.

In all the patients, besides the local anæsthetic effect, more or less of general accidents were observed, these being usually very slight, but in one case so considerable as to compel the discontinuance of the remedy. They consisted in cephalalgia, giddiness, weakness, or confusion of vision, nausea, general lassitude, and more or less complete somnolence. After the third or fourth injection, the patient complains of cephalalgia, and especially of somnolence, these increasing day by day, but usually soon passing off, except a slight abiding headache. In the case in which these symptoms persisted, they entirely resembled those of incomplete asphyxia from carbonic acid gas. These symptoms are, no doubt, due to the absorption of the gas. The general conclusions, then, are—1. Injections of carbonic acid gas constitute a powerful anæsthetic, and cause a rapid diminution of pain in an engorged or cancerous state of the cervix uteri. 2. In one case they seemed to expedite the resolution of a simple engorgement, and in another, to diminish a cancerous ulceration. 3. But they sometimes give rise to general disturbances, which, scarcely noticeable in open cancer, are more or less marked in simple engorgement. —*Archives Gén.* tom. x. pp. 529—548.

#### ON METASTATIC HYDROCELE IN AFFECTIONS OF THE THROAT.

By M. VERNEUIL.

M. Verneuil only employs the term metastatic as a convenient means of indicating the sequence of events, without attaching to it any of the theoretical signification of the transport of morbid matter. He relates two instances of what he believes to be a newly-observed fact of the connexion of effusions in the tunica vaginalis with throat affection. In the first, a lad, aged 12, liable to affections of the tonsil, but otherwise healthy, became the subject of one of these attacks, but not of a severe character. By accident, he observed the scrotum to be large and heavy on the right side; but, as no pain existed, no notice was taken of it. After about three days, the affection of the throat terminated by resolution, as did the swelling of the scrotum three or four days later. Several attacks of angina occurred in succeeding years, and the youth always examined the scrotum, but never observed any reappearance of the swelling. At the period of puberty the right testicle was found to have remained soft, and less by a third, than that of the left side. When about 24, the young man contracted intense gonorrheal orchitis, which affected the right testis. Examined recently by M. Verneuil, the testis which twenty years before was the seat of effusion, was found to have continued soft and undeveloped. 2. A boy, aged 10, was admitted into the Children's Hospital with considerable swelling of the right side of the scrotum, which was at once found to be due to a hydrocele. This had appeared two or three days before, unpreceded by any local injury. On inquiry into the history of the case, it was found that ten days before the child had suffered from severe inflammation of the throat, the effects of which, indeed, were still observable in the altered character of the voice. Six or seven days after its appearance, the scrotum began to swell, and the affection of the throat got well. With more repose the effusion disappeared, leaving the testes of their normal size. The two cases bear much resemblance to each other, as they

do to cases of metastatic orchitis in mumps.—*Archives G n rales*, tom. x. p. 453.

## EXCERPTA MINORA.

*Treatment of Delirium Tremens.*—Dr. N ckel has found in six cases of delirium tremens the most remarkable advantage attend their treatment by prolonged (four to ten hours) tepid baths, at 91  Fah., together with cold applications or douches to the head. In most of the cases, however, small doses of opium or antimony were also required. Still the bath must be looked upon as the chief remedy, and valuable as enabling us to dispense with immoderate doses of opium, and by abbreviating the duration of the treatment. In two of the cases the bath had to be repeated.—*Froriep's Notizen*, 1857, vol. iii. No. 8.

*Cupping Blistered Surfaces.*—MM. Piorry and Favre have been recently making some successful experiments by leaving a blister on only for a few hours, and then applying cupping-glasses over it. In this way all mischievous effects of the blister may be avoided, and yet abundance of serum produced. The results will hereafter be published, thus much only being now stated to secure the priority of the practice.—*Gaz. des. H p.* No. 29.

*Restoration of Tarnished Silver.*—Sometimes silver instruments become so completely tarnished and discoloured that by no ordinary means can they be cleaned. Professor B ttger states that by electrolysis their colour is restored in an incredibly short period. For this a saturated solution of borax in water, or a moderately strong solution of caustic potash is to be brought into a state of active ebullition; and with this, the discoloured object laid in a zinc sieve-like vessel, is to be moistened. If a zinc seive be not at hand, we may attain the same end by touching the object, when it has been dipped in the boiling fluid, with a zinc rod.—*Buchner's Repertor.* 1857, p. 64.

*Insanity as observed in Prisons.*—M. Sauze, who is Medical officer to the Marseilles Lunatic Asylum, and to the cellular prison, thus concludes an interesting paper upon this subject:—1. The causes of insanity observed in prisons are usually independent of the imprisonment itself, whatever may be the system of this that is followed. 2. The insanity usually exists prior to the admission into the prison, and even before the trial. 3. When it becomes first developed in the prison, it is even then sometimes the result of causes foreign to the imprisonment. 4. Most of the causes of prison-insanity are inherent to the prisoner, not to the prison. 5. They especially consist in individual predispositions, such as hereditariness, imbecility, idiocy, epilepsy, former attacks, or a life of privation or debauchery. 6. Most striking analogies prevail between the insane, and a certain class of prisoners, consisting of persons of defective organization. 7. A certain proportion of prisoners would be more properly placed in asylums. 8. A considerable number of insane persons are condemned. 9. The cases of insanity which are manifested in prisons are not due alone to incarceration. They arise from various causes producing debility, and especially from an insufficient diet.—*Annales Medico-Psychol.* tome iii. p. 56.

*Curative effects of Pregnancy on Prolapsus Uteri.*—M. Brachet relates some cases in proof of the fact, that while the ordinary modes of treating prolapsus uteri by means of pessaries, abdominal belts, and the like, almost always fail, a cure may not infrequently be procured if the patient fall pregnant again, and then be confined to her bed for a period not less than forty days after delivery.—*Revue M d.* 1857, p. 546.

*Raw Meat in Dysentery.*—Dr. Weisse, of St. Petersburg, first in 1845 advised the employment of the lean of raw meat, very finely minced, in the chronic diarrh a of children, giving two teaspoonfuls four times a-day. Since then the same practice has often been extended to various forms of obstinate diarrh a with good effect. In the present paper, M. Pensa, now practising in Egypt, reports the benefit he has derived in several cases of severe dysentery occurring in the adults from the employment of raw, or nearly raw, minced meat, given in doses of from two to three ounces three times a-day.—*Ibid.* p. 336.

**EPIDEMIC OF DIPHTHERITIS.**—A terrible epidemic of diphtheritis prevails at the present time in several of the communes of the Department of the Yonne in France: and in spite of the means employed the mortality has assumed the most frightful proportions, children and young people alone forming the victims.

## GENERAL CORRESPONDENCE.

## PROVIDENT DISPENSARIES.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have had so many applications for Rules for free Members, for "Self-supporting," "Provident," or "Victoria" Dispensaries, that I have thought it would be acceptable to your readers, to have them printed in your paper. At the same time my experience of failure leads me to observe that there has not been so much difficulty in inducing the poor people to join a Dispensary, as in establishing rules and regulations between the medical men; and until public opinion is brought to bear on this subject, it is not very likely to be otherwise. The Medical press can do much; and I beg to thank you for the encouragement that I have received since my last visit to London, and which I hope to be able to repeat during the summer, as I wish to have an opportunity of inoculating the Medical Students with the knowledge of the great advantages these institutions offer to them in particular.

## RULES FOR THE FREE MEMBERS.

1. The Free Members consist of working persons and servants, their wives and children, who are unable to pay for medical advice in the usual manner.

This rule must be occasionally modified by the committee in favour of aged, afflicted, solitary, or neglected members of the community, who may have a small income, but are incapacitated for any labour.

2. Any such person wishing to become a Free Member, must leave his or her name, age, residence, and occupation, at the Dispensary, and deposit one month's subscription.

The Medical Committee should meet weekly, and, in the commencement of the institution, daily to examine this list, and so prevent improper persons from becoming members; or they might depute this duty to some intelligent persons, to do it for them.

3. Every Free Member above 14 years of age shall pay one penny, and under that age, one halfpenny a week; except in a family consisting of more than two children, when one penny a week shall be considered sufficient for all under 14 years of age. Servants shall pay five shillings a-year, and in not less than half-yearly payments.

At the time the head of a family, or single person, is admitted, he shall declare the Medical gentleman that he intends to employ, and the Secretary shall place his name (ledger fashion) in that Surgeon's list, who by this list will be guided, and at the same time be furnished with an account by which he can judge of the remuneration he is to receive. This plan will be found far better than being paid per case, for crafty and greedy persons can multiply cases, or, what has been as bad, be suspected of doing so.

4. The payments of the Free Members shall be made in advance. No one will be entitled to the benefits of the Institution if in arrear, and each family shall pay a fine of one penny for the arrear of every week. If any Member shall be more than four weeks in arrear, his or her name shall be erased from the books.

The payments should be brought by the parties with their tickets to the Dispensary at an appointed hour, once a week; or if the number of Free Members should exceed two thousand, the time for receiving the money should be extended, and more hours appointed for names beginning with certain letters—for instance:—

Names from letter A to G, from two to three o'clock every Thursday afternoon.

Names from G to S inclusive, from three to four o'clock every Thursday afternoon.

From S to Z from four to six o'clock every Thursday afternoon; and this should be on the cards of these letters respectively, so as to afford no excuse for procrastination or idleness.

The fines should be always strictly enforced, and should be applied to assist the midwifery or convalescent fund; for these purposes they will be paid with comparative good humour.

And if the Free Members pay fines for non-attendance (I

beg to take this opportunity of stating that) Medical men should be fined if they do not attend at their appointed hours, or send a qualified substitute. It has happened that Medical officers receiving very large sums from these people will keep them waiting for an hour or more. There is no excuse for this neglect; use them fairly; their time is money; and he, let his rank be what it may, who keeps a working man or woman unnecessarily waiting for a minute, is unrighteous and unjust, and should be made to pay for it—say half-a-crown for every five minutes he is behind his appointed time.

5. Benefit Societies will be received as subscribers to the Dispensary, and their members entitled to all the benefits of the Institution. The rate of subscription shall be shillings a-year for each member. The payments to be made by the stewards quarterly, and in advance.

By this rule the members of a Benefit Society would have the choice of a Surgeon, which they have not now; their contract is frequently with one man, and consequently he becomes more careful to cultivate the friendship of the stewards, or landlord of the "Red Lion" or "Black Bull," than the great mass of the Society.

It might hereafter become a question whether the Medical Committee, on examination of the lists of a Benefit Society, would not find many persons in it that the Dispensary ought not to embrace, and which, after a time, might with great justice and propriety be excluded.

6. No one actually labouring under sickness can be admitted a Free Member unless two healthy persons above 14 years old enter at the same time, and each pay the whole year's subscription in advance. Any such person unable to procure two others to enter with him shall, by paying ten shillings, be entitled to the privileges of a Free Member for three months; and may afterwards continue a Member by paying the usual rate of subscription.

This rule is quite necessary; be careful to exact the ten shillings. I have known this admission-money amount to £80 per annum; and if they neglect to pay their weekly pence for above a fixed time, exact it again and again; for when the cost of Medical advice is made so low as to leave few or none with an excuse for not paying it. The only way is to force them to be provident by fining neglect and improvidence.

7. If any Free Member shall be discovered by the Committee to be ineligible to the benefits of the Institution, his or her name shall be erased from the books.

It will happen that many persons are eligible to become Members at one time that are not so afterwards; for there are many excellent persons, when defended from the ruinous expenses of sickness, will accumulate property so fast (or they may have it bequeathed to them), as to become improper persons to belong to the Dispensary. I have known such, who, when the necessity of putting them away had been properly explained to them, thanked the Committee for what the Institution had done for them, and begged to present it with a guinea as a mark of their respect.

8. Every Free Member shall have the choice of whichever Surgeon he may prefer; but it will be expected that he do not change his Medical attendant during his illness. He may have a consultation of the Medical officers, if it be thought advisable.

The free member made his choice when he entered and enrolled himself, but his Medical attendant may, as he thinks, have become cold and indifferent, or unsuccessful with him,—from increasing independence or advancing years. Whatever may be the cause, any member shall be at liberty to change his attendant, and notify his proposed change to the Secretary, who will make the alteration in the ledger list of the Medical men accordingly.

9. Those patients who are able to do so, must attend at the Dispensary between and in the morning, bringing their admission ticket at the first visit, and afterwards their prescription paper. Those who are too ill to attend at the Dispensary, must send their tickets before eight o'clock in the morning, to the Surgeon at his house, whom they wish to call upon them, and he will visit them at their own homes. In cases of accident or sudden illness, they can have the attendance of either of the Surgeons, on sending their ticket to his residence.

In no case should patients be attended either at their own homes, or at the residence of the Medical man, excepting when too ill to come to the Dispensary—the saving of labour, and the

annoyance of continual interruption for want of a common place to meet patients, is excessive.

In a large Dispensary there might be three or four Surgeon's rooms, and several Surgeons to each room, who by coming at different hours, could accommodate with great ease any amount of patients.

10. No Free Member will be visited at his own home, if he reside beyond one mile from the institution.

This rule is made in reference to towns, but the committee may alter it, and allow a certain mileage to be agreed upon—according to the usual rate in their respective neighbourhoods.

When dispensaries become general, it may be as well for them not to encroach on each other's district, indeed, the labour of each Medical officer would be much lessened if they were to divide a district into as many sections as there were Surgeons, and each one keep in some degree to his own section, by preferring to cultivate his practice in that section, but not to withdraw from any one, who may choose to select him even in another's walk. Medical men could then do double the real business with half the labour.

11. Any married free member, being pregnant, may have the attendance of whichever Surgeon she may prefer, on depositing at the Dispensary 10s. 6d., one month before her expected confinement.

The forfeits for non-payment by the Free Members, or for Medical men who do not keep their appointed time at the Dispensary, may go in aid of this fund, and either lessen the fee to the poor woman, or increase it to the Medical man—because wages and the expenses of living are so different in various parts of the country, so that the same ready-money fee, which is satisfactory in one part of the kingdom, is not so at another; and no people in the world are more amenable to the feeling of what is due to the Medical man than the poor are. Only bring the Profession within their means, and there is no want of liberality among them; the real absence of liberality and generosity is amongst those who love to be cheaply and profligately benevolent, at the sacrifice and cost of the highest skilled labourers in the world.

12. When considered necessary by the medical gentlemen, linen will be lent, and cordials, broth, and other comforts given to the Free Members by the Ladies' Committee.

Although a "Provident," "Self-supporting Dispensary," or "Victoria Dispensary," it will be proper to have a Ladies' Committee for the distributing of such funds as the friends of the industrious and working poor might provide for them in sickness.

These ladies might have voluntary or even paid almoners for the careful distribution, under the written orders of Medical men, of linen, sago, meat, special nurses, etc., and supply them with discrimination and judgment that experience would soon give them; and there are many thousands of rich, aged, neglected, and solitary women that would be brought from the fields of dead faith into practical, persevering works of charity highly advantageous to their own soul's health as well as that of the bodies of their neighbours; and many young women also who would find an honourable employment in a variety of kind offices among the afflicted—more congenial to their best feelings than the waste labour in which they commonly spend their days.

It may be asked, Where are the convalescent funds to come from? Answer: In proportion as these "Self-supporting," or "Victoria Dispensaries," superseded the old honorary ones, the money now given to them might be turned into this channel.

13. Patients must find their own bottles, bandages, etc.

The dispenser should also keep a small stock by him—so that if a person brought one of a different size from that required, it might be changed without much trouble.

14. The children of Free Members, and of all poor persons, may be vaccinated, gratis, on any Wednesday or Thursday morning at eleven o'clock.

The vaccination should be done by the dispenser, at some fixed months in the year in the spring and autumn, notice of which should be suspended in the general waiting room, and the women confined during the past year should have a printed notice sent to them, that they may bring their babes to be vaccinated.

15. Medical men will attend at the Dispensary every day, except Sunday, in the following order:—

## Room No. 1.

- Mr. A. every Monday, Wednesday, and Friday, from 10 to 11 o'clock.  
 „ B. every Monday, Wednesday, and Friday, from 11 to 12 o'clock.  
 „ C. every Monday, Wednesday, and Friday, from 1 to 2 o'clock.  
 „ D. every Tuesday, Thursday, and Saturday, from 10 to 11 o'clock.  
 „ E. every Tuesday, Thursday, and Saturday, from 1 to 2 o'clock in the afternoon.  
 „ F. The same, from 2 to 3 o'clock.  
 „ G. The same, from 3 to 4 o'clock.

## Room No. 2.

- „ H. And by repetition, any number of Medical Officers could be brought into use by having separate rooms for eight or ten each in the same building.

There should be a Dispensary of this kind for every 100,000 of your population, or about two in each of your postal divisions.

There are 30,000 proper persons to belong to it in each 100,000, whom you seduce for the pawnbroker and the gin-palace, and train for the workhouse and the gaol, because you will not condescend to do that for their humble estate (for their health is their estate) which you do for your own property when you insure your house from fire.

Only give the working people a chance of providing for themselves, and they will discontinue to ask for Hospital outpatient tickets or Dispensary tickets.

In the hope that I have pioneered the way for a plant that will take root deeply downwards in the hearts of the people, and bear fruit upwards of patriotism, loyalty, and goodwill, mercy, justice, and truth, I am, &c. H. L. SMITH.

Southam, March 29, 1858.

## ON IRIDECTOMY.

[To the Editor of the Medical Times and Gazette.]

SIR,—History abundantly demonstrates the fact that the usual lot of any proposed alteration, be it improvement or not, is to be treated in a careless or contemptuous manner on its first promulgation. It is asserted to be old, or its value is denied: hereafter it reappears,—if true, becoming gradually admitted; if false, being decisively condemned. Such in our science has been the case with lithotomy, herniotomy, etc. in former days; and with iodine injections, the whole subject of diseased joints, especially in regard to excisions, the treatment of internal obstructions, etc. in our own day.

Such appears to be nearly always the inevitable fate, and I suppose Dr. von Graefe's proposal must submit to the same treatment. But in the present case things bear a somewhat darker aspect. Men, hitherto favourably known, have published a paper in which from beginning to end the subject of iridectomy is discussed in an unfair spirit: no new facts are added; the reasons and facts adduced by Graefe are in general omitted, while hypothetical reasoning and dicta of the authors are opposed in a contemptuous and bombastic manner to careful observations and to deductions from protracted investigations.

Whether Graefe's ideas and methods of treatment should ultimately be admitted or not will depend, not on the mere assertions of this or that man, but on experience—on careful, long-continued, written experience.

It seems to me that this determination will be best promoted by the publication of Graefe's own papers, on the translation of which I have been for some time engaged; and hence, I shall not in the present paper defend Graefe's opinions. I shall simply endeavour to show that Messrs. Mackenzie and Jones have entirely failed in their attack.

The first question is, Do the recurrences of iritis principally depend on synechia posterior or not? Graefe asserts (a) in proof of the affirmative, that iritis, cured without posterior synechia, rarely recurs; that with slight synechia, occasionally only; that with multiple and broad synechia, generally; and that with synechia posterior totalis, almost without ex-

ception. This is shown by the comparison of two eyes, one with and the other without synechia, etc. etc. Now these are or are not facts, and cannot be refuted by "it seems to us that this is a very perverted view of the matter. We consider, etc."

Their assertion that Dr. Graefe's application of the ordinary treatment is unskilful is, to say the least, rather cool; their only authority being apparently Dr. Quadri; and they ought to have known that that gentleman's extreme accuracy, etc. had been already sufficiently exposed by Sperino and Paoli (b).

Graefe asserts, in favour of his opinion, that the ciliary pains often depend on posterior synechia; that they disappear as the pupil dilates, and again make their appearance as it contracts, and this when there are no inflammatory symptoms present (A. f. O. Bk. ii. 2. S. 205). This explanation is entirely omitted by our authors.

After all, we find near the end of the same column, that they "do not mean to say that the adhesions of synechia posterior contribute nothing to the relapse, etc." which looks as if they were not very certain of what they were saying.

In the case (at the commencement of the next column) they have omitted from the ultimate result that he became capable of reading small print (No. 4 of Jäger's specimens), and that, without using any medicines, he has not been again attacked by iritis, etc. This would, I think, be generally considered very successful.

As to the statement (near the end of the second column, p. 343), that "these are cases in which the sight being still good, it would be better, perhaps, not to interfere at all," we need merely remark, that Graefe's practice is founded on the fact previously asserted, that in total synechia posterior recurrence is almost infallible; the remarks (at the upper part of the first column, p. 344) are equally to the point, and equally valuable.

Lower down in the same column are some remarks on paracentesis, which only deserve notice as demonstrating the general spirit of the article.

In the note (same column), they state the designation of linear extraction to be unnecessary; such a statement, I suspect, will not be admitted, even on their authority, without some further reason.

I have now discussed all the criticisms referring to the paper on Iridectomy in iritis and irido-choroiditis, and hope that I have sufficiently shown that mere assertions have been opposed to facts, and that this paper is not only valueless, but even mischievous in its tendency.

As much might be urged in reference to the case from the paper on Sympathetic Affections, and to Iridectomy in Glaucoma. Should it be necessary, I will at some future time enter on these subjects.

I am, &c.

THOMAS WINDSOR,  
Senior Assistant-Surgeon, Manchester  
Eye Hospital.

## NITRO-GLYCERINE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Calling on my brother a few days ago, I found him experimenting with glonoin, a new drug, of which I had previously heard nothing. He wished me to take a small dose, as he had done so himself without any very disagreeable effect. I refused; but, on visiting him the next day, he renewed his request, observing, "Why your Professor, Dr. Harley, says he has taken 199½ drops of a solution equal to this in less than an hour." I then saw my brother take one minim, and in half an hour, as no serious effect followed, after counting my pulse, which was eighty, I took the same dose. We now purposely changed the subject of conversation. In the course of a few minutes I exclaimed, "I feel drunk." This sensation was quickly followed up by a dull aching pain at the back of my head, which was alternately better and worse, each accession becoming more and more severe. It soon extended to the forehead and the back of the neck, in which

(b) Dr. Mackenzie (last edition) says at page 534, in speaking of the sequelæ of iritis, "adhesion to the capsule of the lens (synechia posterior), is very common. The best directed treatment may sometimes fail in preventing these disastrous results."

there was a decided feeling of stiffness. I also experienced some difficulty of deglutition, succeeded by nausea, retching, and flatulence. A profuse perspiration ensued, and in a quarter of an hour the symptoms began to abate, but I continued dull and heavy. My pulse was now 100. Considerable headache remained, which increased in the after part of the day to such an extent that at six o'clock I was compelled to go to bed. At break of day I was not relieved, but after a few hours more sleep I arose in my usual health. I have only to add that I made this brief sketch of my own feelings before reading the contradictory statements which have appeared in your columns.

I am, &c., F. AUGUSTUS JAMES.

University College, April 5, 1858.

[To the Editor of the Medical Times and Gazette.]

SIR,—The existence of any fact once established cannot be affected by a subsequent discovery; and though the evidence may at first sight be conflicting in the two cases, and apparently tending to a precisely opposite conclusion, it is often within the scope of reason to reconcile seemingly contradictory testimony.

Gmelin has stated that half a drop of pure glonoine would kill a man.

In my last paper on this subject, I stated that two drops of what the Homœopaths call the first dilution of glonoine, produced profound coma in me. Doctors Fuller and Harley took very much larger quantities, and produced nothing beyond a headache. Was the action of the drug less powerful in their cases from peculiarities in the subjects of the experiment, in the substance experimented with, or the conditions under which the experiments were made? Putting aside for the present the hypothesis that idiosyncrasy may greatly influence the action of such an agent as glonoine, I think a very reasonable explanation may be found in the great variation in strength to which glonoine is liable, at which we cannot wonder when its mode of preparation is considered. But a far more important cause in determining the extent of its action is to be found in the conditions under which the drug is taken.

In my own case my nervous energy had been much impaired by a hard day's work; for contrary to my usual custom I had walked to all my patients that day, and besides this I had just finished a painful and protracted surgical operation, involving as it did a considerable expenditure of nervous force, added to which the hour had arrived when there was a natural tendency in the brain to subside into that state of unconsciousness in which one-quarter of its life is passed. I have since taken the same quantity of glonoine under different conditions, with no other result than the production of a mere headache.

Having in my experiments on myself experienced the greatest variation in the strength of different specimens of glonoine, I was disposed to think, when I read Dr. Fuller's and Dr. Harley's experiments, that they had used a less powerful agent. I therefore called on Dr. Fuller in the morning of April 3, and requested him to take a part of the same glonoine which had affected me. He kindly acceded to my request, but to my surprise he experienced little besides the usual headache, which appears always to result from a small dose.

From Dr. Fuller's I went to a London Hospital, where I heard a patient was undergoing treatment with solution of glonoine for hemicrania; he had been taking one dose of two drops daily, but the medicine had produced no effect on him. I took two drops of his solution, and was but slightly affected by it. By permission of his Physician I gave this patient two drops of my own solution. In about a minute he became pallid, felt sick and giddy, his forehead was covered with perspiration, and he sank on to the bed by which he was standing almost unconscious, his pulse failing so as scarcely to be felt. I requested that he might have some stimulant, and after taking a little ammonia the circulation became more vigorous, and I left him in twenty minutes with a marked diminution of his pain, and he expressed a great desire to sleep, a luxury which his sufferings had almost deprived him of the previous nights.

The slight action of glonoine on Dr. Fuller, who was in vigorous health and not suffering from fatigue at the time he took the dose, and the powerful effect produced on the hospital

patient, whose nervous energy was reduced by suffering and want of sleep, affords a good illustration of the explanation which I have ventured to give of the apparently opposite results which have been observed.

Some pure glonoine was procured from Morson's, in Southampton-row; this was one hundred times stronger than that, two drops of which produced so powerful an effect on me. One drop of this pure glonoine was given to a mouse, and larger quantities to a calf, cats, and rabbits, without producing any appreciable effect, thereby confirming the conclusion before arrived at that not the glonoine, but the spirit in which it was dissolved, had affected the animals which died in the former experiments.

The curious fact of certain poisons exerting a powerful influence over some animal systems, while harmless to others, is not without analogy. It is stated on good authority by a recent writer that the horse can with safety eat aconite, the goat hemlock, and the rabbit belladonna; and Dr. Livingstone mentions a small African insect, the tsetse, whose bite is fatal to the horse, ox, and dog, but affects man in only a very trifling degree.

My friend, Mr. Lawrence, Surgeon, of Brighton, slightly moistened the tip of his finger with the solution of glonoine (1 per cent.) and applied it to his tongue; he took only just sufficient to taste the fluid. In about three minutes he experienced a "muddled" sensation in his head, and felt as if he could easily have gone to sleep in the operating room, where we then were; he believes that had he taken a little more he must have fallen asleep; his appetite failed for the rest of the day, and he passed a restless night. Mr. Lawrence regards the effect produced on him as the more remarkable that he has very little susceptibility to the influence of the common narcotic drugs.

Case 5.—G. F., aged 24, epileptic eight years. After a fit on the 4th of March, he slept nearly an hour, and then awoke in a state of violent mania, struggling with such violence that it was with difficulty two persons could keep him in bed; with eyeballs projecting, and mouth half opened, he looked as if he were contemplating some afflicting sight, while he rapidly reiterated an unmeaning monosyllable, doc-doe-doe, in a painfully plaintive tone. In this state I was called to attend Mr. F. I touched his tongue with a cork moistened with solution of glonoine, and after the third application his struggles ceased, and he sunk into a tranquil sleep, from which he awoke refreshed and well the next morning.

In this case the rapidly acting sedative influence of the medicine was most marked, and the exceedingly small dose required made it peculiarly valuable, as no bulky remedy could have been taken owing to the excited condition of the patient.

Case 6.—Mrs. R. sent for me in the night of March 17, on account of severe neuralgic pain in the lower part of the cervical region of her spine and right arm. Her sufferings had been severe for some hours, and still continued, when I applied less than a drop of glonoine solution to her tongue. In a short time this patient complained of a peculiar pain and pulsation in her head; she became drowsy, and buried her head in the pillow, but retained sufficient consciousness to request I would not leave her while she felt "so strange." These effects lasted about ten minutes, during which she had several attacks of general rigor, which were succeeded by nausea and coldness of the extremities; but the neuralgic pain was quite subdued for a time, though it returned in a much smaller degree.

Case 7.—Mrs. L., aged 28, weak from undue lactation and neglect of air and exercise, consulted me, March 22, on account of supra-orbital neuralgia, from which she had suffered more than a week; the pain usually commenced at six o'clock in the morning, and continued till eleven or twelve. A quarter of a drop of solution of glonoine was given, and the pain ceased for that day almost immediately. She recovered in a few days under appropriate treatment.

Case 8.—Mrs. D., aged 38, under treatment for dyspepsia. March 29, she complained of severe hemicrania, which had troubled her for many days. She took about a drop of solution of glonoine in perfect ignorance of any effect it was likely to produce. In a minute or so, she reclined on a sofa to save her from falling, put her hand to her forehead where she experienced a pulsating pain. In a few minutes more her head was free from pain of any kind, and there had been no return two days after.



**Case 9.**—Miss V., aged 28, frequently suffered severely from what she calls nervous headaches; these she has been in the habit of curing with Indian hemp. On the 1st of April, a violent headache was suddenly produced by a fright caused by her horse; she was kept awake nearly all night, and the following morning she requested me to give her something for the pain, which continued severe. Her old remedy had been discontinued by my advice. I applied a small quantity of the dilution of glonoine to the tip of her tongue, which produced scarcely any effect. Two drops were then given, and in about a minute she became giddy, and said it is just like taking chloroform; she lay back in a chair, supporting her forehead with her hand, trembled, and said faintly that her feet were cold: her pulse rose to 100—before it was 80. In about two minutes she recovered, complained of great tightness at the root of the neck, which soon subsided. Her headache was gone; and in half-an-hour she left my house feeling unusually well and “bright,” as she expressed it.

Forcibly struck by the slight effect produced in the last two cases by what, from my former experience, I should have considered a powerful dose, I myself took two drops of the solution, and only experienced a sense of fulness and throbbing in the head; my pulse rose twenty in the minute. The experiment was repeated on a married lady, aged 32, with a similar result. The cases 8 and 9 had been treated with a fresh specimen of the glonoine.

From what has been observed it would appear that glonoine is liable to great variation in strength. That under ordinary circumstances of health and vigour it may be taken in small quantities with safety, but that when the nervous energy is much diminished by fatigue or suffering it may act with the greatest power.

It affords me great satisfaction to find the action of nitro-glycerine has engaged the attention of those who are so much more capable than I am of doing justice to the subject; and I hope that we shall soon be furnished with more precise information on this curious medicine.

I am, &c. A. G. FIELD, F.R.C.S.  
Old Steine, Brighton.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 23, 1858.

Sir C. LOCOCK, Bart., President, in the Chair.

#### A paper by Mr. TOYNBEE was read on ANCHYLOSIS OF THE STAPEDIO-VESTIBULAR ARTICULATION,

(THE BASE OF THE STAPES AND THE FENESTRA OVALIS) ASSOCIATED WITH RHEUMATISM AND GOUT; WITH AN ACCOUNT OF 136 DISSECTIONS OF THE DISEASE.

The author commences his paper by showing that there is a distinct joint between the circumference of the base of the stapes and the inner surface of the fenestra ovalis, and that this stapedio-vestibular joint (perhaps more constantly used than any other in the human body) is very subject to be affected with rheumatic gout, (rheumatic arthritis,) producing in various stages of its progress various degrees of deafness. For the better elucidation of the nature and treatment of rheumatic arthritis in the stapedio-vestibular articulation, the author commences by making some general observations upon the subject of rheumatism and gout, the results of which may be thus briefly stated. He considers the poisons of gout and rheumatism to be thus far identical in their nature that they both consist of an excess of the nitrogenous element of the blood, and that this nitrogenous element in the case of rheumatism is fibrine, and in that of gout albumen. The view that the element in the blood causing rheumatism is fibrine in excess, is supported by the following facts:—1. That this fibrine is found in so great excess in the blood of rheumatic patients, that Lehmann asserts that of all diseases the fibrine is in general increased in the largest proportion in acute articular rheumatism

and pneumonia. 2. That this excess of fibrine also manifests itself by the excess of urates eliminated from the blood in patients with the so-called rheumatic diathesis. 3. That attacks of acute rheumatism come on contemporaneously with the inability of the system to use the excess of fibrine in the blood, and to eliminate the excrementitious urates. 4. The attack of rheumatism is produced by any cause which prevents the conversion of the fibrine of the blood into the fibrous elements of muscles and other fibrous organs, and the due elimination of the urates. 5. In cases of acute rheumatism the excess of fibrine in the blood finds an outlet in fibrinous effusions, while in chronic rheumatism it finds an outlet in hypertrophy of the fibrous structures. 6. All curative measures for rheumatism do good in proportion as they cause the excess of fibrine to be eliminated in the form of urates or consumed in the process of assimilation. 7. All preventive measures in rheumatism consist in the use of dietetic or other hygienic rules, whereby the entrance of an excess of fibrine into the blood is prevented, or when it is introduced that it may be assimilated, and the effete matter eliminated as urates. That the nitrogenous element in the blood which causes gout is albumen in excess, is indicated by the following facts:—1. Whether known to us as globuline, gelatine, chardine, gluten, etc., the textures containing albumen are those implicated in gout. These textures may be divided into four classes; as the blood cells containing globulin, the cellular, mucous, and purely serous membranes containing gelatine, the cartilages containing chardine, and the cartilage of bone, gluten. 2. That globulin, the coagulable matter of the blood-cells, is more abundant in plethoric gout, and that one source of the increased quantity of uric acid in the blood of some gouty patients may be ascribed to the increased quantity of globulin in the blood. 3. The food inducing an attack of gout is usually peculiarly rich in albumen. The analogies and differences between gout and rheumatism are thus presented in a tabular view:—

#### GOUT.

##### CAUSES.

1. *Predisposing.*—An excess of the nitrogenous element of the blood, probably albumen, from the use of too highly nitrogenous, or from mal-assimilated food.
2. *Exciting.*—The sudden addition to the blood of so large a quantity of albumen, that it can no longer be assimilated, and becomes a poison; or any circumstance, as fatigue, which prevents this assimilation, and consequently the elimination of the urates. The effort to rid the system of all poison constitutes the attack of gout.

##### SEAT.

- |                      |   |   |
|----------------------|---|---|
| Vesicular<br>Tissue. | { | 1. <i>Cellular Tissue.</i> —as bone cartilage, or cellular membrane.                    |
|                      |   | 2. <i>Mucous Membrane.</i> —as the lungs, liver, stomach, kidney, etc.                  |
|                      |   | 3. <i>Serous Membranes.</i> —as pleura, peritoneum, arachnoid, synovial membranes, etc. |

#### RHEUMATISM.

##### CAUSES.

1. *Predisposing.*—An excess of the nitrogenous element of the blood, probably fibrine, from the use of too highly nitrogenous, or from mal-assimilated blood.
2. *Exciting.*—The sudden addition in the blood of a large quantity of this element, or any circumstance, as the application of cold, which prevents the assimilation of the element, and the elimination of the urates. The violent effort made to rid the system of the poison constitutes attack of acute rheumatism.

##### SEAT.

- |                   |   |  |
|-------------------|---|--|
| Fibrous<br>Tissue | { | 1. <i>Muscular Fibre.</i>  |
|                   |   | 2. <i>Hard fibrous tissues.</i> —As tendons, aponeuroses, fibrous visceral envelopes, as the fibrous layer of dura mater, pericardium, synovial, and other serous membranes. |

The author then shows that in the disease properly called rheumatic gout, both fibrous and vesicular, otherwise named fibrinous, and albuminous, structures, are affected, and he is thus led to consider the diseases of the stapedio-vestibular articulation, in which both fibrous and vesicular structures are affected, as constituting what is called ordinarily rheumatic arthritis, or rheumatic gout. The author then pro-

ceeds thus to describe and classify the 136 dissections laid before the Society, of rheumatic gout causing ankylosis in the stapedio-vestibular articulation.

In 49 cases there was simple expansion of the articulating border of the base of the stapes; in 29 there was expansion of the articular border of the base of the stapes, with calcareous whiteness; in 25 there was expansion of the whole of the base, and effused bone connecting it to the vestibule; in 21 there was osseous matter effused between the stapes and the fenestra ovalis, producing simple ankylosis; in 12 there was osseous matter effused around the fenestra ovalis. In addition to the above 136 specimens of bony ankylosis, the author alludes to 53 dissections of membranous ankylosis, the particulars of which had been previously laid before the Society; in the latter cases the ligaments of the stapedio-vestibular articulation had become more rigid than natural. The author states that rigidity of the ligaments, which is the usual morbid condition in cases of deafness in advancing years, may, as a general rule, be diminished.

In speaking of the diagnosis of the disease, the author states that there is usually what is called the uric-acid diathesis. Frequently the patient has had an attack of rheumatism, gout, or rheumatic gout, but the only symptom in the ear is gradually increasing dulness of hearing, usually worse during a cold, the adapting power of the ear being the first to be diminished. There is usually an absence of the distressing noises present in debility of the nervous apparatus of the ear. The mucous membrane of the fauces and nose is congested and tumefied, the membranous meatus auditorius is also red, and often tumefied. The osseous walls frequently present rounded bulgings. The membrana tympani is often opaque and dull on its surface. Respecting the prognosis.—If the ligaments only are affected, as they are in the earlier stages of the disease, or if the circumference of the base of the stapes be merely slightly expanded, considerable benefit may be obtained by persevering treatment. This treatment consists in the use of general remedies, whereby the poison of rheumatism and gout is removed from the blood, and in the local application of counter-irritants. In the later stages of the disease, when bony ankylosis has taken place, no benefit can be attained further than the removal of the symptoms arising from congestion. The paper concludes with a recital of cases illustrative of the disease, with details of the pathological conditions found in some upon dissection.

Mr. HARVEY said he thought Mr. Toynbee had rather thrown confusion over the pathology of rheumatism and gout than cleared away any of its difficulties, and had misunderstood Dr. Garrod's opinions. He should be glad to be informed whether Mr. Toynbee had dissected the specimens on the table from both sides of the head, or whether they had been taken indiscriminately. If the former, it confirmed his opinion, and, he conceived, settled the question that deafness from rheumatic arthritis affecting the ears was one of a constitutional or blood character. In his (Mr. Harvey's) dissections both sides were alike affected, though not always to the same extent; hence he had for years adopted a constitutional treatment, rarely finding any benefit to arise from local applications or counter-irritants. He was surprised to hear that the disease so often produced ankylosis of the stapes, and was therefore disposed to believe that many of the specimens produced must have been taken from senile people. He believed the disease occurred chiefly in the middle period of life, and that, if diagnosed rightly and treated judiciously, was susceptible of great relief, and often a complete cure. The investigation was of the highest importance; it would bring into the category of curable disease many so-called cases of nervous deafness, which had been mistaken for this arthritic condition of the ears. He should be glad to know whether Mr. Toynbee had anything to suggest as to the physical appearances that might be pathognomonic of the affection in question. He (Mr. Harvey) had suggested an opinion some time since that he thought might explain the appearances so often seen in such cases, such as the concavity of the membrana tympani, the bold relief of the ossicle, and sometimes its deviation. It was well known that before the ear became the seat of the mischief the fauces and Eustachian passage were for some time affected; and remembering the distribution of the sympathetic nerves, and the course and insertion of the tensor tympani muscle, the reason for the changes in question became obvious, and it explained the

frequency of the neuralgic seizures, and of the tinnitus which so often distressed patients suffering from the disease.

Dr. MERYON thought the paper was interesting and suggestive, indicating, as it did, the liability of the stapedio-vestibular joint to rheumatism. He questioned the correctness of the author's views respecting the identity of gout and rheumatism. He had failed to produce either by the introduction of highly nitrogenized articles into the blood. With regard to senile deafness, he believed it was more dependent upon a drying up of the fluid than upon a bony deposit in the stapedio-vestibular articulation.

Dr. GARROD said the subject was one to which he had not paid much attention, but as his own researches into the nature and treatment of gout and rheumatism had been mentioned by the author, and his (Dr. Garrod's) opinion mis-stated, he felt compelled to rise and show the error of much of the author's pathology. Mr. Toynbee had come to the conclusion that gout and rheumatism were identical in their nature, and had sought to make the Society believe that his (Dr. Garrod's) researches tended to favour that view. He had arrived at an entirely different conclusion, and his inquiries were undertaken without any previous bias. Some of the most striking phenomena resulting from gout were certain changes in the articulations and other structures, consisting in the deposit of a peculiar matter, the urate of soda, in a beautifully crystalline form. This was seen within the substance of the articular cartilages, in the ligaments, the tendons and their sheaths, also on external parts, giving rise to tophaceous deposits, or the so-called chalk-stone. Such concretions were peculiar to gouty patients, and he was convinced were never the result of any other disease. In every case in which he had seen them the affection was undoubtedly of a true gouty character, and had originally commenced as a mono-articular inflammation of the metatarso-phalangeal joint, or ball of the great toe. As such structural changes were never produced by, or were the result of true rheumatism, he thought this alone formed a distinguishing or diagnostic mark between the two diseases. The difference between them was equally evident on an examination of the blood. The many examinations of the fluid referred to by the author, he (Dr. Garrod) had divided into two classes, those connected with articular disease and those not so connected. In regard to the former, uric acid was present in large or abnormal quantities, determined either by quantitative analysis or by crystallization upon a fibre from the acidulated serum in all those cases of disease originating in a great-toe affection, and accompanied by deposits or other symptoms, which would leave no doubt as to its genuine gouty character; whereas, in all cases of true rheumatism, such as rheumatic fever with pericardiac or endocardiac inflammation, or the chronic conditions arising from such, and also in the articular cases connected with urethral disease, no uric acid had been discovered. He therefore regarded the absence of uric acid in the blood as proof that no gouty character existed. He had never seen acute inflammation of the pericardium or endocardium in acute gout, although he was aware that chronic valvular affections were often met with in gouty subjects, but it must be remembered that the predisposing and exciting causes of the slow alterations in the structures about the heart were also those which most frequently give rise to gout. He alluded to the different kinds of alcoholic fluids, and especially to wine and malt liquors, when taken in large quantities. He differed from Mr. Toynbee as to the similarity of character in the urine in cases of gout and rheumatism. The elimination of uric acid by gouty patients was much below the average; but Mr. Toynbee had assumed the contrary. The passing of urates in large quantities was far from showing that the acid existed in abnormal amounts in the blood; indeed, it indicated the probability of the contrary condition, for freedom of excretion by the kidneys was not compatible with retention in the blood; and the large elimination of urates was not confined to rheumatism, but was found equally in affections of the liver, spleen, and other organs. The two diseases were also entirely distinguished by other characteristics, as well as by their different predisposing causes. Gout was more common in males, and after the age of thirty strongly hereditary in character, and induced by good living; whereas, rheumatism was seen in the most characteristic forms most frequently amongst females, and generally in the young. The hereditary predisposition was not so strongly marked; it was caused by exposure to cold, especially in the weak and ill-nourished. He had on a

former occasion brought forward cases to show that in hospital practice nearly twenty-five of his gouty patients had previously been subject to the influence of lead, and nearly all of them had experienced the common symptoms of such metallic impregnation; the lead poisoning, however, never induced rheumatic fever. He was somewhat disappointed from the author not having clearly shown any relation between the diseases of whose pathology he had treated and the various specimens exhibited; for it had not been proved that the alterations had been produced either by gout or rheumatism, and no analysis of the deposits had been given, indicating the presence or absence of uric acid. The author had referred to Dr. Adams's researches on the alterations recurring in the so-called chronic rheumatic arthritis, but though Dr. Adams employed the term rheumatic gout, he nevertheless admitted that the disease inducing such alteration in the joints shown by the absorption of the cartilages, and the eburnation of the heads of the bones, was in no way allied to gout, and was only so far connected with rheumatism as in a certain number of cases the latter affection appeared to have acted as an exciting cause of the peculiar local disease.

Mr. TOYNBEE, in reply, maintained the correctness of his views. One of the specimens before the Society, he said, was taken before the age of twenty, from a girl who had died in St. Mary's Hospital.

The Society then adjourned.

## HARVEIAN SOCIETY OF LONDON.

THURSDAY, MARCH 18, 1858.

DR. SIEVEKING, Vice-President, in the Chair.

### FALLOPIAN DROPSY.

DR. PRIESTLEY exhibited the fluid from a Fallopian dropsy. The case was that of a lady who was supposed to be suffering from retroflexion of the uterus. Dr. Priestley found, on examination, that there were two tumours behind the uterus, one of which, of a spindle-shape, was the Fallopian tube distended with fluid; the other an ovarian tumour. Great discomfort was experienced by the patient after walking, the enlarged Fallopian tube becoming impacted behind the uterus. A small canula and trochar was passed into the tumour through the upper part of the vagina, and the fluid drawn off. The patient did well.

### MR. HENRY THOMPSON read a paper on THE DIAGNOSIS AND TREATMENT OF SYPHILIS IN ITS PRIMARY FORMS.

Mr. Thompson commenced by demonstrating the importance of deciding promptly upon the nature of the primary forms of syphilis in relation to treatment and prognosis. He stated that our knowledge of syphilis has greatly advanced during the last few years, thanks to numerous observers in this country and abroad; but that to Ricord the merit is pre-eminently due of having defined the great laws which its phenomena exhibit. Without giving his adhesion in every respect to all the dicta of that illustrious observer, the author of the paper asserted that a careful examination of the subject compelled him to declare his conviction that on almost, if not on all important points, his doctrines were supported by the phenomena of syphilis as presented in this country. Primary syphilis was defined as a specific disease communicated by a virus of which the earliest manifestation is a chancre; and secondary syphilis as a constitutional affection, which, excluding hereditary transmission, originates always from a chancre, and manifests itself by characteristic symptoms, which follow with more or less regularity a certain order of evolution. Two distinct varieties, and two only, of chancre were stated to exist: the soft or noninfecting chancre; and the indurated or infecting chancre. Either of these, although much more commonly the former, might be attacked with phagedæna, or sloughing; but these conditions are the result of external circumstances, and not of any inherent quality in the sore itself. He laid down as a principle, that, on seeing a primary sore in the early stages, we might, in five cases out of six, positively state to the patient, at the outset, a distinct

prognosis as to the occurrence of secondary symptoms, or the contrary, without risk of error; and that, in consequence, we might select the appropriate treatment at once, and pursue it with confidence. Mr. Thompson defined the external characters of the indurated or infecting chancre; contrasted them with those of the soft or noninfecting chancre; pointed out that the first was invariably attended with indurated, painless, lymphatic glands in the groin, which attested the nature of the sore, after the latter had disappeared; and stated that constitutional syphilis was certain to follow, sooner or later; the induration of the sore itself being, in fact, the first sign of the systemic infection. Next, he described the characters of the soft chancre, which was not necessarily, nor, indeed, most commonly, associated with any bubo at all; but if so, the bubo was inflammatory, and would suppurate. In this case, it was almost certain that no secondary symptoms would follow. He then considered the sores of a doubtful character, that is, those respecting which it was difficult at first to determine the nature; and showed how the two varieties might nevertheless, in most cases, be distinguished by attention to known sources of error. The treatment of primary syphilis in these two forms then succeeded. The employment of caustic, which if sufficiently powerful, and applied early, would prevent constitutional infection, was strongly recommended. The potassa cum calce, on the whole, was regarded as the best. In the soft chancre, which was met with three or four times as frequently as the indurated chancre, there could be no occasion for mercury or iodine, as it was a purely local, not a constitutional disease. Local astringents or antiseptics, and if it was slow to heal, fifteen or twenty grain doses of the potassio-tartrate of iron twice or thrice a-day formed the best treatment. Such formed the bulk of the cases so frequently reported as examples of syphilis cured without mercury; in fact, whatever the treatment of these sores, no constitutional symptoms would manifest themselves. In the well-marked indurated chancre, small doses of the iodide of mercury, such as three-quarters of a grain or one grain, guarded by about two grains of Dover's powder, appeared to suit more generally than any other form. The gums to be but very slightly touched, and the patient carefully guarded against salivation; this condition to be maintained for a considerable period. Where any intolerance of mercury by mouth was exhibited, inunction or fumigation to be substituted. Nothing, however, could be more obvious than the good effects of mercury in these truly infecting sores and early constitutional symptoms, provided its administration is kept within the limits recommended.

A tabular form, exhibiting the characters of the two varieties of chancre, by way of contrast, was presented, for the purpose of diagnosis, and showing the salient points of the subject at a glance. A copy of it follows here:—

### DIAGNOSTIC CHARACTERS OF THE TWO VARIETIES OF VENEREAL SORES.

1. THE SOFT OR NON-INFECTING CHANCRE.
2. THE INDURATED OR INFECTING CHANCRE.

#### THE SOFT CHANCRE.

##### Anatomical Characters.

Form, rounded, often irregularly so.

Edges sharp, well defined, as if cut with a punch; rather overhanging, not adhering closely to subjacent tissues. Surface, flat, but irregular, "worm eaten;" often with yellowish or greyish matter adhering.

No induration of tissues around, unless caused by caustic or other irritant; in which case the thickening is not defined in its limits, but shades off into the surrounding tissues, and has more or less the aspect of inflammatory action.

#### THE INDURATED CHANCRE.

##### Anatomical Characters.

Form, rounded.

Edges, sloping not sharply cut; hard, sometimes a little elevated, closely united with subjacent tissues. Surface, hollowed or scooped out, but smooth as if varnished; often greyish at the centre.

Induration, well defined, incompressible, like a cup of cartilage let into, or set upon, the tissues beneath, and moveable over them; no inflammatory areola. Usually makes its first appearance between the fifth and tenth day; never after the twentieth. Generally long survives ulceration.

Induration varies in degree somewhat with the situation, but when slight is nevertheless always defined.

*Pathological Tendencies.*

The secretion is contagious, purulent and plentiful, hence these chancres are rarely single; often, perhaps most commonly, multiple, one giving rise to another. It is usually slow to heal, has a tendency to spread; and is liable to take on phagedænic action.

The soft chancre appears, from the records of practice, to appear with a frequency about four times as great as the indurated chancre.

*Characteristic Gland-affection.*

In many cases (but not in the majority) the inguinal glands are affected; in which case, one gland, usually, rapidly inflames and suppurates, and an open bubo is the result. The pus, at first, is inoculable, and capable of producing a soft chancre.

*Pathological Tendencies.*

The secretion is scanty, rather serous than purulent, and is not very readily inoculated. Hence the sore is usually single, rarely multiple, and if so the sores appear simultaneously.

It is indolent, but less so perhaps than the soft chancre. Rarely takes on phagedæna.

Either sore propagated by inoculation, invariably produces its like.

*Characteristic Gland-affection.*

It is INVARIABLY followed by slight swelling and marked induration of the inguinal glands on one or both sides (the sore being on the genital organs); usually several glands are affected; they are hard, incompressible, and roll under the finger, are painless, and do not inflame or suppurate.

Except in rare instances from over exertion, in scrofulous subjects, &c., but then the pus is not specific and not inoculable.

The induration of the gland coincides in time with that of the chancre itself.

The primary sore having disappeared, or being denied, the gland-induration is an invaluable sign for purposes of diagnosis.

*Prognosis.*

The well marked soft chancre is always a local affection, and DOES NOT AFFECT THE SYSTEM; and no "specific" treatment (mercury and iodine) is required.

A highly-interesting discussion followed, in which several members took part. Many cases were related from the experience of the speakers confirmatory of the truth of Mr. Thompson's statements. In particular, Dr. Headlam Greenhow, who had had charge of a Military Hospital, and had there seen much syphilis, did not recollect ever to have seen a sore accompanied by open buboes followed by secondary symptoms. Mr. Ballard spoke to the same effect. Mr. Weedon Cooke was inclined to doubt the universality of Mr. Thompson's laws as laid down. He considered that in women soft chancres are frequently followed by secondary affections. Again, he had seen a case of indurated chancre in which no secondary symptoms followed, although no treatment had been adopted. Dr. Camps objected to the author's views, that if true they would necessitate the admission of the existence of two different forms of syphilis, which he could not allow. Mr. Cleveland cited an interesting case of indurated chancre, in which mercury was ineffectual in checking the phagedænic ulceration which followed. Mr. Robinson had found the syrup of the iodide of iron a very valuable medicine for syphilis in children. Dr. Handfield Jones, Mr. Langmore, and Dr. Panton, also participated in the discussion.

Mr. THOMPSON in reply said, he thought the day was not far distant when we should speak of chancre and chancroid to distinguish the two forms alluded to. He would only be disposed to allow the existence of *one* syphilis, although there were *two* kinds of venereal sores. In cases where soft chancres were said to be followed by secondary symptoms, he would dispute the correctness of the diagnosis; the sore had been at one period indurated. The diagnostic data afforded by the state of the glands he regarded as of great importance.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 31st ult. :—viz.,

BRAINE, FRANCIS WOODHOUSE, H.E.I. Company's Service.  
DIGBY, FREDERIC, Malden, Essex.  
FISHER, JOHN, Manchester.  
FRANEY, EDWARD, Northampton.  
PIKE, THELWELL, Bucklesbury, Berkshire.  
REED, GEORGE, Portsmouth.  
SAINTER, JAMES DOW, Macclesfield.  
SMYTH, WILLIAM DICKINSON, Royal Navy.

Also, on the 5th inst. :—

ALFORD, HENRY JAMES, Taunton, Somerset.  
BELCHER, ROBERT SHIRLEY, Burton-on-Trent.  
BENNETT, CHARLES VAUGHAN SIMMONS, Haverfordwest.  
CUMSTONE, WILLIAM, Market Rasen, Lincolnshire.  
DAVIES, JOHN, Festiniog, Monmouthshire.  
HOPKINS, JOHN WALTER, Leeds.  
HORTON, J. A. BEALE, Gloucester, Sierra Leone.  
JOYCE, THOMAS, Stamford-hill.  
OCHILTREE, CHARLES WILLIAM, Seaton Sluice.  
PICKFORD, NEWBOLD, Manchester.  
RICKARDS, ALFRED, Leeds.  
SCARTH, JOHN WILLIAM, Leeds.  
SUMMERS, WILLIAM ALEXANDER, Ilminster, Somerset.

At the same meeting of the Court, Mr. William Dickson Smyth, of her Majesty's ship *Agamemnon*, passed his examination as Naval Surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date March 31.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to Practise, April 1, 1858 :—

COCKS, BENJAMIN, Oxford-terrace, Hyde-park.  
PRITCHARD, EDWARD WILLIAM, Filey, Yorkshire.  
THORNILEY, JOSEPH, Harton Mersey, near Manchester.

## DEATHS.

BOX.—On the 4th inst., at Witney, Oxon, William Box, M.R.C.S. Eng. 1844.  
CURRIE.—On the 17th Feb., at Quilon, Malabar Coast, William F. Currie, M.D., son of the late Claude Currie, Physician-General, Madras.  
FRY.—On the 3rd inst., at Wigston Magna, Leicestershire, Augustin Fry, M.R.C.S. Eng. 1836; L.S.A. 1832.  
MARTIN.—March 30th, Francis Martin, Notting-hill, aged 39.  
M'GRIGOR.—On the 2nd inst., in Harley-street, Sir James M'Grigor, Bart., K.C.B., K.C.T.S., M.D. Edin.; late Director-General of the Army Medical Department, aged 87.  
REID.—March 28th, at Douglas, Isle of Man, Alexander Reid, Surgeon Artillery, H.E.I.C.S., aged 49.  
ROULSTON.—On the 22nd February, at Low Harrowgate, John Roulston, jun., M.D. St. And. 1851; M.R.C.S. Eng.; and L.S.A. 1851, aged 30.

## APPOINTMENTS.

Mr. S. T. Jephcott has been elected to the House-Surgconcy of the General Infirmary, Chester.

THE CITY HOSPITALS.—From the annual report just published, it appears that the following were the numbers of patients at St. Bartholomew's and St. Thomas's Hospitals last year.

	ST. BARTHOLOMEW'S.	ST. THOMAS'S.
In-patients . . .	5,839	4,507
Out-patients . . .	88,889	36,354
Died . . .	577	360
In-patients remaining . . .	579	457
Out-patients „ . . .	3,540	2,413

**CHLOROFORM IN MALINGERING.**—Dr. Hans Zoehrer has discovered, by means of the sleep produced by chloroform, the deception practised by a pretended mute, who attempted to quarter himself upon the cantonal Hospital at Munsterlingen during the winter. A full dose of chloroform betrayed his power of speech; his involuntary vociferation was of the most distinct and articulate character.

**A LAUDANUM DISTRICT.**—The *Stamford Mercury* says that "Holbeach is a great laudanum district," and, "as might be expected, the drug is sold in great quantities, not only by our druggists, but by almost every little country shop-keeper and general dealer in the neighbourhood. Judging from a single druggist's weekly return of retail sales shown to us the other day, we think we are within the mark in estimating the amount of money spent by the working-classes in this parish (though they are by no means the only consumers) in laudanum and opium, at not less than £700 or £800 a-year." Druggists find this trade to prevail excessively where teetotal societies are most flourishing.

**MEDICAL PRACTITIONERS IN VIENNA.**—According to a recent enumeration there are in Vienna 545 civil and 76 military doctors of medicine, 23 civil and 6 military magistrates of surgery, 116 barber, or lower degree of surgeons, 28 dentists, 45 apothecaries, and 1,270 midwives.

**THE ORDER OF THE MEDJIDIE.**—The Queen has been pleased to give and grant unto the undermentioned officers Her Majesty's Royal licence and permission that they may accept and wear the insignia of the several classes of the Imperial Order of the Medjidie attached to their respective names, which His Imperial Majesty the Sultan hath been pleased to confer upon them as a mark of His Majesty's approbation of their distinguished services before the enemy during the late war, and that they may enjoy all the rights and privileges thereunto belonging, viz.:—Fourth Class:—Medical Inspector of Hospitals and Fleets—Mr. David Deas, C.B. Fifth Class:—Deputy Medical Inspectors of Hospitals and Fleets—Messrs. John Rees, Charles Ritchie Kinnear, M.D. Surgeons—Messrs. John Munro, M.D., William Graham, M.D., John Stewart, Charles Deane Steele, George Mackay, M.D., Charles Robert Brien, M.D., Robert Graham, M.D., Edward Nolloth, M.D., Samuel William Webb, John Herbert Patterson, Hugh O'Hagan, M.D., John Cockin, Daniel John Duigan, M.D., William Duirs, M.D., John Traill Urquhart Bremner, John Cotton, M.D., George Mason, M.D., Ahmuty Irwin, John Wallace, Mark Hamilton, M.D., B.A., and Allan Brown, M.D. Assistant-Surgeons—Messrs. Charles George Wolfenden, Edward M'Sorley, Gilbert Lennox King, William Sylvester Roche, and William James Shone.

**IMPERIAL TROUT.**—The experiment made by order of the Emperor of the French to stock the waters at St. Cloud with trout hatched artificially has met with complete success. The trout twelve months old are 20 centimetres long, and weigh from 65 to 90 grammes. Their value, in the Paris markets, would be from 1*fr.* to 1*fr.* 25*c.* The trout 33 months old are from 48 to 50 centimetres long, and weigh from 675 to 1,170 grammes. They would sell for from 3*fr.* to 6*fr.* It is further stated that the waters at St. Cloud were never before inhabited by any species of Salmonidæ. The trout are extremely numerous, and promise to yield highly productive returns, in a commercial point of view. The principal object of the Emperor is to ascertain whether the production of fish by artificial means is more profitable than the cultivation of land, taking the same superficial area in both cases.

**LATENT LIGHT.**—Mr. Grove has given the following summary of M. Niepce's experiments on this curious subject:—"An engraving which has been for some time in the dark is exposed to sun light as to one half, the other half being covered by an opaque screen; it is then taken into a dark room, the screen removed, and the whole surface placed in close proximity to a sheet of highly sensitive photographic paper. The portion upon which the light has impinged is reproduced on the photographic paper, while no effect is produced by the portion which had been screened from light. White bodies produce the greatest effect, black little or none, and colours intermediate effects. An engraving exposed as before, then placed in the dark upon white paper, conveys the impression to the latter, which will, in its turn, impress photographic paper. Paper, in a tin case, exposed to sun-

light, then covered up by a tin cover, will, when opened in the dark, radiate from the aperture phosphorescent force, and produce a circular mark on the photographic paper, and even impress on the latter the lines of an engraving interposed between it and the photographic surface. Phosphorescent bodies produce similar effects in a greater degree, and bodies which intercept the phosphorescent effect intercept the invisible radiations. A design drawn by a fluorescent substance, such as a solution of sulphate of quinine on paper, is reproduced, the design being more strongly impressed than the residual parts of the paper.

**HORSE TAMING.**—Mr. Field, the Veterinary Surgeon, says:—"To operate with success it is necessary to be alone with the horse in a confined space, and to take care that there is nothing to divert the animal's attention. The articles required are oil of cumin, horse castor, or the warty excrescence from the horse's leg, and oil of rhodium. The horse castor is easily pulled off, and must be grated fine. It has a peculiar, rank, musty smell, the ammoniacal effluvia of which seems to be very acceptable to the horse. For oil of rhodium he has, however, a remarkable fondness. This is extracted from a wood which is brought from the Canary Islands, and is usually sold as a perfume. It is retailed at 1*d.* per drop. The *modus operandi* is:—Rub one or two drops of oil of cumin over your hands, and pass your hands over his nostril so that he inhales it. This must be continued until you get his entire attention. Then put a little of the castor (about the quantity of a good pinch of snuff) on a lump of sugar, and if the horse will not eat it from your hand put it into his mouth. Take eight drops of oil of rhodium in a little bottle or thimble, or any convenient thing, and pour it into his mouth. Usually this, with kind and gentle treatment, makes him become "your obedient servant," and he will follow you about and permit you to take any liberty with him. In extreme cases the process may have to be repeated before you acquire the desired influence over him. If you are so inclined, this operation may be repeated four or five times a-day, but, above all things, the utmost care must be taken to avoid hurting him. These directions will enable any one to make a friend of his horse, and if he be addicted to any "tricks" he can be cured.

#### REMUNERATION TO SANITARY AND MEDICAL OFFICERS.

Last week a meeting of the vestry of St. Pancras was held on the subject of the salaries of the Medical Officer of Health and the District Medical Officers, upon which there are two parties in the vestry and a great sensation throughout the parish. W. H. Wyatt, Esq., churchwarden, was in the chair, and a report was presented from a committee, recommending the discontinuance of printing the monthly report of the Medical officer of health; that the district Medical officers only be required to perform the sanitary duties they performed before the Metropolis Local Management Act came into operation; that the salary of the Medical officer of health, Dr. Hillier, be reduced from £400 to £250 per annum; that the salaries of Messrs Adams, Jefferys, and Sutherland, district Medical officers, be reduced from £180 to £130 per annum each; and that Messrs. Davis and Wildbore, also district Medical officers, have their salaries reduced from £180 to £140 each; and that Mr. Coster, sen., workhouse-Surgeon, have his salary increased from £140 to £180 per annum. Communications were read from the officer of health and district Medical officers, protesting against the proposed decrease of their salaries—Dr. Hillier, on the ground that he had given up a lucrative appointment at University College Hospital, taken up his diploma from the College of Physicians, which shut him out from general practice, and that he had taken a house on lease in the parish, on the faith of the salary of officer of health being £400 per annum, and he also urged the sanitary improvement of the parish. The district officers also strongly urged the latter point, and stated that their salaries amounted to the rate of 2*s.* 3*d.* per case, including medicines, or about 3*d.* per visit to each patient. After a most excited and angry discussion all the recommendations of the Committee were carried.

**THE ASYLUM FOR IDIOTS.**—The eleventh anniversary festival of this excellent institution was held last week, his Grace the Duke of Wellington presiding. About 200 friends and supporters of the charity sat down to dinner. The asylum has establishments for the reception of idiots at Earls-

wood, Red-hill, and at Essex-hall, Colchester, where more than 300 patients are now under its care, while upwards of 200 more are urgently craving admission. The board are ready to meet the demand made upon them by providing a hospital with 400 beds; but to effect this object they require an addition to their present resources of from £5,000 to £10,000. In proposing the toast of the evening the noble chairman made a feeling appeal to the benevolence of his auditory on behalf of the charity they had met to promote. Many other philanthropic institutions were condemned by political economists as calculated to dull the edge of industry, and to encourage improvidence; but no such objection fairly applied to the society whose cause he had the honour to plead. It could not be said that the poor idiot himself, or his perhaps more miserable parents were in any way to blame for their misfortune; and therefore they had a special and irresistible claim to the sympathy of the humane. Having called attention to the improved treatment which the class of sufferers to whom it ministered had of late years received, the noble chairman next proceeded to point out the marked success which had happily attended the endeavours of the committee to impart the elements of useful instruction to their patients, and also to qualify them to contribute towards their own support. The society, however, could not entertain all the applications for admission that were constantly being made to them, and therefore they appealed to a generous public to increase their means of doing good. Various specimens of the handiwork of the inmates of the asylum, in the shape of drawings, copy books, and several descriptions of fancy-work, were circulated round the room in the course of the evening, and much surprise was evinced by the company at the extraordinary skill and proficiency thus displayed. The subscriptions announced by the secretary as the result of the chairman's appeal amounted to about £3500.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, April 3, 1858.

### BIRTHS.

Births of Boys, 872; Girls, 863; Total, 1735.  
Average of 10 corresponding weeks, 1848-57, 1831.

### DEATHS.

	Males.	Females.	Total.
Deaths during the week ... ..	694	680	1374
Average of the ten years 1848-57 ...	715.7	675.9	1391
Average corrected to increased population	...	..	1531
Deaths of people above 90 ... ..	...	..	3
Deaths in 15 General Hospitals ... ..	60	81	91

### DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diphtheria.	Typhus.
West ....	376,427	..	14	4	12	4	8
North....	490,396	1	13	8	7	...	11
Central ..	393,256	...	6	4	9	2	5
East ....	435,522	..	11	4	20	5	8
South ....	616,635	...	15	6	18	...	8
Total..	2,862,286	1	50	26	66	11	40

### METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer ... ..	29.577 in.
Mean temperature ... ..	44.6
Highest point of thermometer ... ..	68.5
Lowest point of thermometer ... ..	31.0
Mean dew-point temperature ... ..	38.7
General direction of wind ... ..	Variable
Whole amount of rain in the week ... ..	0.42 in.
Amount of horizontal movement of air in the week ... ..	800 miles

## TO CORRESPONDENTS.

Dr. CONOLLY's sixth paper on the Physiognomy of Insanity, with a Photographic illustration of Chronic Mania, will appear next week.

If M.R.C.S. is not a Union officer, and the magistrate requested his opinion, he can certainly demand a fee.

Mr. Keen's case shall appear.

Mr. Busk's letter on Pirogoff's operation shall appear next week.

Will Mr. Lissers favour us with the title of the pamphlet? It has accidentally escaped notice.

*Inquirer*.—1. Equal. The College of Physicians cannot confer degrees. 2. Yes. 3. The London degree. 4. Refer to our Student's number last year.

*A Crimean Assistant-Surgeon*.—Of some 400 Assistant-Surgeons who served in the Crimea, only 16 received the Medjidie. Some inquiry shall be made as to the supposed mistake respecting the recommendation.

*Medicus*.—We have no further information as to the African leech than that given in the extract from the work of M. De Quatrefages.

*Philanthropos*.—All must admit that it is desirable to prevent the marriage of persons affected with hereditary disease; but it would be very difficult to draw the necessary Act of Parliament.

*M.D. Edin.*—It will take a long time to educate the people up the standard which would make them despise quackery, while it would be easy to publish a register by which all could see who were quacks and who were legal practitioners.

*T.I.W.*—The case was a hard one, but we see no remedy. Mr. Brent was certainly wrong to promise a fee if he felt doubtful whether he could obtain it for our correspondent.

*Juvenis* should purchase some very elementary work on chemistry. We shall be glad of a reference to the cases in the United States showing the influence of re-vaccination as a remedy for whooping-cough. The occurrence of disease of the jaws in smokers who light their pipes with phosphorous articles is curious, if true.

*Yahoo* sends us what he calls a specimen of "oblique advertising" from the Jewish Chronicle and Hebrew Observer of March 26. It is a paragraph about the removal of a tumour from a lady 84 years of age, by Mr. Ernest Hart, and it certainly has the appearance of a very gross puff. But it is, probably, one of those attempts to evince gratitude by which grateful patients and indiscreet friends give so much annoyance to those they wish to benefit.

*Hunts*.—We never saw a more gross puff than the notice of the physiological lectures at Portsmouth. Those on the spot will know better than we can whether it has been done by consent, or is the work of some of those indiscreet friends who work, "not wisely, but too well." The insulting remarks upon the late Drs. Scott and Rolph show the very worst taste and ill-feeling; but it would be giving them too much importance to notice them further.

*ERRATUM*.—In our report, last week, of the names of those who were admitted Licentiates of the College of Physicians, John Rens, M.D., should have been John Peel, M.D.

### FOREIGN DECORATIONS.

#### TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I have just seen in your last number that Dr. Vaughan Hughes has been offered a mark of satisfaction by the Sardinian Government if he could obtain the consent of our Government.

As you take interest in the Doctor's case, permit me to suggest that it is the duty of the Sardinian Government to apply officially to our Government to be permitted to decorate with one of their orders an officer of the English army who has done his duty in their ranks; and the application coming in this shape cannot be refused, as it is according to rule.

A MEMBER OF THE LEGION OF HONOUR.

London, April 3, 1858.

### SPINA BIFIDA.

#### TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Having seen in the reports of the Pathological Society in your last number two cases of Spina Bifida in which the tumours had ruptured before birth, they reminded me very forcibly of a case that occurred in my own practice on the 4th of November last. The labour was natural, and the child was born alive with a tumour as above mentioned, previously ruptured, ulcerated and sloughy. The child gradually got smaller, and died on the eighteenth day in convulsions. If you think the above short notice worthy of insertion it is at your service.

I am, &c.,

JOHN SLACK STEELE, L.S.A.

186, Chapel-street, Salford, March 30, 1858.  
N.B. I should have mentioned that the mother ascribed the occurrence to a fright which she had experienced (at the fourth month) on seeing a woman cut down who had hung herself.

### CHLOROXYNE.

#### TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—You will oblige by inserting these few lines in reply to your correspondent "Euripides," whose letter appeared in your journal of last week, April 3rd. The questions, though somewhat abrupt, I take for granted are couched with the gentlemanly intention of doing service to the Profession.

I reply seriatim. 1st. Who is Dr. J. Collis Browne? The list of the College of Physicians of London will answer that question most satisfactorily, indicating as it does that Dr. J. Collis Browne is a Member of that learned body by Examination. In the list of the College of Surgeons Dr. J. Collis Browne's name will also be found.

2nd. Is Dr. J. Collis Browne a Medical officer in H.M.'s service? In reply I would refer "Euripides" to the Army List from 1845 to 1856, where he will find the services of Dr. J. Collis Browne duly registered and acknowledged, and it was during his servitude in India and China as



Medical officer on the Staff of H.M.'s army that his attention was first directed to the preparation of chlorodyne.

3rd. Does chlorodyne possess the wonderful properties enumerated in Mr. Davenport's advertisement? I cannot do otherwise than direct the attention of your correspondent to the said advertisement, wherein he will find that the extraordinary properties enumerated are not enunciated by Mr. Davenport, but testimony of the Profession resulting from long-trying practical experience; the names and addresses are respectively attached to the reports; and I am quite sure that every one of the Medical gentlemen in question would willingly afford any further information. The original communications can be seen here at any time with many others equally valuable; the whole are voluntary comments for the guidance of the Profession.

4th. Are Dr. Medlock's and Dr. Horsley's analyses near the mark? As sole manufacturer and agent for chlorodyne, I beg to inform "Euripides" that they and all other analyses that have appeared are very wide of the mark, and if my assertion is doubted, prepare and compare. The physical results will be found so dissimilar as at once to obviate such doubt. Besides which the medicines suggested in these analyses have long since been tried in every form of combination, whereas chlorodyne is clearly stated by Medical men of high standing and experience to be quite dissimilar in its action to any medicine ever used in this country. I am, &c.

April 5th. J. T. DAVENPORT.  
33, Great Russell-street, Bloomsbury, London.

#### TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—A correspondent, under signature of "Euripides," in your Journal of the 3rd inst. demands:—

1st. To know who I am?  
2nd. That I "do battle for the incomparable chlorodyne."  
3rd. Depose as to the advertisement respecting its "wonderful properties enumerated by Mr. Davenport."

4th. That I give a rejoinder to Dr. Medlock's and Mr. Horsley's analyses.

1. To relieve "Euripides's" distress of mind, I direct him to a perusal of the Lists of the College of Physicians and Surgeons, London, also Hart's Army List from 1845 to 1856. I served in China, India, in transports, was at the Cape, and latterly on the Staff on home service. During my tour abroad I combated severe epidemics of Cholera Asiatica—had under my care many thousands of cases of dysentery, diarrhoea, acute, and fever, exclusive of the ordinary maladies of tropical and temperate climes; in 1854 I received a gold medal from a population in the North of England for services rendered in arresting most completely the ravages of cholera, particulars of which I have published in a pamphlet, and can be had on application by any Medical gentleman. Whether such an epitome of my antecedents may satisfy "Euripides," I leave him to state, but I am aspiring enough to believe that I have a just right to lay claim to an opinion as to what may be of important use in the prevention or arrestation of disease—and further, that I have an equal right to assert the discovery of an agent unquestionably original in the treatment of disease.

2. In 1855, Mr. Davenport undertook the manufacture of my discovery, to which I gave the name of "Chlorodyne." In his hands I have left it; if "Euripides" requires further particulars regarding this property I must refer him to the above gentleman.

3. The announcements advertised by Mr. Davenport are merely the extracts of letters and reports forwarded to him by different Medical practitioners. Nothing is stated on his own responsibility, as "Euripides" can satisfy himself on inspecting the original vouchers, equally with any other member of the Profession. Should it be desirable to obtain my own expression of its efficacy in disease, I shall be happy to do so; but as yet have refrained, conceiving anything I might say would be instantly set down to charlatanism or sheer *ex parte* bias.

4. Dr. Medlock and Mr. Horsley's analyses are as far wide of the mark as north is from south,—equally so are the misleading authorizations of others on the subject. I am, &c.

JOHN COLLIS BROWNE, M.R.C.S.L., R.C.P.L., Ex-Army Staff.  
April 7, 1858.

#### TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In answer to your correspondent I beg to say that W. J. Collis Browne was for a while resident in Brighton, where a large brass plate fixed on the area-rails announced the hours at which he might be consulted for chest diseases, and particularly, as the very large letters indicated, for consumption. Suddenly he disappeared, and I know not where he is now. Beyond this brass plate I never heard anything to his disadvantage.

Will some other correspondent kindly tell us about W. Wallstenholme of the Tottenham General Hospital, who bears testimony in favour of Chlorodyne? I am, &c. X. Y. Z.

#### A QUERY.

#### TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Will you kindly inform me which examination you think will rank the higher,—the Matriculation of the University of London, or the newly created one for Associate in Arts at Oxford and Cambridge?

If they rank equally, would it not be better that the University of London should call their Matriculation an "Associatehip in Arts," or at any rate give it some title which can be lettered after the name? I am, &c.

UNDERGRAD. U. L.

#### WINES FROM THE CAPE OF GOOD HOPE.

#### TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—A correspondent of the *Times* suggests that the Chancellor of the Exchequer should equalize the wine duties, because the consumption of wines imported from the Cape of Good Hope during the past year, has increased very much, and he adds, "it cannot have arisen from an increased taste for them, but that they must have been used for adulteration only."

These assertions, if unanswered, are calculated to create no small degree of alarm, both here, and in the colony; but, if the time has arrived that the Chancellor of the Exchequer considers it necessary to tax British toll, labour, and enterprise, to the same extent as foreign, we, for one, shall not complain of a measure calculated to bring about universal free trade, although it might (for a time only) affect the interests of ourselves and others.

But we are bound to set your readers right as regards these wines

which are not used for adulteration, save by those whose easy consciences would dictate a cheaper substitute, but are now advertised in your columns by ourselves and other influential Houses, and sold upon their own merits only.

Dr. Letheby has made a most favourable analysis of our Cape wines, and states they are "pure and unadulterated, and contain the average amounts of the constituents of good wholesome wines."

The increase in the consumption of these wines can very easily be accounted for, when we tell you our sale alone for these wines during the past year was about 30,000 gallons; and we are in a condition to prove on the testimony of thousands of the aristocracy, gentry, and clergy, that the Cape wines have arrived at a degree of goodness suitable for use in this country, and decidedly superior to any of the second qualities of Portugal and Spain, many of which are not only unpalatable, but decidedly injurious. We are, &c.

W. & A. GILBEY.  
357, Oxford-st. (three doors from the Pantheon),  
London, March 30, 1858.

[We have examined eight samples of different wines from the Cape, forWARDED to us by Messrs. Gilbey, and find them equal in most respects, and in some superior, to the ordinary wines from Spain, Portugal, and Madeira. In point of acidity, strength, and sweetness, they so nearly resemble the latter wines that they might be very generally adopted in our Hospitals at a great saving of expense.—Ed.]

#### COMMUNICATIONS have been received from—

Mr. ROSCOE; Mr. HEWISON; Mr. WOOD; Mr. GRIGG; Mr. STUART; Dr. WILDASH; Mr. LINTON; Mr. SAMPSON; Mr. BENNETT; Dr. WHITE; Mr. H. HUNT; Mr. DOHERTY; Mr. BYRNE; Mr. BURNAN; Mr. MAXWELL; Dr. GREGG; A. B.; Mr. YOUNG; Mr. PAGET; Dr. CONOLLY; Dr. G. JOHNSON; Dr. CARPENTER; Dr. BEATSON; Dr. M'CRAICH, Smyrna; Dr. LAM-KESTER; Dr. WALLER LEWIS; Dr. BUCHANAN, Glasgow; Dr. GRAYLY HEWITT; Mr. LIZARS, Edinburgh; Mr. BAKER BROWN; Mr. FIELD; Mr. CUSACK, Dublin; Dr. RENTON, Edinburgh; Dr. DIAMOND; Dr. THURNAM; Mr. TOWERS; Mr. COPNEY; Mr. RIVERS; Mr. CAIRNS; Mr. REILLY; Messrs. GILBEY; Mr. BUDDLE; Mr. DALE; Mr. BIGG; Dr. HENRY; Dr. O'CONNOR; Messrs. FERRINS and BARNETT; Mr. BUSK; Mr. ROBERTS; Mr. KEEH; Mr. SIMMS; Mr. BONHAM; Dr. ELLIOT; Dr. MACLAUGHLIN; Mr. DOLMAN; Mr. CROFT.

## APPOINTMENTS FOR THE WEEK.

### April 10. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.  
ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Quekett, "On the Invertebrata."  
MEDICAL SOCIETY OF LONDON, 8 p.m.

### 12. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopaedic Hospital, 3 p.m.  
NORTH LONDON MEDICAL SOCIETY, 8 p.m.

### 13. Tuesday.

Operations at Guy's, 1 p.m.  
ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Quekett, "On the Invertebrata."  
ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8 p.m. (Ballot, 3 past 7): Dr. Tyler Smith, "On a Case of Inversion of the Uterus;" Dr. Greenhalgh, "On a Case of Disease of the Osseous System, necessitating the Cæsarean Section."  
ROYAL INSTITUTION, 3 p.m.: J. P. Lacaita, Esq., "On the History of Italy during the Middle Ages."

### 14. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopaedic Hospital, 3 p.m.  
NORTH LONDON MEDICAL SOCIETY, Mr. Erichsen, "On Disease of the Sacro-Iliac Synchondrosis."

### 15. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 1½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.  
ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Quekett, "On the Invertebrata."  
ROYAL SOCIETY, 8½ p.m.  
LINNEAN SOCIETY, 8 p.m.  
CHEMICAL SOCIETY, 8 p.m.  
HARVEIAN SOCIETY, 8 p.m.: subject for discussion, "Diphtherite."  
ROYAL INSTITUTION, 3 p.m.: Professor Tyndall, "On Heat."

### 16. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.  
ROYAL INSTITUTION, 8½ p.m.: Robert Godwin Austen, Vice-President of the Geological Society, "On the Conditions which determine the Probability of Coal beneath the South-Eastern parts of England."

## EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday), at 2 o'clock:—  
Lithotomy; Removal of growth from clitoris. By Mr. Ferguson.

# ROYAL MEDICAL BENEVOLENT COLLEGE, (INCORPORATED BY ACT OF PARLIAMENT.)

*Patron.*—HER MOST GRACIOUS MAJESTY THE QUEEN.

*President.*—THE RIGHT HONOURABLE THE EARL MANVERS.

*Visitor.*—THE LORD BISHOP OF WINCHESTER.

*Treasurer.*—JOHN PROPERT, Esq.

The Council have much pleasure in informing the Governors of the Royal MEDICAL BENEVOLENT COLLEGE that the following Donations and Subscriptions to the College were announced by the Treasurer at the Sixth Annual Festival, held at the Freemason's Tavern on Wednesday, the 24th March, 1858,

Sir CHARLES LOCOCK, Bart., M.D., in the Chair:—

STEWARDS' DONATIONS AND SUBSCRIPTIONS.	£ s. d.	Gunston, H. Esq. East Cowes park ann. 1 1 0	£ s. d.	Orridge, B. B. Esq. 30, Bucklersbury 2nd don. 10 10 0	
Clifton, Nathl. Esq. Cross street, Islington... 6th don. 5 5 0		Collected by WILLIAM DALTON, Esq. Cheltenham ann. 1 1 0		Collected by G. H. PINCKARD, Esq. St. James's; Pidgeon, J. S. Esq. ... 1 1 0	
Fisher, J. W. M.D. Grosvenor gate 2nd don. 5 5 0		Cottle, T. Esq. ditto ... ann. 1 1 0		Pinckard, G. H. Esq. St. James's square 3rd don. 10 10 0	
Hawkins, Dr. Bisset, Upper Harley street ... 3rd don. 10 10 0		Collected by C. ILDERTON CROFT, Esq. Laurence Pountney hill		Collected by RICHARD HASSALL, M.D. Richmond. Gort, the Dowager Viscountess, Peter-sham ... 1 0 0	
Cock, Edwd. Esq. Guy's Hospital 2nd don. 5 5 0		Croft, Master Geo. Crofton, Laurence Pountney hill ... 0 10 6		Robertson, Miss, Richmond hill ... 1 0 0	
Gibbs, Dr. Exeter ... 5th don. 5 0 0		Croft, Master Frank Levaillant, ditto... 0 10 6		Huntingtower, Lord, Ham House ... 1 0 0	
Allcroft, J. D. Esq. Wood st. ... 2nd dn. 10 10 0		Croft, C. Ilderton, Esq. ditto... 10 10 0		Hassall, Richard, M.D., Richmond 2nd don. 5 5 0	
Collected by RICHARD TIPPETTS, Esq. Dartford.		Collected by G. T. DALE, Esq. Pembroke place, Bayswater.		Cannon, S. Esq. Richmond green ... 10 10 0	
Edwards, Misses, Farningham ... 8 0 0		Butler, James, Esq. Beadon Well, near Bexley ... 2nd don. 5 5 0		Mill, Lady, Richmond hill ... 2 0 0	
Tippetts, R. Esq. Dartford ... 5th don. 10 10 0		Dale, Dr. Edmund... 10 10 0		Collected by G. COOPER, Esq. Brentford.	
Spurrell, Mrs. ditto ... 1 0 0		Collected by HENRY BLENKARNE, Esq. Dowgate hill.		Boys, Mrs. W. S. ... 1 1 0	
A Lady Friend, ditto ... 2 0 0		Blenkarne, J. C. Esq. Dowgate hill ... 10 10 0		Ditto ... ann. 1 1 0	
Collected by HENRY CURLING, Esq. Ramsgate.		Collected by H. HANCOCK, Esq. Harley street.		Cooper, G. Esq. Brentford 3rd don. 1 1 0	
Walford, E. B. Esq. Ramsgate ... 10 10 0		Neale, W. M. Esq. Westbourne place, Eaton square ... 31 10 0		Collected by H. G. DAY, Esq. Isleworth.	
Webster, James, Esq. ditto ... 1 1 0		Guthrie, Charles G. Esq. Pallmall East. 5 0 0		May, W. Henry, Esq. Guildford street, Russell square ... 1 1 0	
Hunter, G. Y. Esq. Margate ... ann. 1 1 0		Hancock, Henry, Esq. Harley street 3rd don. 5 5 0		Ditto, ditto ... ann. 1 1 0	
Curling, Henry, Esq. Ramsgate ... 10 10 0		Hird, Mrs. Clifford street ... ann. 1 1 0		Collected by C. COLLAMBELL, Esq. Lambeth.	
Curling, Miss Louisa, ditto ... 1 1 0		Collected by HENRY STERRY, Esq. Paragon, New Kent road.		Slade, Felix, Esq. ... 5 0 0	
Curling, Miss Emily, ditto ... 1 1 0		Brinsden, F. J. Esq. 7, Paragon, New Kent road ... 10 10 0		M. E. D. ... 1 0 0	
Collected by W. E. SNOW, Esq. Tredegar square.		Collected by FRANCIS WEBB, Esq. Chancery lane.		Poley, Mrs. W. W. ... 0 10 0	
Farquhar, T. N. Esq. 65, Moorgate street ann. 1 1 0		Buxton, Harry Willmot, Esq. 77, Chancery lane ... ann. 1 1 0		Collambell, Mrs. Chas. Lambeth terrace ann. 1 1 0	
D'Olier, D. Isaac, M.D. 1, York place, Mile end road ... ann. 1 1 0		Webb, Francis, Esq. 26, Chancery lane 2nd don. 5 5 0		Collected by W. CARR, Esq. Lee Grove, Blackheath.	
Davies, G. Esq. Mile end road ... ann. 1 1 0		Collected by R. S. WISE, M.D. Banbury.		Couchman, Miss, Elm Cottage, Lee road ... 5 5 0	
Sykes, J. Esq. ditto ... ann. 1 1 0		Griffin, John, Esq. Banbury. 2nd don. 10 10 0		Shove, S. Esq. Dacre park, Lee ... ann. 1 1 0	
Atkins, Aaron, Esq. 1, Beaumont street Mile end road ... ann. 1 1 0		Smiles, John Finch, Esq. ditto ... 1 1 0		Bary, W. H. Esq. 7, Birchlin lane ... 3 3 0	
Browning, Dr. G. T. 10, St. Stephen's crescent, Westbourne park ... ann. 1 1 0		F. S. G. Tiverton ... 1 1 0		Davis, Rev. Russell, Lee ... ann. 1 1 0	
Butler, C. S. Esq. M.P. Upper Clapton 2nd don. 5 10 0		Collected by E. N. CLIFTON, Esq. Russell place.		Foskett, Miss, Eaton terrace, Dacre park, Lee ... ann. 1 1 0	
Byas, E. Esq. Grove Hall, Bow ... 2nd dn. 5 5 0		Lenox, George, Esq. 30, Bedford sq ... 5 5 0		Symons, E. W. Esq. Lee Grove ... 1 1 0	
Uzielli, Mrs. Hanover Lodge, Regent's park ... 10 10 0		Clifton, Mrs. E. N. 21, Russell place, Fitzroy square ... ann. 1 1 0		Symons, W. Esq. ditto ... 1 1 0	
Hanbury, Robert, Esq. M.P. Brewery, Brick lane... 10 10 0		Collected by EDWARD F. LEES, Esq. Warwick sq.		Brandram, Miss, South row, Blackheath ann. 1 1 0	
Collected by W. C. HOFFMEISTER, M.D. Cowes, Isle of Wight.		Evans, R. H. Esq. (per E. F. Lees, Esq.) ... ann. 1 1 0		Lady, P. A. ... 2 0 0	
Buddleuch, Duke of, Montague House, Whitehall... 10 10 0		Leeks, E. F. Esq. 73, Warwick square, Pimlico ... ann. 2 2 0		Collected by R. D. EDGEcombe, Esq. Shaftesbury crescent.	
Martins, Sir William, 3, Hyde park gardens ... 10 10 0		Collected by G. C. JONSON, Esq. Eaton place South.		Ogle, Wm. M.D. Lower Belgrave street 10 10 0	
Shedden, W. G. Esq. 41, Craven hill gardens ... 5 0 0		Stirling, Miss, 9, Eaton place, South ... 3 0 0		GENERAL LIST OF DONATIONS AND SUBSCRIPTIONS.	
Rycroft, Sir Richard, Bart. ... 2 2 0		Jorden, Wm. Esq. 14, Belgrave street ann. 1 1 0		Stanley, the Right Hon. Lord, M.P. St. James's square ... 2nd don. 21 0 0	
Powell, Mrs. 86, Eaton square ... 1 1 0		Hawkins, Chas. Esq. Savile row ... 1 1 0		Locock, Sir Charles, Bart. Hertford street, May fair ... 6th don. 10 10 0	
Fluder, C. M. D. Lymington, Hants ... 1 1 0		Fuller, Hugh, Esq. ... 1 1 0		T. Miss, by John Probert, Esq. ... 300 0 0	
Hoffmeister, C. W. Esq. Carisbrook, Isle of Wight ... 1 1 0		A Friend, per G. C. J. Esq. ... 3 0 0		Maccabe, Charles, Esq. Wimpole street Francis, William, Esq. Ilchester ... 10 10 0	
Hoffmeister, Capt. R.N. Woolwich ... 1 1 0		Tegart, Edward, Esq. 25, Dover street 2nd don. 3 3 0		Westall, E. Esq. Croydon ... 7th don. 5 5 0	
Hoffmeister, J. M. R.N. Brighton ... 1 0 0		Smith, Thos. H. Esq. Frederick place, Old Jewry ... ann. 1 1 0		De Grave, John, Esq. Master of the Apothecaries' Company ... 10 10 0	
Hoffmeister, W. C. M.D. Cowes, Isle of Wight ... 1 1 0		Du Croz, F. A. Esq. The Grange, Kingston ... 2nd don. 1 1 0		Jenkins, H. J. Esq. Madley, Hereford, Ward, Thomas, Johnson, Esq. Olveston, Gloucestershire ... 10 10 0	
Rowe, J. Esq. Rosemerryon, Falmouth Rowe, John R. Esq. Mylor, ditto ... 1 1 0		Ditto, ditto ... ann. 1 1 0		Hall, Miss, Leyton, Essex 3rd don. 10 10 0	
Brigstocke, Captain, R.N. Stonepits, Isle of Wight ... 1 1 0		Collected by ERASMUS WILSON, Esq. Henrietta st.		Kenny, Dr. Canton (Collected) ... 35 0 0	
Hollingworth, Dennis, Esq. Upton park, Slough ... 1 1 0		Cruickshank, Mrs. 21, Milton street, Dorset square ... 10 10 0		A Friend, by Miss Fife ... 3 2 0	
Stuart, Alexander, Esq. R.N. Haslar Hospital ... ann. 1 1 0		Wilson, Erasmus, Esq. Henrietta street, Cavendish square ... 5 5 0		Poynder, T. H. A. Esq. Wraitham, Kent 2nd don. 10 10 0	
Jeffreys, Colonel, C.B. Parkhurst, Isle of Wight ... 1 1 0		Collected by Thos. H. SMITH, Esq. St. Mary Cray.		Pugh, David, Esq. M.P. Llanerchydol, Welshpool... 16 10 0	
Carter, Mrs. Gosport ... 1 1 0		Perceval, Miss, Crofton Hall, Kent 3rd don. 2 0 0		Stanhope, Major General ... 3 0 0	
A Lady ... 1 1 0		Smith, T. H. Esq. St. Mary Cray 3rd don. 3 3 0		An Old Maid ... 3rd don. 2 2 0	
Minter, John M. Esq. R.N. ... 1 1 0		Smith, Mrs. ditto ... 2nd don. 1 1 0		Roe, Dr. Hamilton, Park street, Grove-nor square ... ann. 1 1 0	
Deatly, Chas. Esq. Gransden Lodge, St. John's, Isle of Wight ... 0 10 6		Pearson, Mrs. ... 0 10 0		Hawkins, R. A. Esq. Old square, Lincoln's inn ... 2nd don. 2 2 0	
Tripp, Colonel, St. Clare Cottage, Isle of Wight ... 0 10 6		Collected by F. GOODCHILD, M.P. Princess terrace.		Wigram, Edward, Esq., Connaught place West ... 50 0 0	
Spear, Rev. I. I. Parkhurst, Isle of Wight ... 0 10 6		Dockray, Mrs. Winslow, Bucks ... 1 1 0		Hogg, Charles Esq. Finsbury place South 3rd don. 1 1 0	
Venables, Rev. Edmund, Hawthorn-dene, Bonchurch ... 1 1 0		Ditto, ditto ... ann. 1 1 0		Webster, Dr. Dulwich ... 2nd don. 5 5 0	
Damant, H. J. Esq. Cowes, Isle of Wight ... 0 10 6		Goodchild, Frederick, M.D. Princess terrace, Regent's park 2nd don. 10 10 0		Hood, Peter, Esq. Lower Seymour street 5th don. 5 5 0	
		Goodchild, Mrs. F. ditto ... 1 1 0			
		Collected by B. B. ORRIDGE, Esq. Bucklersbury.			
		Dyer, T. Esq., New Cross ... 1 1 0			

## ORIGINAL LECTURES.

## GULSTONIAN LECTURES FOR 1858.

AT THE

Royal College of Physicians.

By JOHN ADDINGTON SYMONDS, M.D. F.R.S.E.

Consulting Physician to the Bristol General Hospital, &amp;c.

## ON HEADACHE.

## LECT. II.

If we felt bound to make a strictly scientific classification of headaches, I think they might be distributed thus:—

1. Primary or idiopathic headache.
2. Secondary headache; which is the effect either (1.) of local changes within the cranium; or (2.) of morbid states of the blood; or (3.) of disorder of some distant organs, which is sympathetic headache.

According to this arrangement we should have to speak first of the strictly nervous headache, next of the headache dependent on structural disease of the contents of the cranium, or on inflammatory and congestive states; then of the headache of fevers, rheumatism, gout, and syphilis; and lastly, of sympathetic headache—gastric, bilious, and uterine.

But I find that the remarks on headache which I propose to make will follow in a more easy and natural sequence, if we consider the subject under the following heads:—1. Structural headache. 2. Hyperæmic. 3. Nervous or neuralgic, which will be discussed as idiopathic and sympathetic. 4. Toxæmic headache.

This distribution has been selected because while our attention will be given chiefly to the third of these divisions, it will be more convenient to have premised what little we have to say on the first two divisions.

1. The headache dependent on structural disease of the brain has nothing strictly diagnostic in its character. Such disease may exist a long time without any pain, if the growth or deposit has been slow. The addition of inflammation, so common an accompaniment or sequence, has often more to do with the production of pain than has the diseased structure itself. The worst cases are those in which the disease involves the fibrous coverings, and either puts them on the stretch, or induces inflammation in them. From the close packing of the encephalon it might have been presumed that morbid growths, if at all encroaching by their bulk on the intra-cranial space, would surely give rise to pain. But such an encroachment if rapid, though painful at first, would soon produce insensibility by pressure; but the slow extension of the disease is possibly compensated by atrophy of some part of the encephalon, or by some adjustment of the circulation. It rarely happens that the presence of organic disease needs to be inferred from pain only. There is surer evidence in the functional impairments. But I remember one remarkable case in which there was a morbid growth in a part of the encephalon where its presence could hardly have been expected to have been tolerated without the most serious functional disorders, and yet in which pain was the principal symptom. The fourth ventricle was enlarged to the size of a pigeon's egg, and it contained two hydatids. The walls of the ventricle were indurated and uneven. It was an interesting fact in this case that the subject of the disease had suffered no disorder of motion or special sensation, and no delirium. His symptomatology began and ended with pain in the head. For some time it was doubted whether he was not counterfeiting pain. In his paroxysms of anguish, he instinctively sought relief when out of bed by putting his head between his legs, and when lying down he threw his head over the side of the bed. The locality of the lesion obviously accounted for this peculiarity of posture.

Dr. Abercrombie makes a class of those cases of organic disease of the brain, in which pain is the chief symptom, the pain being often of a paroxysmal intermitting character. That it should be subject to periodical accessions and augmentations is not more surprising than is the case when pain attends organic disease, especially carcinomatous, in other parts, whether it

depends or not on varying states of the circulation of the part, or on irritation reflected from other organs, or on that tendency to intermission to which the nervous disorder in which pain consists is liable throughout the body. Still, though there are paroxysmal exacerbations, a certain degree of constancy in the pain characterises this more than any other form of headache. The patient goes to sleep with it, it haunts his dreams, and he wakes to a sense of it. Every movement of the body often aggravates it, and the agreeable excitement which will dissipate many headaches, often only adds to this. Still there are other headaches which also become worse under such circumstances. The locality of the pain in organic disease is by no means always correspondent with that of the lesion. The pain may be referred to the vertex when the lesion is in the middle lobe of the brain. But when the pain is more or less continuous, and always referred to some particular spot, there is so far reason to suspect some organic lesion, and in the progress of the case the lesion is generally indicated by the addition of some functional disorder of motion, sensation, or thought. The paroxysmal aggravation of the pain sometimes masks its real nature. Thus it has happened that the intermitting and periodic character of the pain has yielded to anti-neuralgic or anodyne remedies, and so created a belief that no serious disease existed. In one instance I remember that a patient was so notably relieved by a full anodyne, that the fears which had before been excited by his case were almost dispelled, but only to return on the succeeding day with too true a warrant in symptoms of encephalitis and coma, which ended in death. In this instance, a nodule of tuberculous matter was found embedded in the posterior lobe, surrounded by red and yellow softening.

In an excellent paper by Dr. Sieveking (*Medical Times and Gazette*, August 19, 1854), there is a careful comparison of the observations of M. Andral with those of Dr. Abercrombie as to the frequency with which cephalalgia accompanied lesions of the brain. According to the French author, this pain occurred in about half the cases; but in the experience of Dr. Abercrombie the proportion in which cephalalgia occurred was that of 3:1. A more important deduction from these observations was, that "there was no definite relation except in the instance of the cerebellum, between the site of the lesion and the locality of the pain."

2. *Hyperæmic Headache*.—The headache which belongs to inflammation of the brain or its coverings is generally denoted by the accompanying symptoms. It would be absurd for me to discuss it before this audience, except by way of keeping up the connexion of the subject. Moreover, on the principle of speaking of a well-known subject from my own experience, I would venture to say, first of all, that idiopathic inflammation of those parts has been far less frequently presented to my observation than I expected it to be when I commenced practice. Meningitis and arachnitis were very common words; but except in children, or as the result of injuries of the head in adults, I confess that I have very seldom met with cerebral inflammation in its pure form, that is, uncomplicated with tubercle, or other textural disease, or with gout or rheumatism, or as an immediate consequence of cerebral hæmorrhage, or as a sequela of scarlatina. The pain is of a most distressing nature, aggravated by every, even the slightest, form of stimulant, by impressions on the eyes and ears, by mental effort, and by motion of the body. The heat of the scalp and the fullness of the temporal arteries, and the superficial veins, give the surest evidence of the cause of the pain in these cases, to say nothing of the disturbed function of the brain, or of the character and rhythm of the pulse. The state of the superficial vessels in these cases is no less important a criterion than in those of apoplexy in relation to depletory measures, a point well insisted on by our honours. I remember some years ago in his valuable observations on that disease. But there are cases on record in which meningeal inflammation had run rapidly into suppuration, and had given no token whatever of its work, excepting dullness and heaviness running into coma.

M. Andral, in the fifth volume of his *Clinique Médicale*, makes a very elaborate analysis of cases of meningitis in reference to headache, the general result of which I find to be that there is no constancy of relation between the presence or absence, between the degree, or extent, or locality, of the pain, and the severity, or extent, or locality, of the inflammatory lesion; a result which we might have expected, *a priori*, seeing that, on the one hand, cephalalgia may have a purely independent existence, and that, on the other hand, it may

accompany or keep aloof from even greater intra-cranial disorganization than we meet with in meningitis.

Headache from congestion is one of the forms most recognised. Dr. Bright, speaking of headache in his admirable "Medical Reports," says, "That this symptom depends on various causes, and that it is connected with different conditions of the circulation in the brain, is not improbable; but in by far the majority of cases the actual condition of the vessels at the moment of the existence of headache is a state of congestion. Exhaustion from fatigue, exhaustion from the loss of blood, exhaustion from over excitement by mental exertion or bodily excesses,—all tend to produce a state of debility in the vessels of the brain which favours congestion; and these are the more ordinary circumstances under which headache occurs. The headache which follows apoplectic and epileptic attacks, that which torments the hysteric female, and that which so often attends on the dyspeptic stomach,—all probably depend on cerebral congestion, variously modified and combined, according to the causes which give rise to it, or to the peculiar state of the constitution in which it occurs." (Med. Rep. p. 222.)

Dr. Bennett, in an able essay on cephalalgia in the "Library of Medicine," remarks, "It is very probable that every species of headache, except the organic and neuralgic, depends upon a greater or less degree of congestion of the vessels of the brain." (V. ii. p. 166.)

That congestion should enter as an element into the pathology of headache might be fully expected from the mere fact, to which I have more than once alluded, of the large amount of blood sent to the brain. But, on the other hand, as it has been often remarked, more provisions have been made here than elsewhere against liabilities to any considerable variations in the quantity sent or detained. Still it is quite conceivable that an excess, of however small an amount, would tell sooner on this organ than on other parts. But there are one or two considerations which tend rather to make us doubt whether the cerebral circulation is much affected in the most common forms of headache. First, there is the long time that patients may be liable to them, without any injury ensuing. Dr. Haberdon says, "The most violent headaches will frequently harass a person for the greatest part of his life without shortening his days, or impairing his faculties, or unfitting him, when his pains are over, for any of the employments of active or contemplative life. The slightest stroke of a palsy will often be more detrimental in these respects than headaches returning often, and with great violence, from childhood to the beginning of old age. Instead of their ruining the constitution, nature seems in the contest to get the better of them."

Now, I do not think that the analogy of any other organ would allow us to infer that such impunity could attend so long a duration of those headaches if the circulation were importantly implicated. On the contrary, any long continuance of congestion is sure to tell on the texture and function of the organ. Such is the case even in the mucous membranes, with all their capacity of relief by secretion,—still more is it true of the glandular secreting organs.

Another consideration is derived from the enormous amount of the cerebral circulation. If this circulation were as frequently prone to serious disturbance as the head is to ache, it is scarcely intelligible how the organ could escape injury or its function impairment. And in the third place, the exciting causes in a large proportion of cases of headache will be found to be such as have no direct operation on the vessels of the brain. If these are involved, it is through the altered function of the organ and the disturbance of its nerves.

But although these considerations seem sufficient to make us question whether congestion takes so large and important a part in the pathology of the headache most commonly met with, as some have supposed, yet there can be no doubt that of some forms it is a marked constituent. Even where it is not an early link in the morbid chain, we must allow that as the nerves, which are the subjects of pain, are the close companions of the blood-vessels, the former, when disposed to ache, may be easily disturbed by disorders of such close and intimate associates. One of the most frequent forms under which hyperæmic headache comes before our notice is the active hyperæmia of mental or emotional excitement. It is true that under the operation of this exciting cause it might seem that the nerves are principally involved; but there are some constitutions in which the capillary circulation responds so quickly to emotional disturbance, that one can easily

understand how the vessels of the brain may be suddenly flooded. The flush of the face and neck is a pretty accurate representation of what might be the state of the vessels of the brain. In hysterical subjects such headaches are common enough under emotion. And were it not for the guards on the brain-circulation, and the difficulty of inducing a degree of cerebral hyperæmia adequate to the production of hæmorrhage, apoplexy might be as common in those subjects as are hæmorrhage from the stomach, and hæmorrhage from the respiratory surfaces. Perhaps the most powerful strain is put upon the cerebral circulation when passion and intellectual excitement are combined. We have observed the head of an orator in the full torrent of invective fury; and even had we not known what work must have been going on in a brain which was the subject at once of vehement indignation, and of rapid collection of all the stores of memory, and all the figures and metaphors that imagination could supply, as well as of the powerful effort of will by which a series of facts and arguments are marshalled and held together in such order as shall impart the force of conclusive reasoning, I say that even if one had not known by inference what transactions must have been going on within the cranium of a person so employed, and had one not known also that with all that rapid utterance, and too long delay of inspiration, and with the accelerated rate and augmented impulse of the heart's action, there must have been a combination of causes attracting blood to the cerebral capillaries, detaining it there, and retarding its exit, we might have surmised the condition from the suffused countenance, the swollen temporal veins, and the redness of the scalp; appearances that suggested the idea that the whole head was in a state of violent erection. No wonder that, under such circumstances, a brittle artery should sometimes give way, and still less wonderful that headache should be the consequence for many hours.

Strong intellectual application will induce sufficient hyperæmia to leave its traces for many hours, in those who have either a very irritable circulation—by which I mean a propensity to active hyperæmia—or who are the subjects of plethora. And when the cause has been often repeated—as in ambitious students, or in persons under the compulsion of some inevitable duty—the brain may be so surcharged with blood that headache becomes established for weeks, and the hyperæmia may end in such changes of the vesicular neurine as may reduce the intellect considerably below its former level.

The counteraction of such hyperæmia is often attempted by means of violent exercises. With a man full-blooded, full-fed, and of active digestion, it answers well. The equilibrium of the circulation is maintained, together with due action of all the eliminative organs, and the general system suffers no exhaustion by the expenditure of motor force. But when the pale, weakly student, the major part of whose life is in his brain, this organ having attracted far more than its due share of blood, when such a subject attempts to maintain his health in the same way, whether by cricket, or by football, or by rowing, he is foiled. The blood may be diverted from his hemispherical ganglia to the motor centres and the muscles, but the expenditure in the whole body is too much for his strength. He has not blood enough to maintain the waste of force at once in the thought-organ, and in the locomotive apparatus, together with all that is involved in increased pulmonary and cutaneous exhalation. In such subjects the headache of exhaustion may take the place of the headache of hyperæmia.

The hyperæmic headache, when spontaneous, is generally accompanied by a state of nerves which would alone be adequate to the production of headache. The headache of nervous women, who suffer at once from hyperæsthesia and from irregularities of circulation incident to their periodic function, is generally of this mixed kind; but it will be preferable to defer speaking of it till the nervous headache has been described.

The headache of intoxication might seem to belong to active congestion, since there cannot be a question that in the abnormal condition of the brain, produced by a certain amount of alcohol in the blood, the vessels are highly injected; but the retributive headache usually comes after the debauch, and is of a composite character. The function of the cerebral tissue so wantonly tampered with, the passive congestion of the vessels, and the disorder of the stomach and liver, are probably each and all more or less concerned in the drunkard's

headache. In its symptoms it closely resembles that which in some persons ensues on a dose of opium.

The hyperæmia, which is not of the active nature which has hitherto engaged our attention, is, perhaps, quite as frequently implicated in headache. That which is the result of diminished tonicity in the extreme arteries of the brain is the most common. It is the headache of brain-fag—not that which is caused by frequent returns of emotional excitement or extra intellectual efforts, but that which follows on long-continued, persevering over-action of the brain, whether in the enthusiastic incautious student or in the overtasked professional man. It is the want of adequate rest. The functional activity is never stopped for a length of time sufficient to allow the vessels to return to their normal condition in repose and recreation. In these cases the headache is of a dull, heavy character, and usually occupies the frontal region. In persons thus suffering we may sometimes observe a suffusion of the face and eyes of a dull crimson hue. They complain of a feeling of incapacity, and that dejection of spirits which can hardly fail to accompany such feeling. But, without any excessive intellectual strain, this form of headache may be the product of mere continued anxiety, such as may be observed in some member of a family on whom has devolved the chief responsibility of its guidance. Attention always on the alert, frequent repetition of agitating intelligence, provisions against contingencies, the vexation of disappointed plans, the difficulties incident to the domestic as well as every form of government,—the necessary employment of incapable, unwilling, or impracticable agents,—and all this in opposition to, or in evasion of, cross tempers and purposes,—such a life of the brain will sooner or later engender this form of passive hyperæmia and its attendant headache; and it is well if the headache is taken as a warning before worse results ensue.

Passive congestion from delay in the veins is seldom, I think, observed to produce headache. I think the most explicit examples of such a state are seen in the headache left by a long fit of dyspnoea, or by frequent returns of asthma, or by prolonged coughing. Sometimes, also, it is met with in persons who have accidentally fallen asleep in positions in which the head has been lower than ordinary. Something like it is also observed in men of full habit and short-breathed, who take insufficient exercise; but in such subjects there are usually other complications.

Absolute and relative plethora denote states which do not exactly correspond with those which have just passed under review. The headache of redundant blood throughout the frame is the expression by an organ which is ever ready to make demonstration of its distress, of a morbid condition which belongs to the whole system. The blood is not attracted to the organ, nor is it detained there more than in other parts, but it shares the excess which belongs to all. I know not how often this state may be met with by my brethren in the metropolis, but I must avow that such cases are of extreme rarity in the province to which I belong, and in which I have opportunities of making observations on strangers as well as on the autochthones, among whom, in former times, "if histories say true nor wrong those worthy men," might have perhaps been found some examples of excessive good living. But neither among the fixed residents nor among those who resort to our neighbourhood, have I often found such cases as are described by authors. Scarcely more than one instance remains in my memory, and it is one of a gentleman who was bled by my direction five times largely within a fortnight; and at the end of that time he was to appearance so hale and hearty that morning visitors could scarcely believe that he had been ill. There can be no question that the habits and customs of the present day are likely to correct any natural tendency to plethora. The exciting lives in business and dissipation, the wear and tear of the nervous system, the railway travelling, the sparseness and refinement and delicacy of the dietary, sufficiently distinguish the lives of public men, the gentry, and the professional men of the present day, from those of the sleepy squire, the plump pluralist, and the festive alderman, of days gone by.

But relative plethora, induced by defective action of the liver, the bowels, and the skin, is by no means uncommon, and has, undoubtedly, a causative connexion with many headaches, and is the accompaniment of others. It is found particularly among the luxurious classes, who take insufficient exercise, or chiefly of a passive kind; and though the cerebral circulation has no strain upon it from mental exertion, the

emotional excitement of a gay, if not dissipated, life will supply the morbid nervous element, which, added to the relative fulness of the brain-circulation, eventuates in headache.

Of congestive headache there is scarcely a more unexceptionable instance than that which is experienced by a person coming out of an attack of epilepsy, as I remarked in the first lecture. There may have been no complaint of pain at the outset. Whether there is pain corresponding to the hideous shriek, or whether that ominous sound belongs more to the terror which is vividly depicted for one moment on the countenance of the patient, we have no means of determining; but frequently there is an entire absence of pain immediately before the attack. The subsequent pain, then, may be fairly assigned to what has happened in the seizure. About the essential pathology of the attack, there is still plenty of room for speculation; but no one can have witnessed it, and the state which follows it, and feel any doubt that hyperæmia is present. Were there no violent injection of blood in the first instance, whether attracted by the functional condition or impelled by the visâ tergo, there would still be an adequate cause of congestion in the prolonged expiration or retarded inspiration, together with the effect of the vehement muscular contractions. The remains of the congestion are visible, not only in the suffused eyes, and in the distended veins, and in the reddened face, but sometimes also in minute ecchymoses of the skin of the cheeks and forehead. It is not wonderful that of congestion thus denoted a dull headache should be the accompaniment or consequence.

A headache engendered by active congestion is not unfrequently observed in those who suffer from violent palpitation. When this concurs with hypertrophy of the left ventricle, the cause is as manifest to the sight of a bystander as the effect is distressing to the subject. Each stroke of the heart inflicts a shock upon the brain, visibly succussing the head; yet not always with pain, thereby showing that for pain to result, the nerves must also be involved.

The headache which is connected with anæmia answers in its description for the most part, to that which we have next to speak of, or nervous headache.

3. *Nervous Headache.*—This is the headache which may afflict an individual at intervals through a long life. It belongs to all classes of society; it attacks the fine luxurious lady amid the distractions of society, and the poor half-fed, hard-worked sempstress in the solitude of her garret. But it is like other nervous affections, a product of civilization. It is said to be unknown among savages. The subjects of this disorder have an instinctive feeling that it is nervous. They can distinguish it from other kinds of headache. They know its approach, they succumb to it for the time as an irresistible evil, so much so as from frequent disappointment, to be unwilling during the attack to apply remedies, and after it is over they rebound as if nothing had happened. The duration varies—with most it continues till after a sound sleep—and in many, or in the same person occasionally, it will prevent sleep for one or two nights. It varies in degree—sometimes dull and admitting the subject of it to pursue the usual avocations of the day, though under discomfort, but oftener so acute as to make occupation an addition to the suffering. But even in this degree it does not necessarily disturb the action of the mind. The patient who has elasticity or fortitude enough to go on with the duty of the day under the anguish of toothache, will also sometimes hold up her head in company and take her share in the conversation, while racked with headache. But it oftener happens that in the severe attacks the pain is too powerful, or the endurance too weak, for the patient to stand up against it. The seat varies in different persons, and in the same person at different times according to the exciting cause. It occupies the front of the head, one temple, the crown, the occiput, or one lateral region. It belongs to all temperaments and habits of body. I have seen the strong, muscular, broad-chested, round-headed, choleric man bowed down by it; but it is far more common in persons of the nervous temperament, and in frames weak by organization or exhausted by disease and other causes. There may be a proclivity from constitutional connate, or inherited; though the predisposition would sometimes appear to be engendered by the life and habits, and by previous disease.

The original constitution most prone to it is that in which nervous susceptibility is well marked. Persons of very lively emotions and delicate sensibility, easily perturbed mind, in



easily put off their sleep, are liable to this affection, and one sees it also prevail much among those who have the æsthetical and imaginative elements highly developed. It is also the frequent accompaniment and curse of high intellectual endowments. And I think that this general statement will be found to have but few exceptions, viz. that the liability is most marked when the functional activity of the brain, whether in perception, emotion, or intellect, is disproportionate to the organic vigour of the rest of the body. I have known men of great mental power who had never felt a nervous headache, but they were full of health, possessing vigorous digestive organs and an active well-balanced circulation, together with muscles so fully developed, sufficing to make exercise a pleasure.

The condition of body, which, irrespectively of original constitution, will predispose to headache, is that which is usually described as lowered tone. In the studious class of mankind this predisposition is the result of profuse consumption of nervous force in the brain, with neglect of hygiene, and the same may be said of the condition of men who overtask their brains in professions, in diplomacy, or in commercial speculations, and who are equally regardless of the laws of health. In the luxurious classes there is the unhealthy state of body incident to late hours, hot rooms, defective exercise, the excitement of the emotions, the torment of jealousy and ambition, and worse than all, the forced efforts to be gay in spite of ennui and disappointment. The operative classes are not exempt, for their frames may be weakened by privation and hardship, while they have to live by their wits. But in this division we see the acquired constitution in question less as the result of their peculiar social position and life, than of causes common to all classes. Such is the debility ensuing on loss of blood, on deterioration of the blood, on excessive discharges, and on vicious habits and indulgences. The chlorotic girl, the mother worn out with parturition, lactation, and leucorrhœa, the father blanched with hæmorrhoids, and the son exhausted with vice, all suffer from this headache. Even the seemingly healthy youth, correct in outward conduct, is not exempt. Questions directed to elicit the secrets of his solitary life, will often prove that in such persons also, causes of terrible nervous exhaustion have been at work. Those must have been unhappy unsuccessful times for physician and patient, when that topic was ignored or evaded, or actually unknown, and when the sufferer from that cause was bled, and cupped, and blistered, under an impression that the aching giddy head was inflamed or oppressed with blood.

Some of the exciting causes show the nervous origin of this affection. They are internal and external. Of the internal, one of the most common is, disturbance of the emotions, especially when they are of a painful nature. In some individuals a prolonged fit of study, or a difficult arithmetical calculation, will bring it on. In others, too strong an impression on nerves of special sense—a dazzling light, a loud or grating noise, or a disagreeable odour; or it may be a jarring vibration, the jolt of a carriage, the shock sent to the base of the brain through the spinal column when the weight of the body falls suddenly on the heel in descending a staircase carelessly; or it may be some morbid impression on the nerves of the stomach from indigestible food, or misplaced or depraved secretions, or some analogous offence lower down in the alimentary canal. But to this subject we shall have to recur presently when speaking of sympathetic pain.

Of atmospheric conditions, comprising temperature, hygro-metric qualities, and electric states, which are known rather in their effects than in their previous composition, it is probable that several are capable of exciting an attack of nervous headache; but there are two conditions well known in their relation to the production of this pain, viz. the atmosphere which precedes and accompanies thunder, and that which precedes a fall of snow. It is also well known by the sufferers, that the pain belonging to these two excitants has each its peculiar character; that which is the effect of thunder being acute, and running along the course of certain nerves, the other more dull in its nature, and of more diffuse distribution.

I shall have to advert hereafter to the production of sympathetic headache by the irritation of particular remote nerves. But we meet with cases which show that within the cranium there may be particularly susceptible branches, which when irritated bring on a fit of pain. A lady of my acquaintance can at any time induce a fit of headache by turning the head

to the right side. In two other cases, one of a lady, the other of a most distinguished physician, the pain may be excited by lying upon the back, suggesting to the mind of the latter sufferer that congestion of the torcular Herophili might be concerned. But I incline to the belief that some of the sensory nerves accompanying particular bloodvessels may be morbidly tender, and that their compression by position induces a pain which soon radiates to other nerves. It is a state which, judging from the long period of time it may last without serious symptoms ensuing, we may presume to be unconnected with textural disease.

Of all the exciting causes, next to emotional disturbance, I have found none more common than fatigue, whether fatigue of the body, or of the mind and feelings. Too long a walk, sitting up beyond the usual hour for repose, compulsory mental attention to any subject, whether in common conversation, or in study, or in business, the exhaustion which follows the excitement of an evening party, or a journey,—all these will be occasions for the return of headache, and the more certainly if the fatigue and debility are accompanied by circumstances which produce perturbing or depressing emotions.

Muscular exercise cannot of course occur without the consumption of matter and force, not only in the muscular tissue, but also in the centres which originate and co-ordinate the movements. The extra amount of exertion incites a corresponding degree of molecular action in the encephalon; and if it be inordinate, its nerves will suffer no less than if the force were expended in intellectual operations or in emotional excitement, for the nerves in question at the same time that they are sensory are also concerned in those ultimate actions which constitute the life of the brain-matter.

In many subjects the nervous cephalalgia is called stomach, or bilious, or sick headache, because it is provoked by causes in the digestive or other organs. It is very common in females about the time of menstruation. If this function is performed with difficulty or pain, it is almost sure to bring on a headache; and when a hydraulic pathology prevailed, it was supposed that in such cases there was relative fulness of the vessels of the brain on account of the deficient catamenial discharge. But the insufficiency of this explanation might have been learnt from the uselessness of measures of local depletion as well as from the fact that in many cases the headache comes on even when there is excessive menstrual action, so that there must be something in the state of the menstrual function irrespective of the amount of discharge. In some females liable to this headache from the slightest causes, it will come on before and continue during the catamenial period, though there may have been nothing at all abnormal or unhealthy in the function as to time, or quantity, or quality; as if the mere vital movement in the ovaries gave an impulse which the irritable nerves of the head could not bear, any more than those outward events and circumstances which to persons less painfully susceptible impart only grateful and healthful excitement. Slight difficulties in gastric digestion are provoking causes in many persons, who think that by excessive care in diet they may ward off these attacks. A vain hope, for, though they may prevent disturbance from this source, it will come from some other, for the fault is in the cerebral nerves themselves, which are ready to take offence from any quarter; and the constitution uncorrected is one in which offences must arise.

Corresponding remarks may be made in reference to the intestinal functions. Constipation is blamed for the headaches, or relaxation, as the case may be. In the latter instance, it is attributed to bilious disturbance, and many and miserable may be the experiments made by the doctor, the friends, and the patient herself, for the correction of this cause of the evil; but often without satisfactory influence on that which is the essential part of the disorder. Very often artificial evils are induced, which confirm the original error of pathology. The patient has so often resorted to purgatives with a view to divert determination from the head, or to increase the flow of bile and improve its quality, or to remove irritating matters from the canal, that the bowels will not act without some artificial help. Then constipation becomes a real occasion of distress to the cerebral nerves, and when its removal brings relief to the head, the subject is confirmed in his erroneous impression that the bowels were the source of his disorder.

(To be continued.)



## ORIGINAL COMMUNICATIONS.

## THE PHYSIOGNOMY OF INSANITY.

By JOHN CONOLLY, M.D. D.C.L.

Consulting Physician to the Hanwell Asylum.

## No. 6.—CHRONIC MANIA AND MELANCHOLY.

SOME of the broader outlines of expression in the melancholic and the gay have now been brought before the readers of these papers, and illustrated by the engravings accompanying them. The painful contractions of the forehead, and deep lines in the face, and the drawn down corners of the mouth, and the fixed eye, and the heavy-lying hair, and the clasped hands, which outwardly and strongly manifest the depression and sorrowfulness of the inward mind, have been shown in various modifications. The fiercer face of the maniacal, intensely expressing destructive resolves; every muscle in lively action, and the integuments of the head seeming to communicate sentient vitality even to the hair, which is seen standing up as if sympathising with the menaces depicted in the features, have been contrasted with the smooth placidity of convalescence, in which the tension of the features has passed away, the brow has become unwrinkled, the attitude expresses repose, and the hair, no longer bristling, lies gracefully parted on the calm forehead, from which all the horrible distraction of madness has departed.

In the engraving accompanying the fourth of these papers (p. 238), the singular combination of muscular actions attending the mixed state of a patient's mind when one form of mental disorder is passing into another, as melancholia into mania, seems to be curiously expressed. The corrugation of the frontal muscles is seen to have given way to transverse wrinkles, and a partial elevation of the eyebrows, the eye having at the same time assumed an active character; as if the patient was now beginning to understand some plot, and to discern some enemies, of which the belief had obscurely oppressed her in her melancholy state; and distinct ideas of revenge were beginning to excite her. In plate V. accompanying the present number, we have a specimen of the odd characters found among the older inmates of asylums, and which, before this series of papers is concluded, must have, as they deserve, a chapter to themselves. Comical as this picture of an old woman appears at the first view, it tells a somewhat lamentable tale of long mental vexation; supervening probably among the trials of the middle or even the youthful period of life, when carelessness, unheeded or untended, a giddy mind uneducated, wild manners and irregular habits, unrestrained by any care or protection, opened a wide way to disturbance: or when perhaps frequent want, or constant discomfort, and wild disorder, or the sharper sorrows incidental even to almost homeless classes of people, unsettled the intellect altogether. The apparently careless air, the reversed bonnet, and a sort of drollery lurking in the cheeks and chin, are largely mixed with traces both of former agitation and excitement, and also with some shadows of lost hope and joy. Activity, and a certain strength of character seem depicted in the general form of the face; in the well-formed forehead, wide and high; in the broad and pronounced chin; in the development of the superciliary region of the brow, and, perhaps, even in the nose. One feels sure that once this poor woman was of a merry mind, and danced and sung, and turned her bonnet round for very mirth. Even now there is something in the position of her head and her general attitude which betokens a consciousness of being an odd and amusing object presented to the casual visitor; but the delvings of care in the forehead and in the whole face are still many and deep: the strong descending lines from the *alae nasi* to the depressed corners of the mouth, speak of alternations of depression with excitement, and make the physiognomy indicative of past attacks of mania and melancholia, both of which have left their traces there.

This odd facial expression, and the combination of various expressions, seem, indeed, to be the natural results of what was known to have been her mode of life. She was by occupation a washerwoman, and, no doubt, for a time active and hard-working. Advancing to middle age, and beginning to

feel the exhaustion incidental to daily labour, she began to seek the resource of temporary stimulants, and, soothed and stupefied with gin, became less and less careful as to food, or to food of a good description: for gin seems to silence hunger as it silences conscience. She became occasionally violent, and at length unmanageable except in an asylum; to which she was taken seventeen years ago. The regular life led there, the good food, the general regulations of the plate, and occasional Medical treatment, had their usual good effects. In the laundries of our large asylums near London such cases abound. You see a number of active women, busy at the washing-tub, or dexterous in mangle and folding, but whose air and manner, and somewhat fiery countenance, show that they are not always so composed; and, indeed, the nerves of visitors are generally more likely to be shaken in the crowd of these useful but eccentric laundresses than elsewhere; for it is the custom of many of them, on some sudden impulse, to break off from work at once, and exhibit much violence of voice and gesture. Formerly the nurses, as excited as the patients, used to overpower them and carry them off by main force to the refractory ward, in their progress to which their shouts and remonstrances diffused alarm over nearly the whole building. They are now understood much better. The peculiar form and duration of such outbreaks in these hard-working women are quite familiar to the head-laundress and her assistants; and by observing a rule of very wide application and utility in managing asylums,—the rule of letting them alone,—the most obstreperous among them, after satisfying her mind by the unrestrained expression of her uncontrollable anger, will resume all the activity of the washerwoman, and perhaps give no more trouble for weeks to come.

Such appears to have been the character of the old lady in the reversed bonnet. But the maniacal attack being the first she had experienced, and occurring when at a curable age—a little more than forty—the asylum-influences had a happy effect upon her, and in about eleven months she was discharged cured. But there are patients who seem, however apparently well, still to require this external influence to keep their minds rational; and this poor woman appears to have been one of them; for although it was said that she did not relapse into intemperate habits as to drinking, she was not found to be an endurable neighbour when at large, and was very soon taken back to the asylum. She had acquired the habit of taking large quantities of snuff, a fondness for which appeared to have superseded the fondness for gin; and to obtain snuff she was capable of any cunning, or sometimes of any violence. Even the habit of snuff-taking, the most difficult, it is said, of all small indulgences to be wholly abandoned, she was persuaded to give up, with very great advantage as regarded mental tranquillity and general behaviour. Now and then fits of violence still occur; but her usual state is that of an odd, cunning, mischievous patient, delighting in eccentricity of dress.

If favourably situated, patients of this description commonly become calmer with advancing years. Occasional tricks, and fits of passion, now and then occur; but they give little trouble. Age is already telling on this subject of chronic mania. The countenance, although not wholly sad, has nothing comfortable in it. The aged head, inclined to one side; the drooping of the right shoulder; the listless and pendulous arms; seem to indicate the weariness of one long driven about by various disturbing passions, and whose grey hairs will soon lie in the grave in which, at length, rest comes to the troubled, and peace to the turbulent.

The comfort of all living beings has been chiefly secured to them by the beneficial adaptation of their structure, their sensations, and their faculties, to the surrounding world; so that infinite variety may be met without great suffering. Modifications or changes in the nervous system, often mysterious and inexplicable, but neutralising this adaptation for longer or shorter periods, produce, in lighter forms, the unequal spirits and variable afflictions of the valetudinarian, whom every change of wind affects; or of the hypochondriac, who thinks many incurable maladies co-exist in his frame. In their severer forms, involving the nerves of sensation, or the brain itself, man's relation to all the circumstances around him becomes painfully changed. He sees objects which have no real existence, he hears imaginary sounds; his taste, his touch, his sense of smell, all become unfaithful teachers or tormentors; or all the circumstances in which it is the proper business of his life to act are discoloured or distorted; and

all his natural affections confounded; so that he no longer justly estimates his position and relations in life; and at one time nourishes every form of vain excitement; while at another, surrounding circumstances being still unaltered, thinks all nature invested with gloom, and himself ruined and lost, and condemned to everlasting woe.

Inequality of spirits, passing fancies, caprices, and even temporary moodiness of mind, usually present themselves in forms rather amusing than afflicting. But our old and venerated preceptor of physic in Edinburgh well reminded us, in his admirable *Conspectus*, of the relationship between these and graver affections of the mind. "*Omnis præter solitum hilaritas ad insaniam vergit; et æstus et meticulosus animus ad melancholiam appropinquat.*" So that a careful attention to preserve an equal mind can scarcely be too strongly enforced. In the extremes of these variable conditions consists a large portion of the unspeakable affliction which justifies the observation of our great English moralist, that "of the uncertainties of our present state, the most dreadful and alarming is the uncertain continuance of reason." Those who merely pay a cursory visit to an asylum may scarcely think so strong an expression justifiable; for many of the patients are tranquil, many occupied, and not a few seem so cheerful as to confirm the popular notion that there may be a happiness in being mad. But there are few among the insane, especially of the more educated classes, who have not an inward and painful sense of their position, and few or none who always forget that, for them, all the sweet uses of this world are lost. The aspect of those afflicted with melancholia, their countenances, their unregarded dress, their sorrowful attitude, and the deep dejection conveyed by their terrible words, sufficiently declare the dreadful truth that their anguish is more than they can bear.

Of all the trials apparently incidental to human life, the proneness to dejection of mind as age advances may, I think, be reckoned amongst the greatest. Few even of those who escape this penalty of senility owe their immunity so much to the strength as to the growing weakness of their minds. In earlier years, great intellects may be struck down for a time, and recover; the religious melancholic recovers hope; imaginary fears, built on scruples of a conscience diseased, may be demolished; spectres of ruin may be exorcised. Many such cases, depending on bodily ailment, are superable by medical treatment. After sixty years of age, we see too often the brain of vigorous men, to whom morbid fancies have been before unknown, becoming incapable of rallying under sorrow; losing energy, and falling into total inaction. The external form may remain; the grave and wise look, the sensible and intelligent face, the grand head; but the patient gazes upon you as upon a picture, and speaks not a word. Some who for many long years were active in business, and easily pleased with the common relaxations of social life, lose at once all their activity and all their vivacity; become unfit for business, and incapable of pleasure; are no longer useful, but can derive no enjoyment from leisure. Each morning, thenceforth, dawns upon them without a plan for the day; no pleasant sense of profitable labour to be done; no prospective participation of social meetings or family happiness. In these cases the energy of the brain is dead; and such patients are not in general much afflicted by their own position. Those who suffer the most are generally such as are more highly cultivated, whose aspirations have been higher, perhaps whose occupations have been nobler or more useful, but who have a morbid and regretful sense of all the hopes and joys which age steals away; want the power of bearing up against the ills of old; and wholly forget that age is as natural a part of life as youth, and that it is as natural to die as to be born.

This kind of creeping sorrow is the more painful, because the victim himself suspects it must be sinful. It is also felt to be degrading to him, because it is against his reason; and yet he cannot dissipate it by reasoning. It is afflicting, because it is still recognised by the declining mind as inconsistent with the duty of the creature to the Creator, and implies an ungrateful forgetfulness of the thousand blessings scattered over the early path of life, and of some, now that the winter is approaching, which still, like autumnal flowers, adorn the declining time.

Thus, the ablest minds of antiquity, and the ratiocinations of some of the most pious men of modern times, have been applied to prove that age is not an evil, and applied in vain. The natural tendency of the mind in age is still to melan-

choly, as the tree bows to the earth before its fall. In the strongest men, its accompaniments are labour and sorrow. If the man of thirty could foresee how many of his friends would be removed from the world before he reached his grand climacteric, his heart would sink within him. The illusions which make up the promises of early life, and impel him to fill the circle marked for him by heaven, would vanish at once. The aspirations which spur him to useful industry would die. In a world of such quick successions, all such things would seem futile and foolish. He would see before him only growing infirmities and solitude; and would have but a distressing foreknowledge that every additional year would bring additional weight upon his limbs and upon his heart; and would associate every street of familiar towns, and every lovely scene from towns remote, with mournful mutations, and recollections full of never to be removed sorrow.

It is not satisfactory to conclude that such reflections must predominate in the closing years of life. Medicine may be powerless, and philosophy. The tone recently adopted by the chaplains of some asylums prevents much hope of success from being based on their exertions. Their ministry might be healing and valuable; but these well meaning persons must be differently educated, and their knowledge of man and nature much enlarged before they can be safely introduced into private establishments for the insane of the educated classes, an arrangement towards which there are recent manifestations of a leaning well calculated to excite apprehension. The task of a chaplain ministering to those unsound in mind is always delicate and difficult. Conventional modes of approaching the important subjects they wish to introduce are wholly out of place, and proud denunciations both foolish and abominable. In no undertaking do times and seasons more require attention. One ill-chosen text, one ill-selected illustration, one rash word may turn aside a scornful maniac, or extinguish the last spark of hope in a melancholic patient. Paternal kindness, the avoidance of pomp, and the preservation of a kind of family and affectionate character in all the services, seem generally to be the most efficacious in calming and winning the troubled hearts of those who are not insensible to religious truth, and yet not in their perfect mind.

Lastly, men whose lives have been passed usefully, and benevolently, and without more than the sum of frailty inseparable from an imperfect being, should not be without consolation, nor even, whilst life lasts, sink into inaction. The past may be unsatisfactory, and the *memoria bene actæ vite, multorumque benefactorum recordatio*, of small efficacy; but every man, old as well as young, if not insane, may yet pursue truth, and do good. If he could also govern himself in all things, his life, the longest life, would be too happy, and "earth payed like heaven." There are also, it is our trust, new forms of life beyond this life; and many high consolatory truths which a reasonable man should not forget, although it would be presumption to dwell upon them in this place.

### THREE CASES OF VESICO-VAGINAL FISTULA.

By J. BAKER BROWN, F.R.C.S.,  
Surgeon-Accoucheur to St. Mary's Hospital.

#### VESICO-VAGINAL FISTULA—OPERATION—CURE.

Mrs. K., aged 22. I was called to see this lady by Mr. Kiach, who gave the following history:—About six weeks ago she was confined of her first child. The labour was very long and tedious, and the head remained in the pelvis for many hours without making any progress whatever, so at last the forceps were applied, and after a good deal of difficulty the child was abstracted. She progressed without any unfavourable symptom till the sixth day, when she perceived that her urine was constantly escaping, without her being in any way conscious of it, and that it did so in all postures equally. This continued without alteration, although her general health rapidly improved, and she was able to sit up in perfect comfort in every other respect at the usual period.

Upon examination it was discovered that there was an opening, which would admit a middle-sized bougie, situated just at the junction of the bladder with the urethra.

The edges had not become at all callous, but were soft and yielding. Every drop of the urine escaped through this fistula.

February 2nd, 1858.—I proceeded to operate, assisted by Dr. Priestly and Messrs. Kisch, Nunn, and Philip Harper. The patient, being placed in the usual lithotomy position, and a full-sized wood bougie being introduced into the bladder through the urethra, so as to raise the fistulous opening well into sight, and to give a little support while the edges were being pared, I proceeded to split up the coats of the bladder, first dissecting a narrow strip of mucous membrane from the edges of the fistulous opening, and turning the so-dissected edges, without removing them, back into the fistula, thus obtaining a raw surface. Having done this I inserted three double silk sutures at regular intervals through the split surfaces, and then tied these over two pieces of fine elastic bougie about an inch in length, and by this means the two raw surfaces were brought into close, equal, and exact apposition, and by careful manipulation no portion of mucous membrane was allowed to get between. The parts were then covered with dry lint, and the usual bent catheter, with an india-rubber bag attached, introduced, and left in the bladder.

Two grains of opium were given as soon as the effects of chloroform had a little subsided. The patient continued nursing her baby.

On February 8th I found that the sutures had cut themselves out; when I syringed the vagina, which I did every day, they came away in the basin. There had been not the slightest escape of urine up to this day. She was therefore allowed to leave off the catheter. In four days, viz., the 12th, she was allowed to pass the urine herself every three hours. In two days she found she could go five, six, or eight hours at night, and then pass it naturally, none escaping involuntarily, but on beginning to dress or suckle the child, some escaped from the urethra, which seemed to come away from want of controlling power. On carefully watching the parts where the fistula was, and requesting her to cough, I could see a drop or two percolate through the united surfaces, just like the escape of perspiration from the pores of the skin. I applied caustic to this part, as the mucous membrane of the vagina had not yet covered over the parts operated on.

Thursday, 18th.—The nurse saw a small escape from the vagina; but from that time till the 22nd there had been no escape, except occasionally in the day a drop from the urethra, although the patient walked about the room.

March 2nd.—There has been no escape, and, on a most careful examination I found there was no sign of an opening; and, indeed, the vaginal mucous membrane had completely covered over the parts united, so as to leave no trace of the fistula. She walks about up and down stairs, and the urethra has perfectly recovered its normal action.

*Remarks.*—This is a case of great interest, and offers some practical points for observation.

1. It will be noticed that the first operation succeeded; a rare occurrence in this most serious lesion.

2. The sutures were not removed, but were allowed to cut themselves out, after the plan recommended by Mr. Hayward, of Boston, United States.

3. The operation was performed only a few weeks after the lesion was discovered, and before the edges were callous, or much inverted—a point, I believe, of the greatest importance; and I laid great stress on it when first consulted, and would not allow even the nursing of the infant to delay the operation. The wretched condition of any patient suffering from this lesion is at all times one of the most distressing and loathsome kind; and in this case, where the young wife was of a lively temperament, clever, cheerful, and fond of society, it was peculiarly trying and sad, and threatened to break even her high and buoyant spirit.

**VESICO-VAGINAL FISTULA—THREE YEARS' DURATION—NINE OPERATIONS—CURE.**

Elizabeth Tranter, at 36, from Cirencester, was admitted into Boynton ward in February 1855, and gave the following history:—In November 1854, she was taken in labour with her first child, and after forty-eight hours instruments were used, and she was delivered of a still-born child. She went on pretty well until about the ninth day, when a good deal of pain in micturition came on, and she continued in great pain throughout the next three days, when suddenly, on the twelfth

day, she felt something give way, and her urine escaped through the opening and she became quite easy. From that period all her urine escaped in this way. On examination, per vaginam, I found a large opening extending transversely completely across the centre of the bladder, and so wide as to admit easily two fingers. The destruction of tissue was so great, and the fistula so gaping as to render any present attempt at closing it quite out of the question. I, therefore, determined to adopt a plan recommended by Jobert de Lamballe, viz. to dissect the neck of the bladder from the pubes and its descending ramus, thus allowing the anterior half of the bladder to go backwards, and thus relax the fistula. Great success followed this operation, and in April 1855 I pared the edges and brought them together by Sim's mode of treatment. But little success followed the operation, and she was allowed to return into the country for the improvement of her general health, and in April 1856 she was delivered of a living child.

On December 19, 1856, she was again admitted into Boynton ward, and I performed Bozeman's operation with the result of closing eight-tenths of the opening.

In five weeks I again operated, with but little success.

In six weeks more I operated, and again with little success, as great sickness always followed the use of chloroform.

So, in three days I again operated without chloroform, and the result was the closing of a third of the fistula. After this she returned into the country.

Dec. 7, 1857.—She was again admitted, and I performed Bozeman's operation; with the result of a further reduction in size of the fistulous opening. She then went again into the country.

On February 15, 1858, she was admitted into the Boynton ward, and stated that since the last operation she had been able to retain the urine during the night, and some even during the day, whilst she was sitting quite still.

17th.—I carefully denuded the edges of the fistula, and slit up the coats of the bladder all round, and then brought the raw surfaces together by silk sutures and quills.

20th.—She felt the sutures give way, and the urine make its escape.

24th.—She was taken into the operating theatre for the ninth time, and without chloroform I revived the edges, and, passing three silver wire sutures, closed them down with Bozeman's button.

25th.—No escape.

26th.—No escape. Some headache and slight pain in the vagina.

27th.—Nurse thinks a little urine escaped last night and again this morning, but I examined and found that it evidently came from the urethra. The sphincter having relaxed from the presence of the catheter.

March 4.—Bowels were well moved. No escape of urine. Catheter removed.

6th.—The button was removed, and the whole opening was found beautifully closed and quite firm.

10th.—On most careful examination, the fistula was found quite closed, and she can pass and retain her urine as well as she ever could before the lesion, and she is consequently in good spirits and very grateful.

*Remarks.*—This case is so interesting as to require but little comment. It will be observed that she was three years under treatment, and I performed nine operations upon her from first to last. The result is a good encouragement to persevere in these most difficult lesions.

**VESICO-VAGINAL FISTULA—FOUR AND A QUARTER YEARS' DURATION—OPERATION—CURE.**

Mrs. N., Rotherhithe, aged 28, consulted me in March 1858, and gave me the following history:—“Four years and a-quarter since was in labour of her first child from Wednesday evening until Sunday morning, when Mr. Peete was called in, and delivered her with forceps of a still-born child. Directly after she was made comfortable in bed she found the urine escape through the vagina, and from that time it has always escaped except when lying on her back. Three months after the accident she went into Guy's Hospital, and was there for nine weeks. She then went to a hospital for diseases of women, and was there recommended a large blister to be put on her back so as to make a sore; but, as her husband thought that could not heal the hole in her bladder, she

did not apply it, and left off attending the Hospital. Mr. Peete had repeatedly advised her to see me."

On examination, I found a small fistulous opening at the fundus of the bladder, close up to the os uteri, which was also much torn. The fistulous opening was about the size of an ordinary pocket-case director.

On March 3 I proceeded to operate, assisted by Messrs. Hume, Peete, Philip Harper, and my son, Arthur Brown. Placing her on her knees and face, without chloroform, I carefully pared the edges, removing as little mucous membrane as possible, and then performed Bozeman's operation; but, instead of bringing the edges together transversely as usual, I brought them together horizontally. The bent catheter, with bag attached, was then introduced, and opium given.

4th.—No urine has escaped.

6th.—All well, except sickness caused by the opium, which is therefore discontinued.

7th.—No escape. Bowels opened by an enema.

9th.—Still sick. A dose of calomel, followed by a Seidlitz powder.

11th.—Quite well. No sickness and no escape.

13th.—I removed the button to-day, and found the opening perfectly and entirely healed.

This case is quite a contrast to the one I have just related, and is another of the rare cases in which one operation succeeds. It is altogether most satisfactory and pleasing.

17, Connaught-square, Hyde Park. March, 1858.

#### CASE OF

### CANCER OF THE THYROID GLAND,

WITH A SMALL BONY TUMOUR.

(Under the care of GEORGE WELFORD, Esq.)

[Reported by JAS. BARROW, Esq.]

F. S., aged 54, was seen for the first time on Sept. 21, 1857. He stated that he began to observe a swelling on the left side of his neck some short time before, perhaps about three months or more, and which steadily and somewhat rapidly extended across the throat to the right side. It gave no pain for a good while; but at last the right side began to increase very perceptibly, and then he commenced to complain of pain extending from the point of the right shoulder to the back of his head. This pain was not persistent at first, but gradually, as the swelling increased, it became so, there being no pain, however, in the tumour itself. At the first visit the swelling was observed to be very much larger on the right than on the left side, and extended from the mastoid process down to the clavicle, and across the front of the neck, pushing the pomum Adami quite to the left side. Immediately below the ear, on the right side, several of the cervical glands were very much enlarged. The integuments over the whole surface of the tumour were much stretched, and very tense, giving to the touch the sensation of deep-seated fluctuation.

About a fortnight after the first visit, matters getting worse, a consultation was held; and, though no doubt could be entertained that the tumour was a malignant growth, it was considered advisable to introduce an exploring needle into the most fluctuating point, but nothing except a drop of dark grumous-like blood escaped. Refusing everything solid, he took for the first few days a little beef-tea, but afterwards nothing but stimulants, in the shape of brandy, etc. For the last three weeks of his life he expectorated a quantity of bloody mucus, his voice assumed a peculiar cracked, whispering sound, the swelling rapidly got larger, the patient weaker, and on the 27th of December, five weeks after the first visit, he died.

The patient had been a strong, powerful man, was in the best of health previously, showing no disposition to disease of any kind; by trade a gardener, consequently had much out of door exercise. Unfortunately for himself, he had for the last two years become a tippler, did not take proper nourishment, became depending in mind in consequence of business, his constitution became impaired, and at last disease manifested itself in the shape of schirrus affection of the thyroid gland.

The following notes of the post-mortem appearances were taken, as well as the examination made, by F. Paull, Esq.

*Post-mortem.*—The integument, although much stretched and very tight, was found on examination to be quite healthy. On reflecting it, the subcutaneous tissues presented a normal appearance, but the deeper seated tissues were found more or less altered in position and structure, especially those of the right side. The sterno-mastoid muscle here lay upon the surface of the tumour, being much stretched and atrophied; the muscle on the left side, with the exception of being somewhat displaced, was natural. The whole of the deep fascia in the neighbourhood of the tumour was adherent to it, and exerted a firm resistance to its encroachments on other parts. The muscles on each side of the middle line of the neck were much displaced, and on the right side so much attenuated as scarcely to be visible. All the above structures, which could be removed, having been dissected off, the surface of the tumour was exposed, and presented the following appearances:—Form, irregular, consisting of two lateral masses, and a middle connecting portion, corresponding to the lobes and isthmus of the thyroid gland. The right lateral portion, which extended from the sternal end of the clavicle to the angle of the jaw, was of a reddish-brown colour, and soft pultaceous consistence; the isthmus was much paler in colour, and of a firmer substance; the left lateral mass presented the same appearance, and was of the same consistence as that of the right, with the exception of not being quite so soft.

On removing the tumour, and examining the posterior surface, the larynx and œsophagus were seen very much displaced to the left side, the former quite immovable, and embedded in the substance of the tumour, and the latter adherent to its surface. On slitting up the œsophagus, the mucous membrane, although intact, presented a congested condition throughout, and for the space of about an inch was in quite an ecchymosed condition. The interior of the larynx was healthy.

On cutting into the tumour, the lateral portions were found to consist of soft pultaceous masses of a dirty red and fawn colour, having the appearance of the contents of an aneurism after they have been washed, intersected by portions of a pale colour and firm consistence, and some clots of blood. In the left lateral mass a bony cyst, of the size of a large marble, and containing some dirty brown-looking fluid, was found adherent to the back and left side of the larynx; and immediately below this, a hard scirrhus tumour, about the size of a small apple, evidently the primary seat of the disease, and from which the soft tumour had proceeded. The right carotid artery, although embedded in the tumour, presented a perfectly healthy appearance.

#### THE LONDON

### PRACTICE OF MEDICINE AND SURGERY.

#### THE DREADNOUGHT HOSPITAL SHIP.

#### UNUSUALLY EXTENSIVE COAGULATION OF THE BLOOD IN THE VEINS.

(Communicated by F. M. COBNER, Esq.)

H.M., aged 63, an anæmic and feeble man, with enlarged radials and arcus senilis, was admitted into the Dreadnought, February 15, for chronic dysentery. On March 8, he was attacked with acute pleurisy of the right side attended by effusion. On the morning of the 11th of March he was noticed to have a wild vacant appearance about the eyes, and was slow in answering questions; in the afternoon he became delirious, and about 8 p.m. was convulsed, squinted, and breathed stertorously. He remained in this state, breathing laboriously ("dying hard," as the nurse termed it), until 11 p.m., when he died. At the autopsy, sixteen hours after death, there was found in the head much subarachnoid effusion, a sodden condition of the brain, and the lateral ventricles distended with clear serum. In the chest there was an increased quantity of pericardial fluid; and the right cavities of the heart, which were relaxed, were filled by firm fibrinous coagula. On examining the veins, coagula were found filling the superior cava, the venæ innominatæ, the subclavians and internal-jugulars, a perfect cast of these vessels being removed without breakage. On laying open the lateral and oc-

capital sinuses and the torcular Herophili similar casts were discovered, though mixed with clots of blood. From the pulmonary artery and its branches to a second division was removed the same unmixed fibrinous clot, and in the inferior cava was a smaller clot, and more sanguineous coagula. The left auricle and ventricle were contracted and contained small fibrinous coagula. In the right pleural cavity was about a pint of turbid serum and much fibrin. The heart and lungs were healthy, the latter loaded with serum. In the abdomen was the remains of capsular inflammation of the liver and spleen, and a softened condition of the mucous membrane of the large intestines. The kidneys were far advanced in granular degeneration.

The erroneous opinions formerly prevalent respecting the import of fibrinous coagula in the heart are now almost universally abandoned. It is generally recognised that a chief cause of unusually extensive or firm coagulation is a prolonged act of dying. Feebleness of system, and the presence of certain poisons in the blood, are also efficient predisponents in the same direction. Thus these coagula are not, as once held, the cause of death ("polypi of the heart"), though it is very possible that in certain instances their presence may prevent the rallying of patients in *extremis*, who might otherwise have been brought through. The above case is of interest, as exemplifying the influence of the conditions to which we have alluded. It is scarcely probable that the serous apoplexy was a mechanical result of the venous plugging, since its symptoms set in before the act of death commenced. It, and also the pleurisy, were no doubt consequences of the disease of the kidneys.

## THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

### STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE YEAR 1857.

(Continued from p. 874.)

THE subjoined Report comprises the following Hospitals:—Addenbrooke's (Cambridge), the Bristol General, the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Glasgow Royal, the Gloucester, the Hull, the Leeds, the Leicester General, the Liverpool Royal, the Liverpool Southern and Toxteth, the Queen's, Birmingham, the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the Sussex County (Brighton), the West Norfolk and Lynn (Lynn), the York County.

#### AMPUTATIONS—concluded.

*Of the foot.*—Case 130.—The Dundee Royal: Dr. Crockatt.—A girl, aged about 20. Amputation at the ankle-joint, on account of diseased tarsus of two years' duration. Recovery. Case 131.—The Sheffield: Mr. Barber.—A man, aged 26. Amputation at the ankle-joint for old standing strumous disease. The wound healed very slowly. A small portion of bone exfoliated. Recovered. Case 132.—The Bradford: Mr. Poppleton.—A woman, aged 24, the subject of strumous disease of the metatarsal joints. Amputation through the metatarsus. Recovery. Case 133.—The Bristol General: Mr. Godfrey.—A woman, aged 23. Chopart's amputation for carious disease of the tarsus. Recovery. Case 134.—The Sheffield: Mr. Barber.—A man, aged 24. Amputation through the metatarsus on account of chronic disease of the bones. Recovery. Case 135.—The Liverpool Royal: Mr. Bickersteth.—A delicate girl, aged 18. Amputation at the ankle-joint on account of strumous disease of the tarsus. Recovery. Case 136.—The Liverpool Royal: Mr. Bickersteth.—A strumous boy, aged 13. Amputation at the ankle for disease of the joint. Recovery. Case 137.—The Cheltenham: Mr. Eves.—A lad, aged 19. Primary amputation through the metatarsus on account of crushed foot. Recovery. Case 138.—The Dundee: Dr. Crockatt.—A man, aged 22, the subject of diseased metatarsus. Chopart's amputation. Recovery with a good stump. Case 139.—The Glasgow.—A girl, aged 9.

*Primary amputation at ankle-joint on account of crushed foot. Recovery.* Case 140.—The Glasgow.—A woman, aged 21. Amputation at ankle-joint on account of strumous disease of the tarsus of fifteen years' duration. Recovery. Case 141.—The Glasgow.—A lad, aged 18. Primary amputation at the ankle-joint on account of crushed foot. The bone protruded, the flaps having sloughed. Healed by granulation. Recovery. Case 142.—The Leicester: Mr. Paget.—A man, aged 28. A primary Chopart's amputation was performed. The man made a tedious recovery, but the stump was ultimately a good one. Case 143.—The Dundee: Dr. Crockatt.—A man, aged 40, in very delicate health. Amputation at the ankle-joint on account of disease of the tarsus following an injury. Abscesses formed, and he sank under the hæmorrhagic exhaustion induced.

*Of the upper extremity.*—Case 144.—The Cheltenham: Dr. Wright.—A boy, aged 4, had his elbow and arm crushed in a machinery accident. Primary amputation. Recovery. Case 145.—The Liverpool Royal: Mr. Bickersteth.—A healthy man, aged 57. Amputation through the forearm six months after an attack of phlegmonous erysipelas which had rendered the hand useless. Recovery. Case 146.—The Bristol General: Mr. Coe.—A man, aged 27. Amputation through the arm on account of intractable ulceration (malignant?) in the cicatrix of a burn. Recovery. Case 147.—The Dundee Royal: Dr. Williams.—A lad, aged 12. Primary amputation through the forearm on account of crushed hand. Recovered. Case 148.—The Dundee Royal: Dr. Crockatt.—A lad, aged 14. Primary amputation through the arm, on account of crushed elbow. Recovery. Case 149.—The Gloucester: Mr. Wilton.—A healthy man, aged 60. Amputation through the forearm, on account of malignant ulceration on the back of the hand. Recovered. Case 150.—The Queen's, Birmingham: Mr. Sands Cox.—A strumous boy, aged 6, in very feeble health, the subject of severe chronic disease of the elbow-joint. Amputation. Recovery. Case 151.—The Staffordshire General: Dr. Masfen.—A man, aged 53, in bad health, the subject of diseased elbow-joint. Amputation. Recovery. Case 152.—The Staffordshire General: Dr. Masfen.—A man, aged 60, in good health. Amputation, on account of disorganized carpus. Recovery. Case 153.—Addenbrooke's, Cambridge: Mr. Hammond.—A healthy man, aged 38, the subject of diseased wrist-joint. Amputation. Recovery. Case 154.—The York: Mr. Husband.—A healthy man, aged 23. Primary amputation through forearm, on account of crushed hand. Recovery. Case 155.—The York: Mr. Hay.—A lad, aged 14, admitted for a gun-shot wound of the hand. Primary amputation. Recovery. Case 156.—The Leicester: Mr. Macaulay.—A healthy lad, aged 11. Primary amputation, on account of injury by a straw-cutting machine. Recovery. Case 157.—The North Stafford: Mr. Garner.—A boy, aged 14. Primary amputation for crushed hand. Recovery. Case 158.—The Leicester: Mr. Benfield.—A boy, aged 14. Primary amputation at the wrist-joint, for crushed hand. Recovery. Case 159.—The North Stafford: Mr. Garner.—A boy, aged 13, in good health. Primary amputation through the forearm. Recovery. Case 160.—The Bradford: Mr. Meade.—A boy, aged 13, whose elbow-joint had been excised nearly a year before. The parts had healed for a time, but a relapse took place, and necrosis of a considerable portion of bone rendered amputation needful. Recovered. Case 161.—The Leicester: Mr. Macaulay.—A healthy boy, aged 11. Primary amputation, through forearm. Recovery. Case 162.—The Leicester: Mr. Macaulay.—A strumous lad, aged 10, was admitted in consequence of a severe crush and bruise of the hand. When the sloughs separated the wrist-joint was opened, and the ulna and radius exposed. Secondary amputation. Recovery. Case 163.—The Derby: Mr. Fearn.—A man, aged 45, admitted, having had his left hand and ankle crushed by the fall of a boiler. Primary amputation through forearm, and secondary, (seventeenth day) through the leg. Recovery. Case 164.—The Leicester: Mr. Macaulay.—A healthy man, aged 20. Amputation through the arm, on account of a very large tumour, of six months' duration, and involving the lower part of the humerus. Recovery. Case 165.—The North Stafford: Mr. Garner.—A man, aged 45. Primary amputation, on account of crushed elbow. Recovery. Case 166.—The Leeds: Mr. Teale.—An unhealthy man, aged 50. Amputation for disease of the elbow joint, of two years' standing. Recovery. Case 167.—The Staffordshire General: Dr. Masfen.—A healthy

man, aged 60. Primary amputation through the forearm. Recovery. *Case 168.*—The Glasgow.—A lad, aged 15.—Primary amputation at the shoulder-joint. Recovery. *Case 169.*—The Glasgow.—A lad, aged 14. Primary amputation at the shoulder-joint. Recovery. *Case 170.*—The Glasgow.—A man, aged 23. Primary amputation for crushed wrist. Recovery. *Case 171.*—The Glasgow.—A man, aged 31. Primary amputation at the shoulder-joint. Recovery. *Case 172.*—The Glasgow.—A lad, aged 13. Primary amputation at the shoulder-joint. Recovery. *Case 173.*—The Glasgow.—A man, aged 31. Primary amputation through the forearm. Recovery. *Case 174.*—The Glasgow. A man, aged 23. Amputation through the arm for an unhealed burn of fourteen years ago. Recovery. *Case 175.*—The Derby: Mr. Fearn.—A healthy boy, aged 11. Primary amputation through the arm on account of compound fracture. Recovery. *Case 176.*—The York: Mr. Hey.—A boy, aged 12. Primary amputation on account of crushed hand. Recovery. *Case 177.*—The Cheltenham: Dr. Wright.—A man, aged 35. Secondary amputation through the arm, on account of gangrene after a severe injury. Recovery. *Case 178.*—The Bradford: Mr. Poppleton.—A man, aged 44. Secondary amputation on the eleventh day, after a compound fracture of an arm previously affected by ankylosis of the elbow. Recovery. *Case 179.*—The Bradford: Mr. Parkinson.—A lad, aged 16. Primary amputation through the arm on account of severe injury. Recovery. *Case 180.*—The Bradford: Mr. Meade.—A man, aged 42. Primary amputation of the left arm, and of part of the right hand. Recovery. *Case 181.*—The Bradford: Mr. Terry.—A man, aged 52. Primary amputation of the left arm. Recovery. *Case 182.*—The North Stafford: Mr. Alcock.—A man, aged 28, in good health. Primary amputation on account of compound fracture of the elbow. Recovery. *Case 183.*—The Dundee: Dr. Crockatt.—A lad, aged 17, in good health, admitted in consequence of severe injuries to both hands and forearms. Primary amputation of the right arm, and secondary of the left forearm one month after the accident. Recovery. *Case 184.*—The Liverpool Southern: Mr. Minshall.—A man, aged 21. Primary amputation through the forearm. Recovery. *Case 185.*—Addenbrooke's, Cambridge: Mr. Humphry.—A healthy man, aged 32. Primary amputation through the arm. Recovery. *Case 186.*—The Glasgow.—A lad, aged 17. Primary amputation at the shoulder-joint. Recovery. *Case 187.*—The Glasgow.—A lad, aged 21. Primary amputation through the arm. Recovery. *Case 188.*—The Glasgow.—A boy, aged 12. Primary amputation of the whole hand. Recovery. *Case 189.*—The Dundee: Dr. Crockatt.—A lad, aged 18. Primary amputation through the arm on account of compound fracture. Recovery. *Case 190.*—The Dundee: Dr. Crockatt.—A boy, aged 13. Primary amputation through the arm. Recovery. *Case 191.*—The North Stafford: Mr. Ball.—A man, aged 20. Secondary amputation through the arm, on account of gangrene after a compound fracture. Death from pyæmia. *Case 192.*—The Bradford: Mr. Terry.—A man, aged 56. Amputation on account of diseased elbow-joint. Death from exhaustion on the fourth day. *Case 193.*—The West Norfolk: Dr. Cotton.—A policeman, aged 49, in bad health. Amputation on account of extensive ulceration of the forearm and diseased bone. Secondary hæmorrhage from the brachial artery. The vessel was again secured, but death followed about two hours afterwards. *Case 194.*—The Glasgow.—A boy, aged 13. Primary amputation of the arm. Death from constitutional shock on the second day. *Case 195.*—The Glasgow.—A man, aged 58, the subject of disease of one kidney. Primary amputation through the forearm. Death on the eighth day. One kidney was found at the autopsy quite disorganized. *Case 196.*—The Glasgow.—A boy, aged 14. Secondary amputation through the forearm on the twenty-second day, on account of laceration of the hand. An abscess formed on the back of the head, and was attended by obscure head symptoms. Death on the 23rd day. No autopsy. *Case 197.*—The Glasgow.—A man, aged 27. Amputation at the shoulder-joint, on account of disease of the articulation. Death on the fifteenth day. *Case 198.*—The Glasgow.—A man, aged 31. Primary amputation at the shoulder-joint. Death from tetanus on the fourteenth day. *Case 199.*—The Glasgow. A man, aged 40, much injured by an explosion of gunpowder. Primary amputation at the shoulder-joint. Death from exhaustion on the second day. *Case 200.*—The Leeds: Mr. Teale.—A

man, aged 70, whose arm had been torn off by machinery. Primary amputation. Death from collapse the next day. *Case 201.*—The Leeds: Mr. Teale.—A boy, aged 18. Primary amputation through the arm. All did well for a fortnight, when symptoms of pyæmia set in. Death on the twenty-fifth day. Purulent deposits were found in the lungs and liver. *Case 202.*—The North Staffordshire: Mr. Garner.—A man, aged 68. Primary amputation for crushed hand. Death from exhaustion on the fifth day. *Case 203.*—The Liverpool Royal: Mr. Stubbs.—A healthy man, aged 30, admitted with many severe injuries, consequent on a fall from a house. Secondary amputation through the left arm in the seventh week. Pyæmia set in in the third week, and death followed. *Case 204.*—The Birmingham Queen's: Mr. Sands Cox.—A man, aged 43. Primary amputation at the shoulder-joint. Some ribs had also been fractured. Death from diarrhoea, &c., on the sixth day.

*Double Amputations.*—*Case 205.*—The York: Mr. Hey.—A man, aged 29. Admitted with both legs crushed by the passage of a railway train over them. Primary amputation of both below the knees. Death on the fifth day. *Case 206.*—The Liverpool Royal: Mr. Stubbs.—A seaman, aged 40, was admitted in a state of extreme exhaustion from starvation and exposure, and with gangrene on both legs. After some preliminary treatment it was determined to amputate. In each limb the leg was removed through its middle. He did well for a time, and the stumps healed, but death from exhaustion finally occurred on the 24th day. *Case 207.*—The Dundee: Dr. Crockatt.—A man, aged 26. Admitted with compound fracture of both legs from a railway accident. Amputation of both below the knees three hours after the injury. The patient did well for about ten days afterwards, when an abscess showed itself in the right thigh; a week later a second abscess formed in the left thigh. He sank exhausted on the thirty-third day.

*At the Hip-joint.*—*Case 208.*—The Glasgow.—A woman, aged 29, was admitted in May 29 with an aneurism of the right femoral artery in the middle of its course. Compression treatment was first employed, and with some benefit. Pulsation ceased in the tumour, but its size went on increasing, especially in a direction upwards. The existence of a malignant growth was strongly suspected, and amputation at the hip-joint was accordingly decided upon. This was performed on October 1st. Death from exhaustion consequent on hæmorrhage, &c., followed on October 16. At the autopsy the original aneurism was found consolidated, and around it was much grumous blood. Both the femoral and profunda arteries were much diseased.

(To be continued.)

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## Medical Times & Gazette.

SATURDAY, APRIL 17.

#### PROFESSIONAL ENCOURAGEMENT OF THE HOMŒOPATHIC QUACKERY.

When the Surgeons of the Middlesex Hospital claimed the "grateful acknowledgments" of the Profession for an American who professed to cure cancer, and who really did extirpate cancerous growths by what was erroneously believed to be a new mode of applying an old caustic, it became our duty to complain of this professional encouragement of an-



phism. And now that the Senior Surgeon of King's College Hospital has set the example of attending patients in company with Homœopaths, we shall not shrink from the task of characterizing such conduct as a direct professional encouragement of the Homœopathic quackery. We need not disclaim all personal feeling in the matter. If personal feeling were allowed to operate it would most certainly induce us to remain silent. But a broad professional principle is at stake, and we feel it to be a public duty to show the tendency of Mr. Ferguson's example to be far more injurious than that of Messrs. Shaw, De Morgan, Moore, and Henry; inasmuch as these gentlemen encouraged one man, while Mr. Ferguson supports a whole sect.

The Medical Profession has never claimed to itself the attribute of infallibility. On the contrary, it has ever admitted the difficulties in determining the causes of, and in devising the best remedies for, the diseases and injuries to which the human frame is liable. Without being wedded to any hypothesis, and being actuated solely by a search for truth, it has, from time to time, adopted such improvements as modern science may have suggested, and discarded such dogmas as the progress of knowledge may have proved to be untenable. Such, however, is not the case with quackery; for in proportion to the difficulties experienced and admitted by the investigator after truth, does the ignorant empiric disdain the fetters of legitimate reasoning, and arrogate to himself the exclusive possession of the power of healing. It is of little importance what garb the prevailing form of quackery may assume: whether the delusion consists in pretending to cure all diseases by drastic cathartics; in healing sores by a universal ointment; in remedying scrofula by the royal touch; in curing cancer with caustics; or in treating disease by the administration of inert and almost invisible globules of flint or charcoal. All are clearly forms of quackery. They originate in the love of the marvellous inherent in some portion of the human race, and are fostered by certain unscrupulous persons who turn the follies and weaknesses of mankind to their own advantage.

Of all the Protean shapes of quackery, Homœopathy is one of the most ridiculous and contemptible. Whoever will take the trouble to examine the doctrines of the Homœopathic school will be disgusted with their folly, shocked by their profanity, and outraged by their indecency; yet those who are acquainted with the history of the human mind, as developed in different countries and ages, will not be surprised that so foolish, profane, and indecent a system should have met with encouragement from a certain portion of the public. It may, indeed, excite a transient feeling of wonder, that amidst the blaze of intelligence which characterises the nineteenth century such a farrago of absurdity should have taken root at all, especially in a country like England; but it must be remembered that the most enlightened ages have been characterised by the prevalence of the grossest delusions, and the most cultivated intellects have sometimes entertained the wildest fancies and superstitions. Dr. Simpson reminds us that Lord Bacon believed a wound could be cured by applying a sympathetic salve to the weapon which inflicted it; that Boyle supposed he cured himself of an ague by wearing a medicated bracelet round his wrist; that Flamstead the Astronomer-Royal made a voyage to Ireland to be cured by an exerciser; that Dr. Hartley, the celebrated metaphysician, published a volume in favour of an alleged specific for gravel and stone, and himself died of the disease for which he declared that an infallible cure had been discovered; and that the British Parliament actually voted £5000 for the purchase of this same specific, which, when its composition was made known, was first ridiculed, and then forgotten! We may add that in our own times, people, otherwise rational, have been found to believe in the immaculate conception of Joanna Southcote, the divine mission of Joe Smith, and the

preposterous absurdity of clairvoyance, table-turning, and spirit-rapping. Bearing this in mind, one can understand what would be otherwise incomprehensible, that some weak people may actually believe in the tenets of the Homœopaths.

In justice and compassion something must be said in favour of the weak patients who are commonly the dupes of the Homœopathic and other quacks. These patients are frequently labouring under maladies, which, although perhaps fanciful, are yet the sources of intolerable torments. They readily fly for succour to any system which promises relief, and they will embrace the offer of this relief the more eagerly if the system proposed has in it something mystic and unintelligible, to say nothing of a spice of indecency or irreverence, which gives it a little more piquancy. Other patients again, labouring under chronic and painful ailments, have perhaps become weary of trying the resources of legitimate medicine, and fly as a last hope to the "certain relief" which quackery always promises, and never affords. To neither of these classes of patients would we deny any consolation which quackery may afford; but we would most energetically insist that quackery should be practised by quacks, and that patients in resorting to such assistance should be clearly aware of the character of the persons into whose hands they are about to fall; and that on no account should they be led to suppose that the extravagant doctrines professed by irregular practitioners are in any way countenanced by the Medical Profession.

With regard to the practitioners of Homœopathy, there is no more to be said for them than for any other quacks. They are usually either ignorant and illiterate persons, who, being too indolent to pursue a regular course of Medical study, adopt empiricism as an easy method of recruiting exhausted finances; or they are men who have failed in the legitimate practice of their Profession, and, as a last hope, have sought to earn a miserable subsistence by apostatising from the faith which they once professed. A few there may be who conscientiously believe in the truth of the doctrines which they practise; and these are probably feeble-minded persons, whose early education has been neglected, and who have never been instructed in the first principles of logic.

As for the system of Homœopathy itself, sprung from the disordered brain of a German mystic, it has been scouted with ridicule and contempt from nearly every region of the civilized globe. Although discarded by the learned in all nations, it still lingers among that small, though not unimportant, class of patients to whom we have already referred, and who, if they had not Homœopathy would embrace some other absurdity. In Leipsic, the cradle of globulism, the delusion has gradually dwindled away, and is now nearly forgotten; and throughout all Germany it has found no resting-place, except in Vienna, where a small hospital, entirely deserted by students, still pursues its obscure career. France has likewise repudiated the doctrines of the Homœopathic school, after giving them a fair trial; and we need not add that every University, College, and School connected with Medicine in our own country has indignantly denounced the fraud and folly of the dogmas and the practice of Hahnemann.

But, while regarding with an eye of compassion the dupes of the Homœopathic practitioners, and perhaps looking with pity upon some of the practitioners themselves, as being probably compelled by poverty to become empirics, we cannot but condemn, in the strongest language, the conduct of those members of our Profession who hold any professional intercourse with the quacks, or afford any countenance to their nefarious practices. The honourable and high-minded members of our Profession are quite aware that Homœopathy is a despicable compound of fraud and folly; that the principles on which it rests are utterly false and unsound; and that its

practice, if honestly pursued (which is not always the case), consists solely in leaving diseases to cure themselves; for no man in his senses can suppose that the Homœopathic globules produce any effect whatever upon the human system. Hence it has long been a point of honour with the Medical Profession to discountenance this, as well as any other form of quackery; and when one of our brethren, however humble his position may have been, has been asked to meet a Homœopath in consultation, he has generally pointed out to his patient that such a course would be inconsistent, not only with professional etiquette, but with common honesty; and if the patient remained deaf to his remonstrances, he has withdrawn from his attendance. But what can we say when members of our Profession, who are eminent in their position and distinguished for their talents, evince no repugnance to pursue a course of conduct which many a poor man would shrink from with disdain, openly meeting in consultation the globulistic impostors? or, what has the same effect upon the public mind, attending cases with them?

It is high time that this question should be answered. Let us have some definite plan of action agreed upon. Do not let us have young Physicians and Surgeons who are fighting their way in the world injuring their prospects by refusing to attend cases with the Homœopaths, and then find that some man of high standing has no such scruples. The juniors must not be charged with illiberality by the public, and told that the heads of the Profession are in the constant habit of meeting the Homœopaths on equal terms, that those who object are only actuated by fear and jealousy of the heresy, and are looked upon as carrying out in medicine the same spirit which led the Catholic Church to persecute schismatics. Let us have the matter fully and fairly discussed, and we can surely agree upon some plan of action without interfering in any way with the freedom of the public to encourage any quackery they please. Many among us would teach them to choose between quackery and Medical science, and select their attendants from the practitioners of one class or the other. They say that the two have nothing in common—that those must resign one who fly to the other. The natural consequence would be that those members of our Profession who encourage the quacks by consulting with them, or attending cases with them,—a distinction in which neither we nor the public can see a difference—would be left to the society of the companions they have chosen. They cannot serve God and mammon. Others think differently—and the question must be settled. Let it be discussed,—our columns are open. The views of three correspondents, expressing very different views of the question, will be found in other columns. Let it be discussed also at the branch meetings of the British Medical Association preparatory to some general resolution at the Annual Meeting in Edinburgh; and it should be well considered by our Medico-Ethical Societies, and the Practitioners of every large town or district. The Medical Practitioners of Reading have set the example, and, as may be seen in our advertising columns, have unanimously resolved: "That no qualified Medical man practising Homœopathy shall be met in consultation." It will be also necessary to determine the distinction between attending a case in company with or in consultation with Homœopaths.

#### THE WEEK.

Dr. Waller Lewis's report on the sanitary condition of the persons employed by the Post-office shows an increase of sickness among the letter-carriers. This is explained by the educational test of this class of persons being too high, and leading to the recruiting of the department, not from persons accustomed to active exercise and out-of-door occupation, but from classes of more sedentary habits. Thus the Civil

Service Examiners must lower the educational test, and look to physical qualifications. The Saturday half-holiday and the annual holiday, have been followed by a marked improvement in the health of the clerks. Such a result shows how much good service might be rendered to the State by a Medical Officer in a Public Department. It is high time that all our great public offices had such an officer.

The College of Physicians of London has, we understand, passed a Resolution, in conformity with which, in the future published lists of the names of the Fellows and Licentiates of the College, there will be appended to the names of those who possess it, the title of M.D., and the name of the University from whence the degree was obtained. This is a return to the ancient usage of the College, which was departed from some fifteen or twenty years ago. The College, it must be remembered, has only the power to grant a licence to practise; it has no power to grant degrees. It has, therefore, by this Resolution ceased to sanction by its silence the assumption of the title of Doctor by those of the Fellows or Licentiates who are not in the possession of a University degree. This is an act of justice to the different Universities, and quite in accordance with the liberal spirit exhibited of late years by the College.

The Memorial of the Militia Surgeons of the embodied regiments, asking to be placed on a permanent footing, has been answered by Government. General Peel stated in the House of Commons on Tuesday, in reply to a question by Mr. Brady, that he could not, "under present circumstances, increase the expense of the permanent staff of the Militia, which at present amounted to £159,000." Red tape can never get beyond £ s. d.; but the public must try to make obtuse officials understand the true economy of keeping up a full and effective Medical staff, not only for the Army and Navy, but for the Militia.

The Medical Reform question is being still further complicated by conferences, deputations, and petitions. The Corporations will not agree either to the Bill of Lord Elcho or to that of Mr. Cowper, and Mr. Headlam is to bring in a third. Lord Elcho's second reading is fixed for Wednesday, May 12, Mr. Cowper's for the following Wednesday, May 19. The College of Surgeons of Edinburgh have opened the ball by a petition against Lord Elcho's Bill, and others will follow the example. We shall have petitions during the next month for and against all the Bills, but it seems a pity to take any trouble in the matter, as any one of the three parties is quite powerful enough, without extraneous assistance, to defeat the other two. The Royal Commission seems, after all, the only practical solution of the difficulty.

The practice of puffing secret remedies is not confined to this side of the Channel, but prevails among our neighbours, where repressive laws, easily enough obtained, are not always found as easy of execution. It is the Academy of Medicine that is now complaining, for it is a common habit to advertise remedies in the newspapers, as having attached to them the approbation of the Academy, or as having been received by the Academy,—which for the public is much the same, although, in fact, the report upon them may have been condemnatory. It is against the law to advertise any secret remedies whatever, but this is evaded in various ways; and as to the fraudulent mention of the Academy's sanction, providing the remedy be not rigorously a secret one, the committee can only suggest the application of the



CHRONIC MANIA.

From a Photograph by Dr. Diamond

*From a Photograph by Dr. Diamond*

*From a Photograph by Dr. Diamond*

MANIA, CHRONIC, WITH AFFECTED SPEECH



law against the publication of "false news," which is a disgrace to the French Statute Book, and which has been the instrument of much tyranny. However, they are doubtful of even its elastic applicability, and call for new decrees or legislation. It will be found, on examination, that much of the boasted pre-eminence of the French in their arrangements for sanitary purposes and Medical police only exists upon paper.

We have more than once been informed by Medical visitors from the United States, that criminal abortion is by no means unfrequently practised by educated and duly licensed Medical men. We regarded the statement with incredulity; but the following resolutions passed by the Massachusetts Medical Society prove that it is only too true. The mere fact of a Medical Society having thus to protect its respectability shows the extent to which the practice has reached:—

"**SECRET REMEDIES AND CRIMINAL ABORTION.**—At a meeting of the Councillors of the Massachusetts Medical Society, held February 3, the following resolutions were adopted:—  
1. That the Massachusetts Medical Society deem it dishonourable in its Fellows to append their names in any way recommendatory of secret or quack medicines, and any Fellow so exhibiting his name shall be considered as acting in a manner derogatory to the dignity of a Fellow of this Society.  
2. That if any Physician or Chemist, through inadvertence or misapprehension, shall have been induced to give his recommendation or authority in any way to promote the circulation or sale of any secret or empirical remedy, he shall be expected publicly to disclaim or revoke the same.  
3. That the Fellows of the Massachusetts Medical Society regard with disapprobation and abhorrence all attempts to procure abortion, except in cases where it may be necessary for the protection of the mother's life.  
4. That when any Fellow of this Society shall become cognizant of any attempt to unlawfully procure abortion, either by persons in the Profession or out of it, it shall be the duty of such Fellow immediately to lodge the information with the proper legal officer, to the end that such information may lead to the capture and conviction of the offender.  
5. That no person convicted of an attempt to procure criminal abortion can, consistently with its by-laws, any longer remain a Fellow of this Society."

We have just received a pamphlet containing a mass of evidence upon the present sanitary condition of Jamaica, and upon the great need which exists of Medical and Surgical practitioners in that island. This evidence has been collected and published by the local Society for promoting sanitary, educational, social, and moral remedial measures for the existing evils; and the details present a picture which is truly appalling. During the continuance of the slave-trade the slaveowners paid a certain yearly sum for Medical attendance on the persons employed in the different plantations; and thus, on the one hand, the health of the negro was effectively watched, while, on the other hand, the Medical officers received a sufficient income to enable them to live and practise in the different districts of the island. That the sanitary condition of Jamaica was never in a very satisfactory state is abundantly proved by the frightful epidemics by which it has been ravaged from time to time, and especially by the late visitation of cholera in 1850, which was of so awful a character, and swept off so many thousands of the inhabitants, that Dr. Gavin Milroy was sent out from this country in 1851 to report upon the causes of the malady, and upon the preventive measures to be adopted in order to obviate its recurrence at any future period. To the Report then presented to the Home Government, and to the appalling facts recorded by Dr. Milroy, we drew attention in a review published in this Journal on the 13th August, 1853; and we especially recorded the deficiency which was then stated to exist in regard to the supply of Medical practitioners, the

causes of the deficiency, and the means by which a better provision of Medical skill might be procured. It will scarcely be believed that, according to the pamphlet now before us, Dr. Milroy's warnings and recommendations have been alike disregarded; the sanitary condition of Jamaica is as bad as ever; and with respect to several of its most populous districts, not only is there no adequate supply of Medical and Surgical aid, but there is none of any efficient kind whatever. The poorer classes of the population, too indigent to pay for Medical advice and medicines, too indolent to seek for them, or too superstitious to believe them of any avail, die in multitudes of curable diseases and injuries, or they aggravate their sufferings by having recourse to quacks and the arts of sorcerers. Hence we find it recorded by a number of trustworthy witnesses that a great many women die in childbirth; that abortion and infanticide are commonly practised; that numbers of children perish in their first dentition; that fractured limbs are ununited, and strangulated ruptures, which might have been relieved, prove fatal to the sufferers; that fevers and agues are allowed to run their course, uncontrolled by Medical art; and that thus the mortality from ordinary disease is indefinitely increased, while the prospects of the mischief likely to arise in case of the outbreak of another epidemic are such as must alarm every philanthropist. Medical men have been driven from the island by the inadequacy of their remuneration; and we are told as a positive fact, that at the present moment there are not more qualified Medical practitioners in the whole island of Jamaica than there were twenty years ago in the towns of Kingston and Spanish-town alone! Surely this is a state of things which calls loudly for redress; and some very excellent remedial measures are proposed by the local Society which has collected together the evidence to which we now refer. It is to be hoped, for the sake of humanity, that the recommendations thus made will be no longer disregarded, and that sound Medical assistance may be afforded to the inhabitants of this important colonial possession. Whatever may have been the advantages, in other respects, obtained by the emancipation of the negroes, it is very evident, from this pamphlet, that their sanitary condition is much worse at the present day than when they were in bondage to their taskmasters. The planters afforded the benefits of Medical aid to their slaves, but the abolition of slavery has obviated the necessity of such assistance; and whether from poverty, ignorance, indolence, prejudice, or the prevalence of fatalistic doctrines, the emancipated negro of Jamaica, in common with his coloured brethren, is deprived of nearly all Medical and sanitary supervision, and the consequent deplorable increase of mortality and suffering are facts which are now patent to the world.

### PRINCIPAL FEATURES OF THE TWO MEDICAL BILLS NOW BEFORE PARLIAMENT.

THE following summary of the two bills has been extensively circulated this week. It gives a very fair epitome of them.

*The Select Committee's Bill  
introduced by Lord Elcho.*

Puts an end to local jurisdictions, and establishes the right of free practice throughout the kingdom of registered practitioners.

Supreme authority to be vested in a Medical Council of the United Kingdom, to consist of the President of the Board of Health for the time

*Mr. Cooper's Bill.*

The same.

The Council to consist of one person chosen by each of the following bodies:—

The College of Physicians of London.

being, and twelve other persons appointed by the Crown, of which not less than nine shall be qualified to be registered as Medical Practitioners. Not less than two of the persons so qualified to be resident in Scotland, and not less than two so qualified to be resident in Ireland. Of these appointments, three are to be for the term of four years, three for five, three for six, and three for seven years. Future appointments to be for the term of four years.

The College of Surgeons of England.

The Apothecaries' Society of London.

The University of Oxford.

The University of Cambridge.

The University of Durham.

The University of London.

The College of Physicians of Edinburgh.

The College of Surgeons of Edinburgh.

The Faculty of Physicians and Surgeons of Glasgow.

The University of Edinburgh.

The University of Glasgow, two Universities of Aberdeen, and the Universities of St. Andrew's, collectively.

The College of Physicians, Ireland.

The College of Surgeons, Ireland.

The Apothecaries' Society, Ireland.

The University of Dublin.

The Queen's University, Ireland.

And six other persons, not being Members of Council or Office-bearers in the Medical Colleges or Societies, to be nominated by Her Majesty; four to be appointed for England, one for Scotland, and one for Ireland.

Members, representatives of Medical Corporations, must be qualified to be registered as Medical Practitioners. Term of appointment not stated.

The representatives of the Medical Corporations and Universities of England, Scotland, and Ireland respectively, and the members nominated by Her Majesty for such parts respectively, of the United Kingdom, to be Branch Councils in their respective parts for the performance of certain duties under the General Council.

The Council not to establish any Examination of their own. The Examining Authority to remain in the hands of the present Examining Bodies, but the Council to make Regulations regarding courses of study, age of admission, and Examination.

The Council to have power to appoint Committees of their own body, of not less than three, to perform certain duties in Scotland and Ireland respectively. Such Committees to include the Members residing in the kingdom for which they are appointed.

Two Examining Boards to be established in each of the three kingdoms,—the one appointed by the Council to examine in preliminary education all Students of Medicine who are not Graduates in Arts,—the other for examination in professional education. For England, the Professorial Boards to be appointed by the College of Physicians of London, the College of Surgeons of England, and, until 1865, by the Society of Apothecaries of London, and by the Universities of Oxford, Cambridge, and London. For Scotland, by the Colleges of Physicians and Surgeons of Edinburgh, by the Faculty of Physicians and Surgeons of Glasgow, and by the Universities of Edinburgh, Glasgow, and Aberdeen. For Ireland, by the Colleges of Physicians

and Surgeons of Ireland, and, until 1865, by the Society of Apothecaries of Dublin, and by the University of Dublin and the Queen's University: but the Medical Council to determine the total number of Examiners in each part of the kingdom, and alter the proportions in which the several bodies shall appoint, as they may judge proper. The Council to make all rules regarding courses of study, age of admission, time, place, and manner of examination, such rules to be laid before Parliament. Professional Examinations to be open to Members of Council, persons deputed by them, and persons registered under the Act.

All persons passing the preliminary and professional examinations to be styled "Licentiates in Medicine and Surgery," and to enjoy the right of free practice in Medicine, Surgery, Midwifery, and Pharmacy, in every part of the United Kingdom, and to be recorded in the Register of legally qualified Practitioners.

The Register to be alphabetical, and to record, in addition to the above legal qualification, whatever Degrees or Diplomas may have been obtained from a University or Medical Corporation.

Practitioners legally qualified before the passing of the Act, to be registered according to their qualification.

None but registered persons to be entitled to recover charges.

Only registered persons to be eligible to public Medical appointments, or to have their Medical Certificates recognised as legal documents.

Names of registered persons convicted of felony or misdemeanour to be removed from the Register.

The Medical Council to prepare and publish a British Pharmacopœia.

The College of Physicians of London to be empowered to surrender its present charter, and to accept a new one, constituting it the Royal College of Physicians of England.

The College of Physicians and College of Surgeons of Edinburgh also to have new charters, constituting them Royal Colleges of Scotland, and providing for the incorporation with them of the Faculty of Physicians and Surgeons of Glasgow.

The Council to determine what Certificates from the existing Examining Bodies shall be recognised as qualifications for admission to the Register.

A General Register to be established, the form in which it is to be kept to be left to the decision of the Council. But besides this General Register the Council to establish, if they choose, and in such form as they may judge fit, subject to the approval of Her Majesty in Council, separate or special registers of persons having Degrees, Diplomas, or special Titles in Medicine or Surgery.

The same.

The same.

The same.

The same.

The same.

The same.

The same, except that the Faculty of Physicians and Surgeons of Glasgow are left to make choice of whether they will remain separate, or unite with the Edinburgh College of Surgeons.



## PROGRESS OF MEDICAL SCIENCE.

## Selections from Foreign Journals.

## OBSERVATIONS ON SCARLATINA.

By PROFESSOR TROUSSEAU.

THE following are some of the most interesting points in M. Trousseau's clinical lectures on scarlatina:—

Scarlatina varies in form, appearance, and intensity, to an extent witnessed in no other exanthem. Variola is always variola, whether benign, distinct, or confluent; and to be recognised constantly by its characteristics. Measles observes always pretty much the same course, its diagnosis being simple, and its complications capable of being provided for. In scarlatina there is nothing fixed or regular, and its concomitant or consecutive accidents are foreseen with extreme difficulty. Years may pass without a single death resulting from the disease, when an epidemic may arrive which will commit greater ravages than cholera or typhus. Nothing of this kind is observed in variola or rubeola. There occur, indeed, from time to time, epidemics that are more fatal than others; but in the most innocent of these there are always found bad cases of variola; while even in those which are most destructive, slight cases are met with. Scarlatina takes on a character of benignity or malignity according to the genius of the prevailing epidemic.

The eruption appears in some patients four or five hours after the fever of invasion has set in, and does so very rarely after the first day. The cases in which the eruption is said to appear only on the third day must be quite exceptional, and are mostly to be explained by the defective examination of the practitioner and friends. It is generally on the face that we seek for the first manifestation of an eruption, and it is there we find it in rubeola or variola; but in scarlatina we should search for the earliest traces on the trunk, the belly, and bend of the thigh. It may be found there thirty-six hours before it exhibits itself upon the face and neck, and hence a cause of error in the date of its appearance.

The fever of invasion is very acute, and accompanied by a rapidity of pulse met with in no other exanthem. Before many hours have passed the patient complains of the throat; and if care be not taken this affection of the throat may be mistaken for a simple angina, and the treatment adopted for it may be highly injurious in scarlatina. When the malignant form of scarlatina prevails, while the pulse in the adult rises to 130° or 160° on the first day, nervous phenomena appear, such as excessive agitation, utter insomnia, and subdelirium. Such symptoms as these are met with in very few inflammatory affections of the throat, and are very seldom observed at the onset of other pyrexia: so that from the very first the scarlatina exhibits all its malignity:—this malignity of the first day being such that individuals may succumb before twenty-four hours have elapsed. In cases like this the young practitioner may be taken off his guard, and may be led into giving a too favourable prognosis. Suspecting the advent of scarlatina and being present at its onset, he may promise a speedy subsidence of the violent fever on the appearance of the eruption. All prognostications in this disease must be made with the greatest reserve.

The duration of the eruption is very uncertain, bearing, in this respect, no analogy to that of variola and rubeola. Commencing on the first day, it may still be very vivid on the twelfth or fourteenth, although generally it becomes paler towards the eighth or ninth. In simple cases it lasts five or six days only. It is by no means so uniform and constant in character as represented in books. When severe and confluent it has the appearance of a tincture applied to the whole surface, but in the more simple cases it consists in a multitude of minute, round, red points completely separated from each other, and differing entirely from the spots in measles. The peculiar red rash of scarlatina is also accompanied by ailiary eruption, which, even when not visible to the naked eye, feels to the touch like shagreen. It consists in minute vesicles, which in thirty-six or forty-eight hours become filled with a lactescent fluid, and is very seldom absent in confluent scarlatina. If we examine a scarlatina eruption with a magnifying-glass, we may be easily convinced it is

not of one uniform colour as in erysipelas, but consists in elevations that resemble an excessively close eczema.

It is the tongue, however, which presents the most specific appearance in scarlatina, and is, perhaps, as special as is the eruption in variola. The first day there is nothing peculiar about it, but the next, if the patient has been sick, it is of a deep green or yellow colour, the point and edges being of an excessively bright red. When there has been no vomiting, it is of a milky white at its posterior part. Towards the fourth to the fifth all the pasty appearance disappears. The tongue, now of a scarlet red, is swollen, painful, covered with projecting papillae, and peels by friction. Towards the seventh or eighth day it becomes smoother, but preserves its redness. By the ninth day the epithelium becomes evidently reproduced, but the tongue scarcely recovers its normal appearance before the twelfth day.

M. Trousseau protests against the doctrine usually laid down, that, when the eruption is vivid and comes out well, the patient runs less risk of suffering from the various morbid phenomena. On the contrary, he declares it to be a law in scarlatina as in variola that the gravity of the case is in direct proportion to the intensity of the eruption. In distinct variola life is in as little danger as in scarlatina with slight eruption; and the issue of a confluent variola is surrounded by as many perils as is that of a confluent scarlatina, in which the entire skin is of a vivid red. The more intense the eruption, the more serious are the symptoms, and the more guarded should be the prognosis.

The sore throat of scarlatina forms one of the most difficult subjects of pathology. It is easy enough to describe its ordinary appearances, whether in the grave or the simple form, but there is sometimes a form met with of the most formidable character, which sets all prevision at defiance. The patient may have seemed to be going on very well, the fever having abated, and the rash disappearing, so that the most favourable prognosis has been delivered, when towards the eighth or tenth day of the disease there appear swelling at the angle of the jaw, neck, and sometimes face, abundant stinking sanious discharge from the nares, sudden enlargement of the tonsils, great frequency and smallness of the pulse, delirium, coma, coldness of the surface—the patient gently expiring at the end of three or four hours. The nature of this affection is quite obscure, although it is probably referable to diphtheritic complication. In this form, where the angina comes on at the eighth or ninth day, M. Trousseau does not remember a single instance of recovery; while even in the gravest form of angina, commencing with the disease, and reaching its maximum from the fifth to the eighth day, it is scarcely ever fatal.

Desquamation commences where the eruption ceases; as for example at the cervical region on the sixth day, and on the trunk on the seventh, and it lasts about fifteen days upon the arms and legs. Its characters are best marked on the hands and feet, and it is useful to bear this in mind. On the trunk, the squamæ may vary in size from two or three millimetres to one or two centimetres in diameter; but on the legs and arms, where the epidermis is thicker, they may attain four or five centimetres. They are detached in large plates, as after erysipelas and phlegmon, the desquamation never taking the fine furfuraceous appearance as in measles. To see the latter we must look closely, or even detach the minute exfoliation by friction with the sleeve of a black coat. In scarlatina the squamæ are far more manifest, and cannot be mistaken.

Speaking of the accidents which may attend this period of the disease, M. Trousseau first alludes to the affections of the nervous system. The patient having entered into full convalescence, he suddenly becomes seized with vomiting as at the commencement, great agitation, and extraordinary frequency of pulse, death being preceded by convulsive or comatose symptoms. This terrible state of things may come on when you are quite at ease as to the issue of the disease; and that without any consecutive anasarca, albuminuria, hæmaturia, or other circumstance having happened to explain this fearful state to which children as well as adults are liable—so careful should we be in prognosis in an affection like scarlatina, which cannot be regarded as cured until long after all morbid manifestations have ceased, death in the course of a few hours being still even possible during convalescence. These nervous accidents coming on during the desquamatory

period are a hundred times more dangerous than those met with at the commencement.

Anasarca is especially observed in the medium form of the disease, and affects not only children who have been exposed to cold or other imprudence, but those who have been watched over with the most anxious care. So rapid is the infiltration in some cases, that within twenty-four hours the swelling may occupy the entire body, and attain a size not met with in chronic diseases, affections of the heart, or nephritis. In other cases it is limited to the face and extremities. Although it is true that children usually recover from this anasarca by the aid of hygienic measures alone, it is no less so that on some occasions they die. Pain in the head and confusion of vision are complained of, and then convulsions are imminent. These may sometimes be warded off by seating the child with his head erect and his legs hanging over the bed, and administering a smart purgative. Generally, however, the attack of eclampsia is not to be prevented, and death may soon follow, not indeed the first time, although that is not very rare, but after several attacks following each other at short intervals.

Hæmaturia is an extremely common occurrence, but it is generally overlooked. When the blood is discharged pure, or only slightly changed by the acids of the urine, giving a blackish colour to the fluid, no mistake may be made; but when it is emitted in small quantity, and the urine is only of a rose colour, it will be probably overlooked. It may be detected by the precipitation of globules after long standing, and by the enormous quantity of albumen the urine contains. This is the albumen of the blood, and is not precipitated white, as in Bright's disease, but of a deep brownish colour.

Among the less known complications of scarlatina may be mentioned pleurisy and pericarditis. What is very remarkable, is that a pleurisy coming on at the decline of the disease takes on at once a malignant aspect, not only in the fact of the abundance of the secretion that follows, but by the rapidity with which it assumes the purulent form—by the 8th or 10th day from the commencement of the effusion. Suppuration does not take place quite so rapidly in the pericardium, which too is implicated seldom and at a later period than the pleura. It is to be remembered that rheumatism is of extreme frequency during the convalescence of scarlatina, which will explain why pleurisy and pericarditis are by no means uncommon. It is a curious fact that the rheumatism, notwithstanding the essentially malignant character of the exanthematous pyrexia, is of no great gravity, and may be cured without therapeutic intervention. Still, occasionally here, as in puerperal fever, we sometimes observe the most terrible form of rheumatism, which may be termed the suppurative form.

Bearing in mind the tendency of the exanthemata to run a fixed course, if scarlatina exhibits no serious accident, the less we do the better we shall treat it. All practitioners are agreed that the antiphlogistic treatment, as bleeding, active purging, and starvation, is more likely to prove injurious than useful; and even when really inflammatory affections supervene in the course of the affection, such as local phlegmasia affecting the tonsils, the lymphatic glands, or the cellular tissue, antiphlogistics still fail, probably on account of the septic character of the disease. All admit, however, that mild laxatives, producing two or three stools a day, are of use in moderating the violence of the febrile action.

During the acute period of the disease, when the patients die, they seem to succumb to the great modifications exerted on the nervous system. These may be manifested by the extraordinary heat of skin (produced, according to Bernard's experiments, through altered action of the splanchnic nerves), excessive vomiting or diarrhoea, delirium, coma vigil, or convulsions. In such cases, experience has amply confirmed the utility of the employment of cold affusions, as recommended by Currie. To put this bold treatment into practice, however, the practitioner must have arrived at such a point as to be able to make light of public prejudices and patients' fees. The treatment is not applicable to mild cases, for which mere expectation suffices, but only when the disease threatens to prove fatal, so that of three children thus treated, we may still lose two. "For a long time past I have employed these affusions, first in my private practice, and then at the Hospital; for I have never yet done anything in my life without having first tried it at my own risk and peril. I declare to you that I have never had recourse to them without deriving some benefit; and, so far from the affusions having ever done mis-

chief, even when they have not saved the patient, they have moderated the accidents and retarded the issue. In acting thus in private practice I certainly ran great risks, and I have often been ill recompensed for fulfilling my duty with this rigour. Still I have done it, and I continue the practice now that I have no more to fear, when I am getting old, and my position is established, and I can assume a responsibility that alarms me no longer."

As, however, the incurring such responsibility may entail a destruction of prospects that a young practitioner fears to risk, he may still, to a certain extent, follow out the treatment he knows to be best, while seeming to fall in with the public prejudices. Thus we may employ cold affusions in reality, although the friends of the patient believe them to be warm. Scarlatina, especially when malignant, is the disease of all others in which the temperature rises highest—to 41° C. in the axilla, for example. In case of affusions we apply lotions, at a temperature of 25°, which is an extremely cold temperature for a scarlatina patient, seeing that a difference of 15° or 16° exists between the surface of the body and the water applied to it. The patient being placed naked on the sacking, you pass a sponge, wetted in water at this temperature (which the friends regard as hot), very rapidly over the whole surface, and then, without drying the body, return him to bed and cover him up. An hour after the skin is found less arid, its heat less mordant, while there is a diminution in the frequency of the pulse. The other nervous symptoms also abate. After a very limited period, as two or three hours, the same group of symptoms appear, sometimes just as before. We must then repeat the lotions or the affusions, and so go on two, three, or four times a day, during five or six days in succession. As to the eruption itself, it is almost invariably found to be more vivid after the application; so that the friends, witnesses to the amelioration of the symptoms produced, urge the repetition of the lotions as long as peril continues.

Together with the affusions some internal remedies may be employed, foremost among which is carbonate of ammonia, given in quantities of from 30 to 60 grains per diem. Of musk, 3 to 6 grains are sufficient, though as many as 15 may have to be prescribed.

In the great majority of cases of scarlatina maligna there is nothing to be done for the throat itself; M. Trousseau having tried all the various means that have been recommended without benefit. Of all these he attaches the most importance to the careful application of hydrochloric acid. As to the form of angina which comes on about the ninth or tenth day, and is attended with diphtheritic complication, all local measures are useless, our chief aim being to keep up the powers by stimuli, food, and quinine.

The anasarca, when not extensive, is best treated by rest in bed, tepid drinks, and moderate diet. When the urine is bloody, acid drinks, uva ursi, mixed with syrup of turpentine, digitalis, and gentle laxatives, speedily produce relief. When the hæmorrhage is considerable, sulphuric acid and tincture of rhatany should be employed. When the anasarca is very extensive, and rapidly produced, convulsions usually occur, and death often follows. In this case we should give active purgatives, and keep the patient with his head erect, and his legs hanging down. Scarifications, or large blisters, may also be applied to the legs. When the convulsion comes on, musk, with a small proportion of belladonna, should be given. Another means M. Trousseau has frequently found the advantage of during the last twenty years, is compression of the carotids. When the convulsion especially affects one side, the compression should be especially made on the opposite carotid; while, when the convulsion is nearly equilateral, it should be made, first on one carotid, and then on the other; or, if it does not produce too much obstruction of respiration, on both at the same time. The compression should be continued for fifteen or twenty minutes on each artery, and as its maintenance is irksome, we should have the aid of an assistant, or instruct the friends in its performance. As soon as the acute accidents have disappeared, the eclampsia and the hæmaturia, which usually precede or accompany the anasarca, having passed away, we should give gentle diuretics, especially nitrate of potash and digitalis, giving at the same time, as recommended by Graves, iodide of potassium in large doses. But the anasarca and albuminuria of scarlatina, which are usually cured in two or three weeks, in certain cases only form the first stage of Bright's disease; and we

must always distrust a case when we find the albuminuria continuing after the acute symptoms have subsided. With respect to the pleural and pericardial complications which are met with at or about the same time as the scarlatinal anasarca, they are best treated by blistering and puncture of the pleura or pericardium. But it will be always found that, at the end of ten or twenty days, the effusion is converted into a lactescent or purulent collection. By means of iodine injections we may be still enabled to cure this dangerous complication in children, but we shall strive in vain to relieve it in the adult.—*Gaz. des Hôp.* 1857. Nos. 70, 79, 86, 96.

## PROVINCIAL CORRESPONDENCE.

### IRELAND.

DUBLIN, April 9, 1858.

At a sectional meeting of the Royal Dublin Society, held on the evening of the 26th ult., Dr. Edward Haughton read a very interesting paper upon hot-air baths, in which he treated of the several varieties of this bath in use in different countries, specially alluding to those of the Spartans, Romans, Turks, and native Irish. At the recent meeting of the British Association in Dublin, Dr. Haughton had made a communication to the Physiological section, in reference to the bath characteristic of the East, of which the essential part is the hot-air chamber. On the more recent occasion he showed that each of the above varieties agrees in placing the *summum bonum* of bathing in the production of free perspiration as the real cleansing agent; whilst ablation, whether in hot or cold water, is merely accessory, and is incapable of removing any but superficial impurities. Dr. Haughton made further general observations upon this subject; but it is to the description he brought forward of the hot-air baths in use among the Irish peasantry, and especially in the island of Rathlin, situated within four or five miles of the north coast of Ireland, and containing upwards of one thousand inhabitants speaking principally the Irish tongue, that I am desirous of at present calling the attention of your readers, considering it interesting to trace so marked an analogy between the habits of this simple people and those of the distant Orientals.

"Two varieties of sweating-houses, as they are called," said Dr. Haughton, "exist in Ireland; one kind being capable of containing a good many persons, and the other intended only for a single occupant. For a description of the former I am indebted to the Rev. Robert Gage, of Rathlin, Island, and for the diagram to Professor Haughton, the locality being interesting likewise in a geological point of view. Mr. Gage's letter is as follows:—

"In general, Rathlin is a very healthy place, and many of the people have attained to a good old age. Asthma is the most common disease, probably arising from the sulphureous vapour emitted from the turf or peat, with which it is strongly impregnated. Of late years, however, it has been less frequent, owing, perhaps, to the improved state of the cottages. Pulmonary consumption is very little known here. When the people are attacked with rheumatic pains, which are not common, they have recourse to a remedy of long standing, in the efficacy of which they have great confidence. In several parts of the island small buildings, called sweat-houses, are erected, somewhat in the shape of a bee-hive, constructed with stones and turf neatly put together, the roof being formed of the same materials, with a small hole in the centre. There is also an aperture below, just large enough to admit one person on hands and knees. When required for use, a large fire is lighted in the middle of the floor, and is allowed to burn out, by which time the house has become thoroughly heated: the ashes are then swept away and the patient goes in, having first taken off his clothes with the exception of his under-garment, which he hands to a friend outside. The hole in the roof is then covered with a flat stone, and the entrance is also closed with sods to prevent the admission of air. The patient remains within until he begins to perspire copiously; when, if young and strong, he plunges into the sea, but the aged or weak retire to bed for a few hours. This primitive vapour bath has been successful in removing pains of long standing, and people have come from

the mainland for the express purpose of trying its efficacy. It is not, however, applied exclusively to the cure of disease, for the young women not unfrequently resort to it after burning kelp to clear their complexions, especially if it should happen to be near the time of a Ballycastle fair. As the heating of the sweat-house is considered rather expensive, from the quantity of fuel required, a number of persons generally go in together, and but for the darkness of the place would present a sufficiently ludicrous appearance. The period of remaining in is at the discretion of the patients, but at the end of half-an-hour the house is generally cleared, and the fresh air once more admitted until its services are again required."

Sweating houses made to contain only one person are to be found on the borders of Fermanagh and Leitrim, and are also much resorted to by the peasantry; but it is needless to describe them, as they are essentially the same in character as the baths of Rathlin Island.

I am happy to say that the announcement of the formation of the New Sydenham Society has been extremely well received in Dublin; a large number of the Profession have already joined its ranks, and much satisfaction is expressed at the stated intention of the Council to propose for publication recent and practical works.

## GENERAL CORRESPONDENCE.

### PIROGOFF'S AMPUTATION.

[To the Editor of the Medical Times and Gazette.]

SIR,—In a lecture on M. Pirogoff's modification of Mr. Syme's operation at the ankle-joint, by Mr. Spencer Wells, published in your Journal on the 20th March, he says in concluding his useful account of the Russian Surgeon's mode of operating:—

"I can tell you nothing of the results of the operation in this country, but I can repeat that in some of the cases where it has been said to have been performed, it most certainly was not done in the manner and with the precautions I have brought before you. Whether it has succeeded or not I cannot say, but I do say that in some cases it has not been fairly tested, and I think it is worthy of a full and fair trial."

It would thus seem that Mr. Wells was unacquainted with the fact that this operation had been performed six times in the Seaman's Hospital, and with results such as, in my mind at least, incontestably to establish its utility and advantages in certain cases.

The instances in question have been briefly recorded in a few notes on the subject by Mr. Croft, Assistant-Surgeon of the Hospital.

Believing that these cases represent the greatest amount of experience yet had of the operation in this country, and that the matter is one of considerable importance, I am desirous, with your permission, of drawing the attention of Surgeons to them, and to what I believe to be a very useful proceeding, with respect to whose merits I fully agree with Mr. Wells.

Of the six operations in question three fell to my hands; but in the cases of only two individuals, both the feet in one case having been removed at the same time. The result of these three operations was perfectly successful. Mr. Tudor, the very able resident Surgeon, performed the same operation in two cases, one of which subsequently died, and Mr. Croft has operated once,—his case also unfortunately dying very soon afterwards.

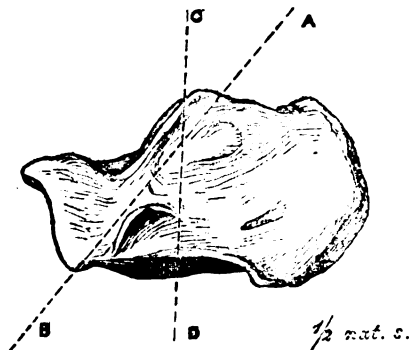
Two deaths out of five individuals would seem to be a lamentably large proportion; but in reality the operation had nothing to do with the death in either case. In one, it was performed in the forlorn hope of relieving a man who was much reduced by previous pain and discharge from diseased tarsus, and the subject of albuminuria, and who sank apparently from exhaustion, shortly after the operation; whilst in the other, as I am informed, at the time of its performance the patient was affected with painful swelling of one shoulder, which, on examination after death was found filled with pus. The pyæmia was clearly, therefore, not referrible to the operation, which in fact cannot, any more than that of which it is

a modification, be regarded as in itself at all of a dangerous nature.

With respect to the advantages of M. Pirogoff's procedure I need say but little, as they have already been noticed by Mr. Croft and Mr. Wells, briefly remarking that greater facility and rapidity of execution; less disturbance of the natural relations of the parts which are to form the cushion of support; a solid, instead of a hollow flap; and, lastly, a greater length of stump, amounting to at least  $1\frac{1}{2}$  inch,—are such recommendations as few will be found to deny, and against which nothing, so far as I can perceive, is to be opposed.

Some have feared that the section left of the calcaneum would not readily unite with the extremity of the tibia; but this fear is groundless. In the last operation performed by Mr. Tudor, union was found to be quite firm on the twelfth day. In the others, no record of this particular has been kept; but in my first case the man could support his whole weight on the stump within a fortnight, although it was some time afterward before he could walk about, owing to the occurrence of suppuration in the sheath of the flexor tendons,—an occurrence to which the operation at the ankle, performed either with or without complete ablation of the calcaneum, would seem to be obnoxious. This has been the case at any rate in my hands, and it has not been prevented even by the methodical application of compresses along the course of the tendons, as appears to have been suggested by M. Pirogoff himself, according to Mr. Wells. As regards the operation itself, it is one of so simple a nature, and Mr. Wells' account of M. Pirogoff's mode of performing it is so clear, that but few words are requisite; and I should not refer to it, did I not see reason to think that the operation, as performed by me, differs somewhat from that of the Russian Surgeon, with which, until the appearance of Mr. Wells' lecture, I was wholly unacquainted.

The differences between us, however, except in one particular, if I am not mistaken, are not very material. It is clearly of no consequence whether the upper or lower incision be made first. I have practised the former, commencing it below one or other of the malleoli, and causing the ends to join those of the plantar cut at an obtuse angle, so as to avoid the formation of projecting calli when the flaps are brought together. But a more important point concerns the direction in which the bone is sawn. If I understand Mr. Wells aright, it would seem that M. Pirogoff divides the calcaneum nearly in a vertical direction, indicated by the line C D in the accom-



panying figure, whilst I make the section in a more oblique direction from behind downwards and forwards, as shown in the line A B.

Whether in this I am in accord with the eminent Russian or no, I cannot say, but it seems to me that the latter direction is, at any rate, to be preferred, seeing that with this obliquity not only is a more extensive surface brought in contact with the cut end of the tibia, but the remaining portion of the calcaneum does not require to be rotated on its axis so far as would be requisite were the saw carried in the direction of the line C D. The tendo-Achillis consequently would not be so much stretched, and a portion of the heel naturally in contact with the ground would still remain the basis of support.

To show the kind of stump left after this operation, I forward figures of a back and side view taken from a cast of the first case in which I had occasion to perform it. The cast was made some weeks after the man was completely

recovered and had walked about with a leather shoe or without one, which he did just as often.

This man I have had an opportunity of seeing six or seven months after his discharge from the hospital and when he had been a voyage to sea, on which he was able to perform all the ordinary duties of a seaman.

I do not venture to express an opinion of M. Pirogoff's modification of Mr. Syme's operation, without some experience of the latter, which I have had occasion to employ five times, and in all but one with perfect success and the most satisfactory results. The single exception was in the case of a man who lost both feet from spontaneous gangrene dependent upon disease of the arteries. The left leg was amputated below the knee, and on his recovery from this operation the right foot was removed according to Mr. Syme's method at the ankle. About half the flap sloughed, but the remaining portion by careful dressing was made to afford a sufficient and very useful pad when the stump was fitted with a suitable shoe, a matter which involved some difficulty. These cases all occurred before I had heard of M. Pirogoff's proposal; and since then I have not had occasion to resort to the same operation, though of its great merits I have nevertheless the highest possible sense. And I am glad to have this opportunity of saying, that in its original conception Mr. Syme appears to me to have conferred one of the greatest benefits upon practical surgery that it has received in modern times; though this is saying no little when we remember the numerous other and most important contributions in the same direction, for which mankind is indebted to that eminent man.

In the demonstration of the fact that a useful flap may be made from the natural cushion of the heel, he is, I believe, wholly original, while to M. Pirogoff is due the credit of pointing out that in performing this operation it is not in all cases requisite to remove the whole of the calcaneum.

In this communication my object has been to aid in showing that this important modification of the original operation is easy of execution and satisfactory in its results.

I am, &c. GEORGE BEE.

Harley-street, April 7, 1858.

#### CONSULTATIONS WITH HOMŒOPATHS.

[To the Editor of the Medical Times and Gazette.]

SIR,—With reference to the important point raised by the case of the Stamford Surgeons, Mr. Fergusson, and the Homœopaths, I trust the Profession will express a very decided opinion.

In the first place, it is obvious at once that a regular Physician cannot meet or co-operate with a Homœopath. As to a Surgeon, it might be alleged that his duty is only to act *chirurgically*, in the etymological sense of the word. But if he admit this to be his position, he abrogates his character as a scientific practitioner. If he only uses the knife, or applies dressings and ignores constitutional treatment, which includes the use of internal remedies, he is not what one considers a well-educated, high-caste Surgeon. What becomes of the dogma that "Medicine is one and indivisible?" How can a well-bred Surgeon be the *collaborateur* of a man whom he must believe to be either a lunatic or a charlatan? If such conjunctions are observed by the laity, how can they fail to feel confused and perplexed as to the real position of Homœopathy?

As I wish to express my opinion, but do not wish to controversialize, I subscribe myself,  
April 14, 1858.

A PROVINCIAL PHYSICIAN.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have chanced to see the remarks upon the ethics of your Profession, in your Journal of the 10th inst.

If I, as a patient only, and not a Medical man, have any right to be considered in the matter, I should like to put the following case to you and your readers.

I have been for some time an invalid, and have been under the treatment of a duly qualified practitioner, whose system I doubt not has been orthodox, although I cannot say it has proved very beneficial.

In fact, I find he is considered one of the "old school," and while depletion and calomel have been his principal agents, he has employed in turn almost every drug in the Pharmacopœia, too often, I fear, using one as an antidote to another, and making my unfortunate constitution a perfect battle ground for rival remedies.

Well, Sir, after enduring this for three or four years, during which my annual expenses in doctor's bills and incidentals have been counted not merely by tens but by hundreds, my faith in orthodox physicing has become somewhat shaken, and while changing my residence I am determined not again to surrender my constitution and comforts to a repetition of the ordeal.

But what am I to do? I have made inquiry as to the Medical celebrities in my new locality, and find that there are three duly qualified practitioners, all enjoying high reputations for talent, one of whom, however, has seceded from the regular practice of medicine, and is, in fact, an Homœopathist.

Now I am not converted to Homœopathy: my sympathies and convictions have all been hitherto the other way; but still, having heard much of benefits said to have been derived by others, who, like myself, have been unduly dosed, I have been half tempted to try his system, not (I confess) with any great faith in its success, (except, perhaps, temporarily, from the relief to the system after undue tension,) but rather in the spirit of candour, and under the idea that it cannot be more destructive to my constitution, nor so much so to my banker's balances, as that under which I have been treated.

Now, I find that one of the regular Practitioners altogether refuses to meet the Homœopathist, even upon the separate grounds of medicine and surgery, or to use his skill in the latter department to allay the sufferings of any patient of the latter, unless he will first abjure Homœopathy. He gives me no reason, and attempts no refutation, but indulges plentifully in abuse of both the others. Of the one because he professes Homœopathy, and of the other for reasons which I shall presently explain. I am told his refusal is not only approved, but in a measure compelled, while his abuse is imitated by a majority of the Profession.

The Homœopathist is not only willing to meet the others upon their separate grounds, but to submit his Medical treatment to the ordeal of a consultation with a man educated in medicine, and one able to expose his fallacies.

The third gentleman has no such scruples as the first. Like Mr. Fergusson, and himself a man of undoubted skill and acquirements, and of good practice, he deems it his duty to allay suffering, no matter what extraneous circumstances may surround the sufferer; and although sufficiently impressed with the truth of the principles of his own science, to refuse to recognise the homœopathic system as being equally founded in truth, or to admit its Professors to consultation as equals, he yet allows his patients a liberty of thought and judgment, and in place of abusing the Homœopath behind his back, he does not hesitate to meet him on occasion as a gentleman (as he is by position and education), or to give him credit for sincerity, while he believes him to be mistaken. On this account this gentleman is abused by the first as virulently as is the Homœopathist. I would then, Sir, ask you and your readers—

1. Whether I am unreasonable when I say I have more confidence in the talent and principles of either of the two gentlemen last mentioned, than in those of the first; because the first forces upon me a misgiving that he would study his own interests and prejudices in preference to my health; or else that he is by nature a bigot, who would be likely to follow foregone conclusions in his mode of treatment?

2. Whether the Profession expect that I should allow myself to be debarred by any etiquette or artificial rules of theirs from consulting those in whom I have the more confidence, in preference to him who would arrogate to himself a superiority which I cannot recognise?

3. It may be worth while for the Profession to consider whether Homœopathy and other evanescent systems be not the natural growth of treatment such as I have described, and whether they do not derive undue importance and success from the indiscriminate abuse with which they and their Professors are too often met.

In my own case the result will probably be that I shall permanently consult the gentleman whose liberality and candour have served with me as an introduction to his talented

and enlightened treatment, of which I am already feeling the benefits; but had he observed the same tone as the first, I should have been more disposed to have faith in the Professor of Homœopathy (or any other Pathy, for that matter) than in him; and in this I believe that I should be only showing that sturdy independence which usually characterises the family of John Bull, who (depend upon it) will find means to free himself from the terrors of Medical excommunication.

April 13, 1858.

I am, &c.

Vox POPULI.

[To the Editor of the Medical Times and Gazette.]

SIR,—May I say a few words about Medical ethics?

Mr. Fergusson is brought before the Profession for having obeyed the summons of a Homœopath to attend a patient in Northamptonshire. I will at once declare my own conviction that Mr. Fergusson acted like a high-minded and honourable man in fearlessly rendering his valuable aid where it was required. Surely every one who professes to hold himself at the disposal of the public in sickness is bound to attend when he is wanted; he is bound to do that which he professes to do, and if he refuses to do this then is he dishonest, not when he does it. What matters it whether the requisition comes through a person of heterodox opinions or otherwise? The obligation appears to me equally binding. To "refuse to serve God because the devil bids you," is to make the devil's work very easy; he has but to preach sermons, and call on doctors to exercise their honourable calling.

Now it appears to me that every man should do what he professes: if he professes to attend for his fee only, then is he bound to attend when that fee is offered; if he practises his profession on the higher principle of philanthropy, looking, perhaps, for a higher reward, he is bound to attend to all, rich and poor, learned and unlearned, deluded and undeluded. Of course, no man in his senses, who is a disbeliever in Homœopathy, would attempt to consult with a Homœopath as to Homœopathic treatment; but if a Homœopath is content to forego his creed so far as to require the assistance of a practitioner of medicine (I speak in the Hippocratic sense—*Chirurgia medicina est cum ferro*), has any such practitioner of medicine a right to refuse it? In my poor judgment he has not, because *pro tempore* the homœopath is not a homœopath. I am also presuming that he possesses a legal qualification. Besides, has not the Homœopath a perfect right to be what he is if he finds, or thinks he finds, he can cure with his globules? Some answer that no man can be such a fool; and if he is not a fool he must be a knave—hard words these, though in very common use. But if we thus summarily dispose of the doctor's character, what shall we say of his patients? Are they all to be knaves or fools too—some of them don't look like it, talk like it, or act like it, and I know a good many, though I am very sorry for them—they always remind me of live bombs who won't allow their fuse to be put out, so that they are likely to go out with a crash any day in the week. These patients, to a man, firmly believe that the ten thousandth of a grain of nothing which was taken with so much circumstance cured their colic, forgetting the air, exercise, diet, moral influence, and altered habits, which assisted it. If the patients are so deluded, can we be surprised that doctors are too? Why, their conclusions are drawn from just the same data; and doctors, though a very clever race, are but men. Let us be kind, then, and treat our erring brethren with charity, try to correct them from the error of their ways, not scold and be angry—it is "weakness to be wrath with weakness." Let us bear down opposition like the gentle but strong wind which passes on to its allotted place undeterred by petty obstacles; the whirlwind is but an idler after all, bringing back the dust in their faces, and blinding the eyes of those who raise it. Let us cease to use hard names, and use instead hard arguments, especially practical ones. To wit:—

1. Since Homœopathic remedies are nothing, treat them as nothing, and let your patients take them or not just as they like: they will believe you are sincere in thinking their physic powerless if you do this.

2. When you are wanted by a Homœopathic patient, go and attend to him; do your duty as far as your patient will let you; responsibility must cease when he who has a right to do so relieves you of it by taking it on himself.

3. If you find an individual at a patient's house in the

double capacity of his friend and Homœopathic doctor, treat him as a gentleman, for he has as much right to be there as you have. The same invitation has admitted him which gives you your right to be there, and you have no other. Say to the Homœopath: "Sir, we agree not on physis, but if you be a good man and true, in God's name help me to set this broken limb." Do not go away in a rage, and leave the poor patient in his agony till the rail has brought a "Homœopathic surgeon" from London, the only place, it would seem, where such an anomalous production can be found.

I have offered my advice, sir, freely, perhaps too freely, and would now in my turn ask advice of others. If they like not my suggestions, will they tell me how I should act in the following cases:—

A man smashes his leg, his son divides his radial artery, and his wife has strangulated femoral hernia. They all with one consent hate physis as they do poison, and they will have none of it. Shall I let the first die of mortification, the second of hæmorrhage, and the last of intestinal obstruction, because of their unbelief? Suppose these three persons to be rank homœopaths (still nothingists, if you will pardon the word), am I to act differently in that case? Why?

I am, &c.

JUSTA AUT NIHIL.

#### MR. PAGET'S VIEWS ON PERINEAL SECTION.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your last number are some observations on stricture of the urethra by Mr. Paget, and that gentleman, after referring to the question as to the tendency of the disease to increase, states,—“no instrumental treatment, unless it be the perineal section, will prevent the increase of strictures in those who will not live prudently.”

I am surprised to find that such a sound thinker and observer as Mr. Paget is, should labour under so grievous an error, as to suppose that the increase of strictures is prevented by “perineal section.” Even had we not experience to guide us, reason and analogy would teach us that section of the urethral canal, whether from within or without, is more likely to be followed by results which will convert what may have been only a simple contraction into a traumatic, the most severe form of stricture. Experience, however, which Mr. Paget will admit is our surest guide, furnishes us with ample proof, not only that perineal section will not prevent the relapse of stricture, but that the contraction which results from the operation will be more obstinate than it was before such treatment was undertaken.

I have related some such cases in my recently published work on stricture, and subsequent experience has confirmed the views therein stated in reference to this point. I have only this morning seen a patient upon whom perineal section was performed some years since. He was apparently cured; but in the course of time the old symptoms returned, and on examining this man, whose previous case I had been familiar with, I found his stricture had returned as badly, if not worse, than before, and although careful treatment has been pursued, the amount of dilatation which has been effected with the greatest difficulty has been but slight.

Very recently I saw a patient who was suffering from a stricture totally unpermeable, as verified after death; the urine passing by a fistulous opening. Some years before he came under my notice, his stricture was divided externally, nevertheless the disease returned in its utmost severity. I have before me a letter from the House Surgeon of one of the great provincial infirmaries, by which I am informed of the particulars of two cases wherein perineal section was performed some time since, in one instance by Mr. Syme, and where the disease has returned. My informant stating with regard to the second case now under treatment,—“The man has returned with a long, hard, impassable stricture, and several perineal fistulae.”

There are several matters in operative surgery, such as ovariotomy and lithotomy about which it is impossible to obtain correct data, because the unfavourable cases are not mentioned; and it is as difficult to get at the results of cases of perineal section, because “dead men tell no tales,” and those who survive the operation are generally lost sight of as soon as they are discharged the Hospital, or have paid their fee.

Of one thing, however, I have been able to assure myself,

after having been at great pains to inquire into the results of perineal section, that that Surgeon who trusts in this operation as preventing the increase of strictures labours under a most grievous error. I am, &c.

HENRY SMITH.

Caroline-street, Bedford-square, April 11, 1868.

#### HORSE TAMING.

[To the Editor of the Medical Times and Gazette.]

SIR,—As you have admitted the subject of horse-taming into your columns, I am induced to send you a communication. That the secret does not consist in the use of drugs of any kind has been authoritatively denied, oil of rhodium alleged to have been administered would have been easily detected from its odour. We have it also on the faith of the initiated that mesmerism is not the agent employed. Do the following extracts from Catlin's “Letters and Notes on the North American Indians,” throw any light on the matter? Describing the capture of buffalo calves, Mr. Catlin says:—

“I have often, in concurrence with a known custom of the country, held my hands over the eyes of a calf, and breathed a few strong breaths into his nostrils; after which I have, with my hunting companions, rode several miles into our encampment, with the little prisoner busily following the heels of my horse the whole way, as closely and affectionately as its instinct would attach it to the company of its dam.

“This is one of the most extraordinary things that I have met with in the habits of this wild country; and although I had often heard of it, and felt unable exactly to believe it, I am now willing to bear testimony to the fact, from the numerous instances which I have witnessed since I came into the country. During the time that I resided at this post, I assisted in bringing in, in this manner, several of these little prisoners, which sometimes followed for five or six miles close to our horses' heels, and into the stable where our horses were led.”—Vol. i. p. 255.

The same process is employed in subduing the wild horse when taken by the lasso. In connexion with this we find it stated:—

“He (the hunter) gradually advances until he is able to place his hand on the animal's nose and over his eyes, and then to breathe into its nostrils, when it soon becomes docile and conquered, so that he has little else to do than to remove the hobbles from its feet, and lead or ride it into camp.”—Vol. ii. p. 58.

It is elsewhere mentioned by Catlin, that it is breathing, not blowing, into the nostrils that is to be performed, and that it ought to be continued some time to ensure success. Will some of your readers who possess unruly steeds favour us with the result of so simple an experiment?

I am, &c.

ARTHUR LEARD.

48, Finsbury-square, April 13.

#### ON THE EMPLOYMENT OF LIGATURES

AFTER DIVISION OF THE INTERNAL RECTUS MUSCLE FOR THE CURE OF CONVERGENT STRABISMUS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In my recent work on “Strabismus,” at pages 137-8, occurs the following passage:—“It is desirable that the cut edges of the conjunctiva should be brought into apposition with each other on the completion of the section; but as it is not always possible so to retain them without some mechanical appliance, Mr. Walton has lately adopted the plan of using ligatures for this purpose, and he speaks highly of the results.”

In reference to this passage, I have recently received a letter from Mr. Wilde of Dublin, in which he claims to be the originator of the practice in this country. “So far as I can remember,” observes Mr. Wilde, “I first used it (the ligature) in 1843, and I have employed it constantly since. I was about to claim originality for the invention, when Gulz visited me in 1844, and assured me that he had previously used the same means. At all events, I believe I was the first person to use the ligature, and published the fact in Great Britain or Ireland.”



Mr. Wilde has referred me to vol. xxviii. of the *Dublin Journal of Medical Science* for Nov. 1846, page 216, in which the practice is alluded to in the following terms:—"In favourable cases of ordinary strabismus I unite the wound in the conjunctiva by means of three points of interrupted suture, composed of exceedingly fine silk or hardess, a practice recommended by Cunier, but which, I believe, originated with Dr. Gulz, of Vienna."

Having no wish to do Mr. Wilde an injustice, I can have no hesitation in complying with his request to publish the foregoing statement. I may, however, be permitted to observe, that I did not claim for Mr. Walton the invention of the practice alluded to, but simply stated that he had lately adopted it. I am, &c.

C. HOLTHOUSE.

2, Storey's-gate, St. James's-park, April 9, 1858.

### GRAHAM'S SAW, IMPROPERLY CALLED BUTCHER'S SAW.

[To the Editor of the Medical Times and Gazette.]

SIR,—Justice to myself, and the respect I owe to your readers, and to the Profession, demand from me a reply to Mr. Butcher's last letter.

In my communications to you, Sir, which you have honoured me by inserting in your Journal, I have merely stated facts, but I trust they were expressed in courteous and respectful terms. The claim I have made for Mr. Graham is an honest claim. When I first addressed you I believed that Mr. Graham was practising somewhere in Northumberland, and would readily establish the claim I had set up in his behalf. I am now informed that his death occurred some years ago, but his relatives remember his invention, and have placed in my hands two saws which belonged to their deceased friend, displaying the invention progressing to its present state. I have been favoured with the following letter from Dr. Lawrie, Professor of Surgery in this University which is explicit regarding the inventor of the saw, and the time of the invention.

"18, Brandon-place, April 8, 1858.

"Dear Sir,—In reply to your inquiry regarding the saw which you claim as the invention of the late Mr. Graham, I beg to state that it was made and given to me by my late pupil and friend Mr. Graham, about the year 1832, that I operated with it in the Infirmary of this city in 1834, and that ever since I got it I have almost annually shown it to my pupils at my public lectures, pointed out its advantages, and used it in their presence on the dead subject.

"That Mr. Graham had another saw, if not more, of the same kind, I know from the circumstance of his writing to me after he had settled in the north of England, and telling me that he had had several amputations, and that he never used any other saw.

"I am, dear Sir,

"Truly yours,

"J. A. Lawrie."

"To Mr. W. B. Hilliard."

The saw referred to by Dr. Lawrie is the one put into your hands for the fullest inspection, it is the one also from which the woodcut was taken which Mr. Butcher charges me with having "traced" from a plate of the saw in "Druitt," and with having "ingeniously left out the ornamentation of the upper bar," so that the figure might appear to be original and not a copy,—a charge so gratuitous and offensive, that it is with reluctance I stoop to refute it; however, the under note from the artist will decide the originality of the drawing, and to its fidelity, perhaps, Mr. Editor, you will testify.

[The cut is an accurate representation of the saw sent to us by Mr. Hilliard.—Ed.]

"Glasgow, 7th April, 1858.

"I hereby certify that I executed a woodcut of a saw for Mr. W. B. Hilliard, from a saw provided by him for that purpose, and that the woodcut was an exact copy of the saw given to me.

(Signed) "ROBERT ARTHUR."

I thank Mr. Butcher for admitting that the saw figured in "Druitt" as "Butcher's saw;" the one emanating from Messrs. Fannin's establishment and named "Butcher's Saw," and the "Graham's Saw," which you received from me, are in every point of likeness the same saws. In this I cordially agree with Mr. Butcher, for they are both in principle and

outline without modification or variation the same saws; and I join with Mr. Butcher in asserting that one is a copy of the other, the precision of outline forbidding the supposition of their being inventions by two independent agents. The question then resolves itself into one of priority. Who first produced the saw? Truly not Mr. Butcher, for he only adopted a bow-saw for surgical purposes about 1851; certainly it was not "planned in Messrs. Fannin's establishment," for the plan of that house was a modification of the saw adopted by Mr. Butcher, "to render it more suitable for an amputating case;" and most assuredly it was not the one which "Druitt" figured about 1854. Without a shadow of a doubt, Mr. Graham is the inventor of the saw, for he presented it as his invention to Dr. Lawrie in 1832; and if it cannot be proved that the saw existed prior to that date, I respectfully maintain that Mr. Butcher is bound in honour to join with me in requesting the Profession to name this saw (and the one "bearing so close a resemblance to it"), in all time coming, "Graham's Saw."

I have now concluded my part in this discussion. If any of your readers wish further proofs, I shall be happy to convey them by private letter; for I feel I have already occupied too much valuable space.

Sincerely thanking you for so kindly inserting my humble communications,

I am, etc.

WILLIAM BUXTON HILLIARD.

Instrument Maker to the Glasgow Royal Infirmary.  
65, Renfield-street, Glasgow.

### REPORTS OF SOCIETIES.

#### THE PATHOLOGICAL SOCIETY,

TUESDAY, APRIL 6.

DR. WATSON, President, in the Chair.

#### MR. LEGGATT exhibited a preparation from a case of SPONTANEOUS RUPTURE OF THE FEMORAL ARTERY.

A gentleman, 73 years of age, had been subject to gout for forty years; ten years ago had albuminuria, which entirely disappeared under treatment. For four or five years had been subject to giddiness; and had had numbness and uneasy sensation in his lower extremities, with diminished muscular power. For three or four months had had occasional attacks resembling slight angina pectoris. On the 13th of March he was seized with a fainting fit. He had felt weak and out of order for two or three days previously, and had during that time had some pain in front of the upper part of the left thigh; but there was no swelling or tenderness. On the 14th a hard, brawny, diffused swelling had appeared in the anterior half of the upper third of the thigh, with a decidedly prominent spot over the rectus femoris muscle, about four or five inches below Poupart's ligament. He fainted twice on this day. The pulse was quickened, and weaker than usual. The sounds of the heart were natural, but its action feeble. The urine was loaded with albumen. On the 15th ecchymosis had made its appearance on the front of the thigh, the swelling had increased, and there was evident pulsation in the prominent part of the swelling, and around it. No pulsation could be felt in the tibial or popliteal arteries. He gradually became weaker. Delirium set in on the 17th, and on the 18th he died at 8 a.m. The albumen had entirely disappeared from the urine before his death. There was no anasarca. All operative interference was rendered inadmissible by the shattered state of the patient's health. Mr. Cooper Hawkins saw the patient in consultation with Mr. Leggatt, and was present at the autopsy twenty-four hours after death. The general surface of the body was very pale. The circumference of the left thigh at its most prominent part was five inches greater than that of the opposite limb. There was slight oedema of the left foot and ankle. The ecchymosis extended downwards nearly to the ankle, upwards above Poupart's ligament in front, and over the glutei behind. On cutting through the skin of the thigh, the tissues beneath were gorged with blood, and loose coagula lay among the muscles. The sartorius, rectus femoris, vastus internus, and

the adductors were more or less broken up by the effused blood in the upper third of the thigh. A large perforation, about the size of a fourpenny piece, was discovered in the femoral artery, just before its entry into the sponenrotic sheath of the adductors. No trace of any aneurismal sac could be found. Small fragments of the fibrous coat of the artery were seen in the cellular tissue around the opening. The coats of the artery above the opening were much diseased, as were those of the profunda also. The external iliac was healthy. The pericardium was universally adherent to the heart, and the adhesions were in places converted into cartilage and bone. There was a large accumulation of fat at the base of the heart; but the structure of the walls, as well as of the valves, was healthy, or nearly so. The kidneys were congested and granular; the left was very much contracted, and the capsule very adherent. The preparation had been put up at the Museum of the College of Surgeons, and Mr. Quakett had reported to Mr. Leggatt that "the opening in the artery had a rough and gnawed appearance, as if proceeding from ulceration. Under the microscope, atheromatous deposit was discoverable with ossific plates. The artery above and below exhibited the same state of disease." There was a good deal of thickening of the external coat in the neighbourhood of the opening, but no appearance of increased vascularity. The case is interesting, as showing that ulceration or softening (whichever might have been the cause of the laceration) of the coats of a large artery, surrounded by dense and unyielding structures, may give rise to perforation, and fatal extravasation into the surrounding tissues, without the formation of any aneurismal sac. Mr. Leggatt stated that he had not been able to meet with the record of any similar case, and appealed to the members present to mention if any such had come under their notice.

Mr. BRYANT next showed a preparation from a case of  
**FRACTURE OF THE NECK OF THE FEMUR  
 WITHIN THE CAPSULE.**

Charlotte F., aged 69, an inmate of the Kent County Lunatic Asylum, upon November 20, 1857, was pulled off the edge of her bed by a child, and fell upon her right hip. There was some pain in the neighbourhood of the hip-joint, but more particularly in the knee. The shortening was very trivial, and there was no eversion of the foot. The woman could partly flex her thigh, though not without pain, and there was no effusion. Some difficulty was experienced in detecting crepitus, which was accomplished at last by an assistant extending and at the same time rotating the leg inwards. The long splint was applied and kept on for some weeks; a bed-sore, however, appeared, and from this she sank exhausted upon Jan. 8, 1858, seven weeks after the injury.

The specimen exhibited a genuine example of fracture of the neck within the capsule. The line of fracture was not direct, and upon one-half was not to be seen, unless some force were employed to separate the parts. The reparative process seemed to have progressed fairly, and if the bed-sore had not proved too much for her feeble powers, there seemed every reason to believe that perfect reparation would have taken place.

Mr. BRYANT also exhibited a specimen from a case of  
**IMPACTED FRACTURE OF THE NECK OF THE  
 THIGH-BONE.**

A woman, aged 62, an inmate of the Kent County Lunatic Asylum, when walking in the hop-garden upon September 17, 1856, fell upon her hip. When taken up there was found to be half an inch shortening of the limb, slight eversion of the foot, and power to flex the thigh; crepitus was only detected after several efforts. A long splint was applied for six weeks, and the patient regained the use of the leg. As she stood, there appeared no perceptible difference between the lower extremities. Early in August she was seized with an acute attack of bronchitis, which terminated fatally upon November 12, 1857, fifty-five days after the accident. The specimen presented was an excellent example of this form of fracture. The neck was completely driven into the shaft, and the small trochanter was fractured and pushed up; perfect union has taken place. The symptoms during life had been those generally present in such cases. Both the above specimens, with their histories, had been sent to Mr. Bryant by his friend Mr. W. Hills, of the Kent County Lunatic Asylum.

Mr. CURLING exhibited a specimen of

**A LARGE HYDROCELE IN THE RIGHT GROIN,**  
 the testicle being undeveloped and detained in the inguinal canal. It was taken from the body of a man supposed during life to be labouring under hernia. A large swelling in the groin was found to consist of a cyst with thin walls, which projected from the inguinal canal, through the external ring, and mounted upwards on the sponenrosis of the external oblique muscle. The testicle, which was lodged in that part of the sac situated in the inguinal canal, was quite small, like the undeveloped testicle of a child, but it was healthy and free from adhesions. The cyst contained about eight ounces of fluid, was sacculated, and had no communication with the abdomen. The left testicle, situated in the scrotum, was somewhat small, but sound in structure.

Mr. CURLING remarked on the difficulties of the diagnosis in this uncommon form of hydrocele, which he said might be readily mistaken for an irreducible hernia.

Mr. CURLING also exhibited a specimen of undeveloped left testicle, detained in the groin outside the abdominal ring, the right testicle situated in the scrotum being hypertrophied. He read an account of the case sent to him, with the specimen, by Mr. Page of Carlisle. Mr. Curling noticed the rare occurrence of hypertrophy of this organ.

Mr. SPENCER WELLS exhibited a  
**CYSTIC TUMOUR OF THE CERVIX UTERI RE-  
 MOVED BY THE ÉCRASEUR.**

The patient was married, 43 years of age, mother of seven children. Her last confinement was in January, 1851. Nine days after it she travelled from Scotland to England, and began to suffer from symptoms of prolapse, which increased gradually, until eighteen months ago the uterus passed external to the vulva. She suffered from extreme pain at the menstrual periods, and a troublesome profuse muco-purulent or sero-sanguinolent discharge between the periods. There was much general uneasiness, sensations of weight and dragging, with local tenderness and great derangement of the general health. She underwent a variety of treatment without benefit, and was latterly three months in one of our large Hospitals. She was discharged and told that her disease was incurable, and that she would "bleed to death" if the tumour were removed. She then applied to Mr. Spencer Wells, and was admitted into the Samaritan Hospital on the 3rd of March. Mr. Wells found the cervix uteri much enlarged, protruding whenever the patient was erect, its surface covered by the mucous membrane injected in patches, and raised by a number of cysts beneath. There was a viscid tenacious mucus passing from the canal of the cervix. There being no sign of malignant disease, and the general health of the woman suffering very much from the pain and irritation caused by the morbid growth, Mr. Wells determined to amputate the diseased portion of cervix by means of the *écraseur*. He did so on the 5th of March. The woman was brought under the influence of chloroform, the tumour drawn down by a vulsellum, and two harelip pins passed through the cervix to prevent the chain from slipping. The chain was then passed round the cervix about half an inch above the os, and gradually tightened. The cervix was nearly cut through when the chain broke,—whipcord was therefore tied round the undivided portions; but as there was no bleeding, it was removed again. The next day two or three ounces of clot came away, which was the extent of hæmorrhage. On the fourth and fifth day there was considerable abdominal pain and tenderness, which subsided under the use of linseed-meal poultices and morphia suppositories; and the woman was discharged on the 26th of March, complete cicatrisation having taken place, expressing herself as greatly relieved, and rapidly regaining her strength. Mr. Wells exhibited drawings of the tumour made by Dr. Priestley, with microscopic diagrams of its structure. He had not been able to find any description of a precisely similar growth. It consisted essentially in the development of a large number of small closed unilocular cysts in the proper uterine tissue. They are lined by the ordinary secretory epithelium, and were filled with clear viscid fluid. They were probably not adventitious formations, but merely an abnormal condition of the Nabothian vesicles and mucous follicles of the cervix.

Dr. PRIESTLEY said, that in this instance the cysts were developed in unusual numbers, and involved a large portion

of the entire cervix. Had the growth assumed a polypoid form and grown from the cervical canal, it would, doubtless, have been at once recognised as a cystic polypus; but the cysts being developed in the substance of the cervix itself, had given rise to a very unusual form of tumour. A section showed it composed of cavities varying from the size of a pin's head to that of a bean, and these were lined throughout by a glandular epithelium, thus differing from those of M. Huguier, where no distinct epithelial lining was observed. Perhaps if the cysts described by M. Huguier were chiefly simple or closed follicles distended and enlarged, those in this case were chiefly the altered tubular glands which opened into the canal of the cervix, and in the healthy uterus might readily be traced almost to its vaginal surface by boiling a portion in water, and making thin sections for the microscope. The divided cysts were found frequently to communicate with each other, thus representing sections of tubes, and were filled with a glairy mucus, in which epithelial debris and fat granules were present in large quantity. The cysts were imbedded in true uterine tissue, their epithelial lining having a subtending layer of wavy fibrous tissue.

## HARVEIAN SOCIETY OF LONDON.

THURSDAY, APRIL 1, 1858.

DR. HAMILTON ROSE, President, in the Chair.

### Dr. HANFORD JONES read a paper on THE THEORY OF ELIMINATION IN THE TREATMENT OF DISEASE.

The author remarked that, in reference to numerous diseases in which we had more or less certainty of the presence of a *materia morbi* in the blood, as the efficient cause of the symptoms, there was a marked tendency shown by many practitioners to regard the phenomena as of eliminative character, and to shape in some instances their practice accordingly. It was contended that in cases of poisoning by drugs or venomous reptiles, the kind of treatment found beneficial was not eliminative, but such as opposed the morbid agency; and also it was shown that if the vitality of the organs was vigorous many poisons could be resisted and prove innocuous, although they were certainly imbibed. The phenomena of the Exanthemata, of Fevers, of Melanosis disorders, of Syphilis, of Skin Eruptions, Boils, and Carbuncles, and lastly, of Rheumatism, were examined, with a view to the elucidation of the subject, and particular reference made to the therapeutic treatment found most effectual. The conclusions which the author arrived at were contained in the following propositions:—1. In the majority of instances in which we have reason to believe that a morbid material has entered the blood and is affecting the system injuriously, it is vain to think of expelling it by any therapeutic efforts. Nature must be left to deal with it as she will, and the only direct aid we can give her in this process is to admit pure air as freely as possible, so as to favour the pulmonary exhalation. 2. We are at the same time to watch carefully for opportunities of aiding nature in her conflict. If reaction is excessive, we must endeavour to lessen it; if prostration threaten we must support and tone. If secretions become morbid they must be improved, and generally we must be on the look-out to discover and meet any special requirement that may arise. If Nature is equal to her task, we are to take care not to interfere with her. 3. There are several disorders (especially skin eruptions) which simulate, so to speak, eliminative actions, but in which the morbid phenomena are capable of a different and better interpretation, and even the presence of a *materia morbi* is very doubtful. These are to be treated by endeavouring to quiet inflammatory virus, to soothe nervous irritation, and to tone relaxed blood-vessels.

In the discussion which followed the reading of this paper, Dr. H. Powell, Dr. Theophilus Thompson, Mr. Lobb, Mr. Ballard, Dr. Browning, the President, and Mr. Stewart joined.

**DEATH FROM CHLOROFORM.**—It is stated in the *Boston Medical Journal*, without, however, any particulars being furnished, that a gentleman, named McChesney, died suddenly at Toronto, Feb. 1st, in a dentist's chair, after inhaling chloroform for the purpose of having teeth extracted.

## MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 7th inst. :—

ALLEN, JOHN, Longton, Staffordshire.  
ARNISON, WILLIAM C., Allendale, Northumberland.  
BACON, GEORGE MACKENZIE, Lewes, Sussex.  
CARSON, RICHARD B., Killyshandra, county of Cavan.  
DAVIES, HENRY H. Llandyssil, Carmarthen.  
GROVES, W. G., Maidencombe, Teignmouth, Devonshire.  
HARRIS, ABRAHAM, Gwennap, Cornwall.  
LLOYD, EDWARD H., Thornbury, near Bristol.  
LOCKWOOD, JOSEPH, Armitage-bridge, Huddersfield.  
SHIETLIFF, EDWARD M., Chiswell-street, Finsbury.  
TARDY, ELIAS N., Trinidad, West Indies.  
THOMAS, WILLIAM SMITH, Haverfordwest.

The name of WILLIAM BROUGHTON DAVIES, of Wellington, Sierra Leone, was omitted in the list of those gentlemen who were admitted members on the 5th inst.

Also, on the 9th inst. :—

ALLAS, JOHN LEONCE, the Mauritius.  
BLANDFORD, GEORGE FIELDING, Grove, Brompton.  
CREW, JOHN, Tetbury, Gloucestershire.  
DONNE, JEREMIAH MOULTON, Castle Cary, Somerset.  
DOW, JOHN, Keith, Banffshire.  
EATON, JAMES WILLIAM, Bingham, Notts.  
HEMSTED, HENRY, Whitechurch, Hants.  
PARRY, HENRY HITCHCOCK, Allington, Devizes.  
ROBINSON, ENOCH, Marsden, near Huddersfield.  
WYATT, ARTHUR, Bedford.

Also on the 12th inst. :—

ADSETTS, JOHN, Derby.  
BLACKLEY, CHARLES HARRISON, Manchester.  
DRAKE, JOHN JEFFERY, Newton-Abbot, Devon.  
GEORGE, HUGH, Chepstow, Monmouthshire.  
GRIGG, JOSEPH COLLINGS, Exeter.  
HARLEY, JOHN, Ludlow, Shropshire.  
JONES, EDWARD, Coventry.  
MIREHOUSE, THOMAS, Workington, Cumberland.  
OUGHTON, TYLER, Sutherland-square, Walworth.  
REED, ROBERT RHODES, Cambridge.  
ROBERTS, GRIFFITH WILLIAM, Clynog, Carnarvonshire.  
SENIOR, CHARLES, Bradford, Yorkshire.  
WILSON, FRANCIS, the Mauritius.  
WINKFIELD, WILLIAM BENJAMIN, Bedford.  
WOOD, WILLIAM JAMES, Exeter.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 8, 1858 :—

BARRATT, EDGAR, Sydenham College, Birmingham.  
BEALE, GEORGE BEWSHER.  
BROWN, HENRY OSMOND, Twickenham.  
DAVIS, HENRY ROBERT, London.  
DAY, FREDERICK AUGUSTUS EDWIN, Hambrook, Bristol.  
GEORGE, JOHN WINNALL.  
MULLAR, F. G. W., Monecourt, Brittany, France.  
WORTS, EDWIN, Colchester.

## DEATHS.

**BOYER.**—Baron Philip Boyer, the son of the celebrated author of the *Traité des Maladies Chirurgicales*, has just died, at the age of 56 or 57, after a short illness. He was surgeon to the Hotel Dieu, free agent of the Faculty of Medicine of Paris, and Officer of the Legion of Honour. He published, in 1831, a report upon the treatment of ulcers by compression, which mode has since then been generally adopted in France; and in 1836 he published a treatise on syphilis; but his chief literary labour was his edition of his father's great work, to which he contributed valuable notes.

**CHOMEL, PROFESSOR.**—The news of the death of this celebrated teacher, able practitioner, and esteemed man, has just reached Paris from his seat near Epinay (Seine and Ouse), where he died in consequence of a long and painful illness.

which had obliged him to abandon practice for several years past. We shall hereafter furnish some particulars of his career.

**EDWARDS.**—April 8, at King's-road, Windsor, H. Edwards, M.R.C.S. Eng., 1826; L.S.A. 1822, aged 59.

**GOODALL.**—Jan. 28, Charles William Goodall, of Shanghai, China, aged 29.

**LLOYD.**—Jan. 30, at Melbourne, W. W. Lloyd, L.S.A. 1836; late of Great Russell-street, Bloomsbury.

**PAGE.**—On the 12th inst., at Calne, Wilts., George Page, M.D., aged 76.

**TURNER.**—On the 9th inst., at 20, Regency-square, Brighton, James Turner, M.R.C.S., Eng., and L.S.A. 1836.

#### APPOINTMENT.

**Dr. W. B. Sealy** has been appointed Coroner for the Province of New Plymouth, New Zealand. Dr. Sealy is a Member of the College of Surgeons, and well known as a "Guy's man."

**MEDICAL STAFF OF OUR INDIAN ARMY.**—By general orders of the 12th of February, Dr. Cruickshank, Deputy-Inspector-General, is appointed to the medical charge of Artillery, Cavalry, and Engineers, and First-class Staff-surgeon John Tice is nominated to the Medical charge "of all Her Majesty's troops in the several Infantry divisions in the field," second-class Staff-surgeon Frazer acting as sanitary officer to the force.

**NEW YORK STATE INEBRIATE ASYLUM.**—The suggestions of recent writers here on Dipsomania seem to be about to be realized in New York State. An important Board has been chosen from among the subscribers for the purpose of determining the locality of the asylum. The amount subscribed at a short notice, amounts to 50,000 dollars. Among the subscribers are more than 800 physicians, 90 judges, 400 clergymen, and 1500 merchants. The largest Medical petition that has ever been sent to any Legislature for an appropriation has been sent to the New York Legislature on behalf of this object. More than 1300 physicians have memorialised that body in regard to the importance and necessity of the Institution.

**BORDEN'S CONDENSED MILK.**—The Committee of the New York Academy of Medicine appointed to examine into the merits of this substance have reported highly in its favour. They say, "they believe it to be what it purports to be and nothing more; viz. pure milk deprived of most of its water, and deficient in none of its nutritive elements. They believe it to be the best possible substitute for pure new milk that can be had in this or any other city; equally adapted to the wants of all conditions of life, and often a valuable auxiliary to the Physician, either in private or hospital practice."

**MORTALITY IN SCOTLAND.**—The Registrar-General for Scotland says—"61,925 deaths were registered in Scotland during the year 1857, being in the proportion of 202 deaths in every ten thousand of the estimated population, or 1 death in every 49 persons. It thus appears that the deaths during 1857 exceeded those of 1856 by 3469, but fell short of those in 1855 by 324. In so far as a three years' average can determine such a point, it would appear that the mean mortality in Scotland is below that of England. During the past three years, the mean mortality in Scotland has been in the proportion of 200 deaths to every ten thousand persons living; whereas, in England, the proportion of deaths during the same years has been 216 deaths to every ten thousand living. From this it follows, that had the mortality in England, during these years, been at the same rate as it was in Scotland, 91,392 lives would have been saved during that limited period—which would have more than covered all the losses in the Crimea."

**MARSHALL HALL'S "READY METHOD" IN CHLOROFORM POISONING.**—Dr. Burge, of New York, relates an interesting case in which chloroform was administered to a young man during an amputation of the thigh. Just as the last artery was tied, the patient ceased breathing, the pulse could not be felt, the jaw dropped, and he seemed really dead. The usual

means of restoration having been resorted to in vain, a vigorous application of the "ready method" was put into force. "About every five seconds we forced the air from the lungs, by grasping the thorax upon both sides and depressing the ribs. In the meantime, the natural elasticity of the thoracic walls caused them to rise sufficiently to admit fresh air to the interior. In addition to this we turned the patient suddenly upon his side and partly upon his face, and almost immediately back again, about three times in a minute." These procedures were continued for more than half-an-hour before it became certain that any sign of life was manifest. It was, indeed, forty-five minutes before the patient was sufficiently restored to speak. The restoration was, however, at last complete. It was afterwards found that the chloroform employed was highly impure.

**RE-VACCINATION OF THE FRENCH ARMY.**—Since the adoption of the regulations of 1848, which ordered the vaccination of conscripts and unvaccinated soldiers, the number of cases of small-pox has much diminished in the army, and the disease has lost much of its gravity. Still, although vaccinated soldiers have been found to be proof against sporadic variola, a first vaccination has not always been found a preservative during epidemic visitations; and the facts upon which the desirableness of revaccination is founded become more and more numerous. This operation practised as a prophylactic during several epidemics has been followed by the most favourable results, and it may be inferred that individuals who have shown themselves susceptible to a new vaccination would have been equally so to the epidemic variolous influence. Moved by these considerations, and by the advice of the Army Council of Health, the Minister of War has decreed that re-vaccination should be performed throughout the entire army. Accordingly the troops garrisoning Paris are marched in weekly detachments to the Academy of Medicine for the purpose of undergoing the operation.

**EPIDEMIOLOGICAL SOCIETY.**—A deputation from the Epidemiological Society, consisting of Dr. Babington (President of the Society), Dr. M<sup>r</sup>William (Secretary of the Society), Mr. Marson, Dr. William Camps, Dr. Seaton (Secretary of the Small-pox and Vaccination Committee), and Dr. Waller Lewis, had an interview with the Earl of Derby on Tuesday, the 13th instant, at the official residence of the First Lord of the Treasury, in Downing-street.

#### VITAL STATISTICS OF LONDON.

*Week ending Saturday, April 10, 1858.*

##### BIRTHS.

Births of Boys, 852; Girls, 790; Total, 1642.  
Average of 10 corresponding weeks, 1848-57, 1525.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week ... ..	644	577	1221
Average of the ten years 1848-57 ... ..	579.2	550.2	1129
Average corrected to increased population ... ..	...	...	1342
Deaths of people above 90 ... ..	2	6	8
Deaths in 15 General Hospitals ... ..	522	313	835

#### DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hoop- ing-Cough.	Dia- rrhoea.	Ty- phus.
West ....	376,437	1	11	3	20	4	3
North....	490,396	...	12	7	13	3	2
Central ..	300,222	...	7	8	9	3	3
East ....	485,522	2	15	5	10	4	6
South ....	616,635	...	13	10	20	3	6
Total..	2,369,236	3	58	33	78	17	22

#### TO CORRESPONDENTS.

*Canis Capilli.*—It has occurred.

It has been found impossible to comply with Mr. Housley's request this week.

Mr. Kern's letter is in type.

*Yeldar*.—Juniors call on seniors, and if it were not so, our correspondent should conform to local usages.

*Alpha* had better apply at the Samaritan Hospital, or the Hospital for Women.

Mr. Middlemore's paper on the Surgical Treatment of Glaucoma shall appear next week.

Mr. Case.—The notice alluded to was not sent to us. It appeared in a local paper, and resembled very much the letter signed *Discipulus* enclosed by our correspondent.

We have been compelled to defer a further notice of Mr. Symes' case until next week.

#### BLISTERS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In your number of Saturday last there is an article taken from the *Gazette des Hôpitaux* suggesting a new mode of treating blisters. Allow me through the medium of your journal, to submit to my Professional brethren a plan I have for some years adopted with great success; by it, the object is promptly attained, and in a manner I think very preferable to that proposed by M.M. Florry and Favre. A sponge dipped in hot water is laid for a minute or two on the part to be blistered; an evenly spread blister-plaster is then applied, every precaution being used to secure its immediate contact with the skin during the time it is on—if the patient be an adult, at the end of five, if a child, at the end of four hours, the plaster is removed, and a warm bread poultice applied for an hour; in this poultice, without pain or annoyance to the patient, the blister rises well, and is then treated in the usual manner. Since I have adopted this plan I have never had the slightest trouble in healing the blistered surface, nor have I witnessed the painful and mischievous effects often resulting from blisters. I am, &c.

WILLIAM EVANS.

Marine-terrace, Herne Bay.

#### PHOSPHATE OF ZINC.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—My attention has been drawn to a paragraph in your journal (*March 13*), stating, "It is to be regretted that Dr. Barnes having used it (phosphate of zinc) 'in every case' with success for the last two years should only just now publish it (the formula)."

I do not believe that any remedy is successful "in every case." Your correspondent has no authority for stating that I have claimed any such merit for the phosphate of zinc.

With regard to the "two years," I am sure your candid readers will not think the period too long for the investigation of the therapeutical value of a new remedy. I propose to extend my inquiries still further before obtruding a detail of my experience on the Profession.

I am, &c.

ROBERT BARNES.

13, Devonshire-square, N.E., April 12, 1858.

#### DOUBTFUL STATEMENTS OF PATIENTS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—There is a vulgar proverb which says that it is a foolish bird which renders its own nest uninhabitable. This was suggested to me by reading in your copy of last week the notes of a case of aneurism taken by Mr. F. Jowers, in which is recounted that the patient "showed the swelling to various Surgeons at different seaport towns, and was treated for a bubo; leeches, poultices, and fomentations being applied to 'bring it to a head that it might be opened.'" Now Mr. Jowers is not the first by very many who takes a delight in recounting how the patient suffered previous mal-treatment before he came under their talented hands, but such observations are always unnecessary, and tend to lower the Profession in the eyes of the public. Allowing James Fawcett (the patient) credit for all he tells us, and believing that several Surgeons did call the swelling a bubo, how often have the most eminent practitioners made the same mistake? But do not believe the statement. Everybody knows how ready the poorer classes are to give the title of Surgeon, or even Doctor, to any one who sticks a red lamp over his door or a coloured bottle in his window, and I think it far more probable that the searinger sought the aid of some of these self-styled Surgeons who so infest seaport towns.

The Medical papers are read by hundreds of the "laity," and it does us no credit to be seen cutting each other's throats, even if our antagonist should have made an error in judgment, for, after all, it was nothing more. Trusting this hint will be taken in good part, I am, &c.

April 13, 1858.

T. J. W.

#### FOREIGN DECORATIONS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Would you be kind enough to inform the "Member of the Legion of Honour," whose letter appears in your last number, that the Sardinian Government made a special application to Lord Clarendon to be permitted to confer a decoration upon me for my services to the Sardinian forces in the Crimea; that Lord Clarendon refused, because I was not "entirely" employed in the service of the King of Sardinia. To refute this objection, a memorial, signed by 158 Physicians and Surgeons, was presented to Lord Malmesbury, who declined to do otherwise than what the late Government had done. I forwarded a copy of the memorial to Sir John Hall, late Chief of the Medical Department in the Crimea, whose opinion on its rejection is couched in the following words:—"Your memorial to Lord Malmesbury is a very good one, and I do not understand on what plea they object to your receiving an honorary decoration from the King of Sardinia for services rendered to his army in the Crimea." Exclusive employment in the service of a foreign Sovereign cannot be a valid objection, as there is not one of those who received either of the Sardinian Orders in the Crimea that was ever so closely engaged with the Sardinian army as you were." I am, &c.

J. VAUGHAN HUGHES, M.R.C.P. and S. Lond.

5, Pavilion Parade, Brighton, April 13, 1858.

#### CHLORODYNE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—If you and your readers are not quite sick of the subject of chlorodyne, I would ask this question,—Will the discoverer and manufacturer deny that chlorodyne contains chloroform, morphia, peppermint, sugar,

and gingerine? If so, I am prepared before any tribunal to prove that it does contain these ingredients, and no new alkaloid, and, moreover, that all the properties justly attributed to chlorodyne, can be accounted for by a mixture of the ingredients above indicated. It certainly cannot be tolerated that Messrs. Davenport and Collis Browne's denial of the truth of the analyses that have been made and published of chlorodyne can be received when it must depend upon some such equivocation as this—when the analyst finds sugar in chlorodyne, these gentlemen deny the truth of the analysis, because instead of sugar they use burnt sugar or treacle in the composition of their wonderful compound.

Nor will their triumphant reply to the analysts avail them anything with those acquainted with chemistry or pharmacy, namely, that the physical appearance of the mixture made from the recipe of the analysts is quite different to that of chlorodyne; and I am surprised that Mr. Davenport, who is practically acquainted with pharmacy, should put forth such a reply when every druggist's apprentice knows that the physical appearance of such a mixture as chlorodyne depends upon the order of mixing the ingredients and their proportions.

Had Messrs Davenport and Collis Browne remained silent respecting the analyses I should have allowed them to enjoy the advantage of their discovery without comment; but when I find them venturing to deny the truth of analyses bearing evidence of correctness, I cannot but regret that there is not in this country some competent tribunal empowered to reward the authors of useful discoveries and to expose mis-statements.

London, April 15, 1858.

I am, &c.

CHEMISTS.

#### COMMUNICATIONS have been received from

Dr. CONOLLY; Dr. SYMONDS, Clifton; Dr. DIAMOND; Mr. HOLTHOUSE; Dr. ELLIOTSON; Dr. BARNES; Dr. LEARED; Mr. LIZARS, Edinburgh; RESIDENT GENERAL, Edinburgh (See General Board of Health); Mr. RIVERS; Mr. WHITFIELD; Mr. FIELD; Dr. RYAN; Mr. HOUSLEY; Mr. EVANS; Dr. BAINES; Dr. MCWILLIAM; Mr. HILLIARD; Mr. SKALY; Mr. SYMES; Mr. WOOLCOTT; Mr. L. W. COURTENAY; Mr. GREEN; Mr. J. EARLE; Mr. H. BROWN; Mr. COUCH; Mr. JENKINS; Mr. BYERLEY; Mr. J. ELLIOT; Mr. DAVY; Dr. B. DAVIES; Mr. PRITCHARD; Mr. UNDERHILL; Dr. PARSEY; Mr. DRUMMOND; Mr. W. J. HUNT; Mr. MIDDLEMORE; Mr. WRIGHT; Mr. WHITE; Mr. SYMES; Mr. RIDGWAY.

## APPOINTMENTS FOR THE WEEK.

### April 17. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.  
ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Quekett, "On the Invertebrata."  
MEDICAL SOCIETY OF LONDON, 8 p.m.: Dr. Burke Ryan, "On Some of the Circumstances influencing the Practice of Exposure and Child-Murder in Different Ages."  
ROYAL INSTITUTION, 8 p.m.: Edwin Lankester, Esq., M.D., F.R.S., F.L.S., "On the Vegetable Kingdom in its Relations to the Life of Man."

### 19. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopedic Hospital, 3 p.m.

### 20. Tuesday.

Operations at Guy's, 1 p.m.  
ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Quekett, "On the Invertebrata."  
PATHOLOGICAL SOCIETY, 8 p.m.: Council at 7.  
ROYAL INSTITUTION, 3 p.m.: Mr. Lacaze, "On the History of Italy during the Middle Ages."

### 21. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopedic Hospital, 3 p.m.  
MICROSCOPICAL SOCIETY, 8 p.m.

### 22. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 1½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.  
ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Quekett, "On the Invertebrata."  
ROYAL SOCIETY, 8½ p.m.  
ROYAL INSTITUTION, 3 p.m.: Professor Tyndall, "On Heat."

### 23. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.  
ROYAL INSTITUTION, 8½ p.m.; Colonel Henry James, "On the Geodetic Operations of the Ordnance Survey."  
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON, 8 p.m.: Nomination of Officers for the ensuing Session; and Mr. Leggett, "On a Case of Spontaneous Rupture of the Femoral Artery;" Mr. Martyn, "On a Case of Croup."

## EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday), at 2 o'clock:—

Removal of tumour from arm. By Mr. Fergusson.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock:—

Epithelial cancer of lip; stricture; application of actual cautery for disease of knee; Mr. Holt. Anchylosis of knee; Mr. Holthouse.

St. Mary's Hospital.—The following operation will take place on April 21, at 1 o'clock precisely:—

Vesico-vaginal fistula. By Mr. Baker Brown.

**Struve's Seltzer, Fachingen, Marien-**  
BAD, VICHY, and other MINERAL WATERS. Royal German Spa, Brighton. Under Her Majesty's especial patronage. Struve's Pump Room and Promenades, for the perfect dispensing of the most renowned Continental Mineral Waters, will be open from May to October, for the Thirty-fourth Season. The bottled Mineral Waters are sold throughout the year at the Pump Room, and by George Waugh and Co., Pharmaceutical Chemists to the Queen, 177, Regent-street (west side), London; and other respectable Chemists in London and the provincial towns, where a Prospectus, with the highest Medical testimonials, may be obtained, gratis.

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## ORIGINAL LECTURES.

## GULSTONIAN LECTURES FOR 1858.

AT THE

Royal College of Physicians.

By JOHN ADDINGTON SYMONDS, M.D. F.R.S.E.

Consulting Physician to the Bristol General Hospital, &amp;c.

## ON HEADACHE.

## LECT. II.

(Concluded from p. 393.)

*Mixed Headache.*—There is a form of headache often presented to our notice, into which both the hyperæmic and neurotic elements enter, and in which they are so mixed up as to render it difficult to say which of them predominates. There is hardly congestion enough to occasion pain, nor is the nervous disorder sufficient alone to engender a paroxysm. They are concurrent, and result from a common source. The neurotic susceptibility, and excitable circulation of some studious men will easily pass into this association of disorder, under the operation of excessive intellectual labour. I have often noticed the conjunction in ladies, whose headache has been generally of the purely nervous description, but in whom it has acquired a mixed character, either from the continued operation of causes acting on the brain, or by the addition of faults in the visceral functions productive of relative plethora. Perhaps the most typical example is to be met with in females at the change of life. At that period of migratory congestions the head comes in for its full share of visitation, and there is often at the same time a high degree of nervous susceptibility. Then we hear grievous complaints of pain, of fulness, and heat, and throbbing in the head, and the face looks as well as feels flushed, and the scalp and forehead are hot to the hand applied to them, as well as to the patient's own feelings. Her temper is irritable, and her emotions are wayward. Noise in the ears, dark spots, or bright coruscations, or tinglings and numbness, show the disturbance of the special senses. The patient complains of, rather than manifests, confusion of thought, and the sleep is broken and unrefreshing. All these troubles subside under different methods of cure, only to return again and again till the critical period has passed, and the body has grown (for it is a sort of development) into a new life and economy. With some, however, the brain is not to be carried safely through the crisis—mental derangement being left.

The combination of nervous and vascular irritation is strongly indicated by the agencies which excite or aggravate the headaches. Hot rooms, bright light, noises, prolonged mental application, emotional excitement, vinous and spirituous drinks, seem equally provocative. At the same time, the subjects are often made worse by causes of exhaustion, such as long fasting, loss of sleep, over-action of the bowels, and bodily fatigue. Not unfrequently, besides the irritability of the nerves and vessels of the brain, we find a like condition of the mucous membrane of the stomach and intestines, and articles of food and medicine are perpetually reproached, and not without reason, with being sources of disturbance.

But nothing seems more worthy of note in these and like cases than the general good condition of body, and the vigour of both the mental and the corporeal functions, in the midst of the continued liability to disorder, and the frequent recurrence of actual paroxysms. I have in my mind at this moment a gentleman who from early childhood was liable to sick headaches, as they were called, and who up to the present time suffers vertigo, sickness, irritable dyspepsia, and cephalalgia, more or less concurrently or interchangeably,—who has lived an active, struggling life, twenty years of which have been spent in one of our colonies,—and who now, at the age of 52, with hair unbleached, and with a ruddy complexion, and in frame and fashion *teres atque rotundus*, looks the very type of healthy, prosperous middle age.

*Neuralgic Headache.*—There is hardly sufficient reason for making a scientific distinction between neuralgic and nervous

headache. But there are one or two characters which dispose practitioners to apply the former epithet to certain cases. They are such as present the pain in so partial a locality as to suggest the idea of limitation to a particular group of nerves, as in clonus; or the pain takes a direction corresponding with the direction of a particular nerve, or set of nerves, as in frontal or occipital neuralgia; or it comes not only in paroxysms, but also with a disposition to periodicity. So far such cases do correspond with neuralgia in other parts of the body; but we have seen that nervous headache is pain beginning and ending in the nerves, and therefore that there is no pathological distinction as to the seat of pain. The cases alluded to, and usually distinguished as neuralgic, have, I think, this in common, that they oftener depend either on irritation transmitted from distant nerves or on causes of external origin. Thus the frontal and occipital headache are often produced by disordered stomach and bowels, the clonus by uterine irritation, the hemicrania by changes of weather, the brow-ague by malaria, or by currents of cold air, etc. The specially nervous headache, on the other hand, can more frequently be referred to agencies operating directly on the brain, whether mental fatigue, or vexation, or excitement, etc. But there are numerous cases in which there are no trenchant lines of demarcation. The nervous headache, instead of being continued and at the same time diffuse, or indefinite as to its locality, and dependent on internal causes, may occur paroxysmally, and be confined to one spot, and originate in a change of weather; and, on the other hand, the neuralgic headache may be so diffused, and present itself in so neurotic a subject, and be so traceable to mental causes, as to be indistinguishable from nervous headache. This diffusion of neuralgic pain, and consequent confusion as to its seat and origin, depends on what we formerly spoke of as radiation.

A strong example of this is presented in the hemicrania which is described so graphically and minutely by French authors, and which is popularly known as *Migraine*. But there is nothing in its pathology to distinguish it from neuralgic headache. Its character consists in the extension of the pain to the lateral half of the head, its intensity, its paroxysmal nature, and its liability to recurrence. For while the more common forms of neuralgic headache occupy the nerves of the first branch of the trigeminus, and those groups of vascular nerves which are distributed over the anterior part of the brain and its membranes, in the migraine the pain, though starting from the same point, is soon extended not only to all the nerves on the same side within the cranium, but also to the nerves of the face and the neck. Not only nerves of common sensation are involved, but also those of the special senses, and of motion, and the ganglionic nerves of circulation and secretion. For concurrently with the anguish, and sometimes antecedently, the patient suffers dimness of sight, or partial blindness, suffusion dimidians, noises in the ears, and even deafness; and we may observe corrugation of the brow, and twitching of the muscles of the face, fixing of the jaw, deep injection, even to the production of ecchymosis, of the vessels of the skin, darkening of the areola of the orbit, and outpouring of salivary fluid. For the extension of the pain in such cases we need, perhaps, seek no other medium than the radiation of the several centres, but with such evidence of implication of the functions of organic life, and with the known intermixture of nerves within the cranium, one can scarcely help suspecting that the diffusion of the disorder must be in some degree due to transmission of irritation from one ganglionic centre to another, from the ophthalmic to the sphenopalatine, the otic, the Gasserian, and the cephalic. If the vessels of the brain were in these attacks as much congested as are those of the eyelids and face, it is at first sight difficult to understand why fatal terminations are not more common. But the vessels of the brain must be capable of bearing a good deal of pressure without damage; else the debauch of the drunkard would oftener end in apoplexy.

*Sympathetic Headache.*—Many cases of headache, considered and treated as sympathetic, are really idiopathic, but they have had their most frequent exciting causes in remote organs. The truly sympathetic I take to be those cases in which the pain would not occur but for the irritation received from a distant organ. If a headache no longer return to a person after the removal of one or two decayed teeth, or after a change of diet which has corrected some fault of digestion, or after the function of menstruation has been restored from

an irregular to a natural condition, it is reasonable to conclude that whatever was the special susceptibility or fault of the cerebral nerves, it responded only to the impressions received from the distant organ. I believe, however, that the more closely we inquire into the history of cases of headache, the less reason shall we find for throwing the chief blame on the remote nerves.

But, on the other hand, it cannot be doubted that there are abundant examples in which the disorder of other organs is readily participated in by the head, perhaps in a degree beyond all other parts. The headache of indigestion—gastric, duodenal, and colonic—and the headache of uterine disorder, are very common occurrences. But the relation between the affections is of a complex nature; thus, before the headache has become so frequent an attendant on indigestion, the nervous system has been worn and weakened; and the same may be said of the other cases.

Patients themselves are apt to assert that their headaches are "all from the stomach," or "bile," or "liver;" and their conviction has a twofold origin—one in the sickness or other gastric disorder, or in the intestinal symptoms which accompany these attacks; the other in the relief which seems to ensue on the operation of medicines directed to the alimentary tube, as we have already hinted. But the sickness is oftener an effect than a cause, or even a concurrent, and the relief from purgative medicines admits (if true as a fact) of an obvious explanation, irrespective of the supposed disorder of the digestive organs.

The sympathetic cases arrange themselves naturally under the two heads to which we devoted some attention in the first lecture, viz. sympathy by radiation, and by transference. Thus as to sick headaches there is in the former case manifest dyspeptic disorder, in the latter it cannot be traced. The secondary irritation has effaced or supplanted the evidence of the primary. Thus even when the sick headache has had its exciting cause in some gastric derangement, it often happens that the sickness is still only an epiphenomenon in relation to the nervous pain in the head excited by the irritation of the gastric nerves. The matters vomited are simply the remains of food last taken, and the tongue is free from coating or fur, or unnatural redness. When once the morbid association has been set up between the two organs, it is difficult to say which is more in fault. Sometimes an error of diet has been committed, and the consequent indigestion brings headache with it. At another time the patient may have partaken of an irreproachable meal, but the light in the room has been too strong, the temperature too high, the air too close, the conversation too exciting or disturbing to the brain; and the morbid impression on the cerebral nerves being transmitted to the gastric, arrests the progress of healthy digestion, whether in the stomach or duodenum. From the time at which the disturbance manifests itself, it would appear that food imperfectly chymified has passed into the duodenum, and has lodged there, and that the impression on the nerves has recoiled on the brain, producing headache of the most distressing character, associated with nausea and vomiting, which continue till the bowels have freely acted, an event which in some persons is not to be obtained till a dose of calomel has been retained. The circle of vicious action in such a case has begun in the brain, passed to the stomach and the duodenum, then back to the brain, from which it again returns in the form of sympathetic vomiting.

There is a headache often called, in popular language, the bilious headache, which, were we to take the word of the laity for it, is a very common occurrence; but, I need not say, that "bilious" with the laity applies to any form of disorder characterised by anorexia and nausea. The only real cases of this affection, however, are those in which from duodenal obstruction or a more copious secretion than the duodenum can dispose of, bile regurgitates into the stomach, or accumulates in the blood; in the one case producing an acute headache, generally on one side of the brow, in the other giving rise to a dull headache, with more or less disturbance of the special senses in the form of suffusio dimidians, or of tinnitus aurium, and often with vertigo. A bilious diarrhoea attending or following the headache gives it a still more unequivocal character. But for one such case, I believe there are twenty in which the so-called bilious headache is nervous, with sympathetic disturbance of the stomach.

The headache attendant on constipation is often met with in practice, that is to say, the headache and the constipation

are the two facts placed prominently before us by the patient, because linked in his mind as cause and effect; but there is usually a long interval between those two events, filled up with agencies which might separately or collectively be quite adequate to the production of the headache, in one already liable to the disorder. In females, the morbid influence of a loaded colon or rectum is often directed first on the nerves belonging to the uterine system, and the headache which ensues is in direct sympathy with the latter.

As to uterine or ovarian headache, it is needless that we should dwell upon it; but, as far as my observation has gone, it is rare for headache to be produced by faults in the uterine function, unless there have been other agencies which have rendered the nerves of the brain irritable. If from previous debility, bad digestion, loss of blood, mental fatigue, worry, or vexation, or from constitutional disposition, there has been a liability to headache, then no cause is more easily provocative than some morbid impression on the uterine nerves; or, again, the long continuance of uterine disorder may have so worn down the nervous tone of the whole frame, as in this way to engender a predisposition to headache, as well as to neurotic disorder in any part of the body.

On the question which naturally presents itself, as to whether sick headache, bilious headache, and uterine headache, may not be in some cases engendered by the presence of noxious matters in the blood, severally owing their existence to functional faults in the abdominal and pelvic organs, we shall have to say a few words, under the head of toxæmic headache.

On the whole, I think it may be remarked as to headache sympathetic with gastro-enteric or with uterine disorder, first, that it may come in the train of these disorders—that is, that there have been marked indications of previous derangement in the digestive or uterine functions, so that headache, associated with or consequent upon such derangement, may be regarded as an extension of disease; for no disordered action can proceed long in any important organ without communicating its effects by nervous sympathy to other organs, and especially such disorder as essentially involves in some way or other the nervous function, which is in its very nature inter-nuncial: or, secondly, as we have already remarked, the headache, though consequent on the remote disorder, is so prominent as to divert attention from the source of irritation, as in the headache dependent on the presence of some undigested matter in the stomach or duodenum, unattended with gastric symptoms. Analogous instances occur in the headache excited by the irritation of a tooth which is not the seat of pain, though we know that headache also follows on disease of the teeth in the way of extension.

We see illustrations of the same principle in the headache which follows the application of some external agent to other nerves than those of the brain. I noticed in the first lecture the neuralgic headache excited by taking ice into the stomach, and also that which comes on a few hours after a person has been driving in an open carriage exposed to a cold wind. The impression of the cold on the nerves of the skin of the face produces no pain in those nerves; but the impression transmitted to the nerves of the brain excites a violent fit of headache.

In these cases of sympathetic headache, which are not disorders of extension, it seems to me that we cannot avoid the conclusion, that while there is a special proclivity in the nerves of the brain to ache, the sensibility is greater in relation to some impressions than to others. Thus, a person who could bear a prolonged fit of hard study, or a sudden shock to the feelings, or a strong light, or a loud noise, might suffer an intolerable headache from the irritation of a bad tooth, or from sitting in a draught of cold air. It is not wonderful that in such cases the remote irritation, when discovered, should be especially blamed; but we must still remember that the injury could not have been inflicted by the distant evil, had there not been a readiness in the cerebral nerves to be affronted by this particular impression. Yet it is fortunate for the subject that the susceptibility should respond to a single source of irritation, because the detection of the latter may sometimes be followed by removal or prevention of the pain.

A typical specimen of sympathetic headache is presented in that form, more than once adverted to, which supervenes on taking ice into the stomach. Within an hour or two, sometimes sooner, pain will come on in the supraorbital ridge

or the temple, attack the eye, dip down into the upper jaw, or extend itself over one lateral half of the head, acquiring the violence of a *tic-doloureux*. The origin of this pain <sup>proved</sup> unquestionably how an impression may be made on the nerves of a <sup>single</sup> organ, which, without producing any immediate inconvenience in <sup>that</sup> part, is conveyed to distant organs, and lights upon some particular set of nerves ready to take offence from such a cause, but which have shown their sensibility to disturbing causes in no other manner.

Of the circumscribed headache, dependent on dental irritation, I will venture to relate an instance which occurred to me many years ago. A gentleman had been suffering from pain in the right side of the head, deep in the middle region, for three or four months. It was sometimes acute, at other times dull. It had come on without any obvious cause. A great variety of remedial measures had been tried; local depletion, blisters, nervines, tonics, strict regulation of diet, and change of air and scene. As a last resource he had been advised to seek relief at some of the German spas, but before setting out he came to take my opinion on the subject. I was struck with the general healthiness of his look, and after questioning him fully as to the history of his case, as well as after examining him in the usual manner, I came to the conclusion that it was not a common case of headache, congestive, nervous, or dyspeptic. I examined his teeth, and found all of them in wonderfully fine condition, except the wisdom-tooth in the upper jaw on the right side, in which I thought I discerned a flaw. I persuaded my patient to go with me to a dentist, who speedily ascertained the unsoundness of the tooth, and at once extracted it. From that moment he was cured. I heard of him two or three months afterwards, and he had not suffered any return of pain. The following interesting case I read with great interest many years afterwards in Dr. Darwin's *Zoonomia*, a book which, had I been born fifty years earlier, I should, in common with ordinary students of medicine, have known almost by heart.

"Mrs. —, about thirty years of age, was seized with great pain about the middle of the right parietal bone, which had continued a whole day before I saw her, and was so violent as to threaten to occasion convulsions. Not being able to detect a decaying tooth, or a tender one, by examination with my eye, or by striking them with a teaspoon, and fearing bad consequences from her tendency to convulsion, I advised her to extract the last tooth of the under-jaw on the affected side; which was done without any good effect. She was then directed to lose blood, and to take a brisk cathartic; and after that had operated, about sixty drops of laudanum were given her, with large doses of bark; by which the pain was removed. In about a fortnight she took a cathartic medicine by ill advice, and the pain returned with greater violence in the same place; and before I could arrive, as she lived thirty miles from me, she suffered a paralytic stroke: which affected her limbs and her face on one side, and relieved the pain of her head. About a year afterwards I was called to her on account of a pain as violent as before, exactly on the same part of the other parietal bone. On examining her mouth I found the second molaris of the under-jaw on the side before affected was now decayed, and concluded that this tooth had occasioned the stroke of the palsy by the pain and consequent exertion it had caused. On this account I earnestly entreated her to allow the sound molaris of the same jaw opposite to the decayed one to be extracted; which was forthwith done, and the pain of her head immediately ceased, to the astonishment of her attendants."—*Zoonom.* vol. i. p. 451.

4. *Toxicemic Headache*.—The sympathetic headache is in a sense secondary, being subsequent in time to an affection of some other part of the body. But the headache to which it is better to restrict the term secondary is that which is only an effect of some general fault in the system; and it may be either the sympathetic headache of acute disease, such as fever, or it may be the local expression for the time being of a constitutional disorder, such as rheumatism, gout, or syphilis.

The headache of specific fever is consequent on the change in the blood: for whatever be the species of such fever, I presume that the constitution of the blood is in some degree involved. What may be the change in a simple catarrhal fever it may be difficult to determine, so evanescent is the change; and the headache that belongs to it will bear an explanation independent of the composition of the blood. In common catarrh the frontal headache would appear to be sometimes simply an affection of the nerves connected with the local

congestion of the Schneiderian membrane and of the conjunctivæ, and of the lachrymal glands. The degree of the headache is usually proportionate to the degree of local congestion in these membranes, and whether or not there is any congestion of the membrane lining the frontal sinus sufficient to account for headache, we may presume that the same impression on the ganglionic nerves which induced this active congestion may have produced pain in nerves which are so easily made to ache. But in epidemic catarrh or influenza there is strong presumption of the operation of an atmospheric poison on the whole system through the blood, and one of the earliest indications of its presence, or rather of the change in the blood consequent on its introduction, is pain in the head generally accompanied by pain in the back and limbs, and by extreme prostration. These headaches show how closely the nerves of the first branch of the fifth pair are associated with those in which the intra-cranial pain is seated, for there is nearly always more or less of pain in the eyeballs.

The headache of typhoid fever is, perhaps, the most decided instance of symptomatic headache; so prominent is it, and so rarely absent. As to its relative frequency in this fever as compared with other acute disorders, I cannot do better than recall to your recollection one or two statements of the accurate Louis. In the fatal cases recorded by him it was absent only in 4 out of 70. It began with the first symptoms, except in 3 cases, in which it did not appear till after the second, third, and fourth day. It usually ended when delirium or somnolence came on. He mentions the case of a woman who died on the twelfth day, and in whom the pain was so severe as to make her anxious for death, and it continued in full force till within two days of her death, and yet the brain presented no trace of disease. Of 87 cases of recovery, 57 were severe cases, and of these all had headache, except 2; and it was among the earlier symptoms in all but 8, and in these it did not begin till between the third and the twelfth day. Out of the 30 mild cases it was wanting only in 1. In 3 it did not appear till between the fifth or sixth day. In 1 only was it violent, and in that case only on the first day. Headache occurred only in half of the patients who died of other acute diseases, and it was rather less frequent in peripneumonia than in the rest; and in all it was less intense and of shorter duration than in typhoid fever.

Out of 57 cases of peripneumonia, headache was absent in 8. In the rest it appeared at the very beginning of the attack, and never lasted more than 8 days.

Out of 12 cases of variola, 11 had headache from the commencement, and it continued about six days.

In scarlatina it was wanting in 5 out of 19 cases. In no case severe, it began on the first day, with two exceptions, and lasted from six to seven days.

Of 13 cases of measles, 3 had no headache. It was one of the first symptoms in two-thirds of the cases, and it was slight in all.

Of 37 cases of sore throat (*Angine Gutturale*), only 4 escaped headache. It was present at the onset of the disorder, and lasted about five days. In rheumatism M. Louis observed it in only a third of his cases. Though generally of short duration, it continued in some of the cases a longer time than in any of the preceding affections.

Of 72 cases of pulmonary catarrh, 4 only were exempt from headache; but in a great number of the cases it was present only during the cough. In 24 cases it began between the fourth and twentieth day of the illness.

Of 84 cases of enteritis, 28 had no headache, and the absence of this symptom had no reference to the mildness or the severity of the attack. In 15 cases it appeared long after the commencement of the attack. Here, then, even as to the accompanying headache, we see a marked difference, says Louis, between the typhoid affection and true enteritis. But in these affections, as in all the others, there was an almost constant relation between the degree of the febrile movement and the frequency and intensity of the headache.

In lead-colic only a sixth of the cases suffered headache, which lasted two or three days, was nearly always of mild character, and seldom occurred early in the attack. The infrequency of headache in a disease of so painful a nature can only be explained, in M. Louis's opinion, by the absence of fever.

One cannot resist the conclusion, that headache in cases of acute disease has relation to the febrile condition

and if the essence of that state be held to be a change in the blood, the headache must be regarded not as sympathetic with the disorder of other organs, but as an effect produced by the blood on the nerves of the brain. In all febrile cases, whether purely febrile or inflammatory, the impression on the brain seems to be always of early date; and it is not necessarily the precursor of more serious affection of the brain. In typhus it is followed by delirium or somnolence, because the specific change in the blood in this disease seems to disturb the function of the cerebral molecules. The altered blood of inflammatory diseases affects the brain in like manner, but far less frequently than that of typhus. That the headache bears relation to the fever attendant upon the remote inflammation, and not to the local lesion, is further proved by the fact, that when the fever declines, though the inflamed part is still diseased, the headache has disappeared. That concurrently with the headache there is a certain amount of cerebral congestion, is probable from the relief which ensues on cold applications and on local depletion, and also on spontaneous epistaxis.

The headache which occurs later in the course of acute disease may be of different kinds; it may be of a very grave nature, as that which in conjunction with delirium occurs in acute rheumatism, not as a part of the symptomatic fever, but as denoting a more serious action of the blood-poison on the brain, and which occurs at the same time that the toxic agent is inducing inflammation in other organs, especially in the membranes of the heart.

A similar remark might be made on the headache of acute gout. In the pyrexial form it is only one of the symptoms, or coincidents of the attendant fever, but at a later period it may denote a more serious invasion of the brain by the gouty poison. There is another form of headache which often occurs in the gouty habit, and which is of a neurotic character, and usually assumes the character of hemicrania. The paroxysms are often intensely severe. It is scarcely needful to say that it must not be confounded with that pain in the lateral half of the head and over the brow, which is sympathetic with gouty scleritis. The headache which belongs to the rheumatic diathesis, and is commonly called rheumatic, is an affection of the fibrous and muscular tissues of the scalp, and is easily distinguished from other forms of pain in the head. In secondary syphilis the headache, though generally sympathetic with chronic periostitis or disease of the bone, is in other cases very like the neuralgic headache of gout, excepting that it is more diffused over the head, and that, like the pains which beset the limbs in these unfortunate subjects, it appears particularly at night.

Mr. Spencer Wells informs me that he often meets with a peculiar kind of headache dependent on secondary syphilis, the local cause of which he considers to be subacute frontal periostitis. The most striking symptom is that the pain may be brought on by the rim of the hat pressing on the forehead. Patients do not always notice this till they are asked the question; a fact which exemplifies what was remarked in our first lecture as to the indistinctness with which pain is referred to its source. Another and more serious form of syphilitic headache belongs to those cases in which the dura mater is the subject of this specific inflammation, and in which the brain itself is liable to be involved.

When treating of sympathetic headache in relation to gastric, hepatic, and uterine disorders, I remarked that we should have to consider it with reference to depravation of the blood attendant on such disorders. A priori, it would seem highly probable that the admission into the blood of some morbid product, or the retention of some substance which ought to have been eliminated in the disorders of the organs adverted to, might account for headache. Some digestive crudity, some element of the bile, some constituent of the menstrual secretion (organic chemistry might specify many possible substances), may be conveyed by the blood to the brain and act toxically on its nerves. There is no denying the probability of this, but the proof of the actual fact is by no means easy. Where headache is the principal phenomenon, such a mode of production is not required, after the evidence which has passed before us in proof of the excitement of pain in the head by impressions on the nerves of distant organs. But there are cases of by no means uncommon occurrence, in which the headache is only one of the symptoms, and in which there is a general disorder, though transient in duration. The acute dyspepsia, or the bilious derangement, or

the menstrual impediment, in such cases, has been attended or followed by a febrile movement. This febrile subsides after a few hours, when the alimentary canal has been unloaded, the hepatic and intestinal secretions increased, the catamenial discharge established; and with the feverishness the headache also departs. In such instances it is difficult to avoid the presumption that the cause of the headache was some toxic agent in the blood produced in the course of the functional disorder.

To speak of toxic agents from without, in relation to headache, would take us into far too wide an excursion. But I cannot help making a passing allusion to the production of headache by vitiated air. Many persons are immediately attacked with this pain when breathing a close atmosphere in a crowded room. Sometimes it is difficult to separate the influence of heat, vivid light, noise, gaseous combustion, and the accumulation of expired air;—and even when the last of these has been recognised as the exciting cause, it is not easy to say how much is due to carbonic acid, and how much to any other constituent. But one of the most original and distinguished of our recent physiologists has given us one clue to the source of irritation, in his observations on the effect of ammonia in the atmosphere, even when in so small a proportion as not to be detected by mere sense; I refer to Dr. Richardson's memoir on superalkalinity of blood, in the appendix to his admirable essay on the Coagulation of the Blood.

## ORIGINAL COMMUNICATIONS.

### ON THE TREATMENT OF HYSTERICAL PARALYSIS AND MUSCULAR ATROPHY BY LOCALIZED GALVANISM.

By R. M. LAWRANCE, M.D.

#### HYSTERICAL PARALYSIS.

In this form of paralysis the electro-muscular contractility is always normal, but the muscular sensibility either greatly diminished or wholly gone. The skin partakes of this loss of sensibility. Localized galvanization proves that in the muscles unaffected by the attack, the sensibility and contractility are quite normal, while those attacked by the disease are wholly insensible. That the insensibility of the paralysed muscles is not due to an anæsthesia of the integuments is proved by this, that under an insensible skin, the unattacked muscles were quite sensible when roused to action by the electrical currents. These attacks of insensibility of the skin and muscles most commonly follow a hyperæsthesia of the same parts, as if they had been exhausted by the previous sur-excitement. The power of volition sometimes returns while the sensibility may still be absent. These peculiarities in the history of this affection may be best illustrated by a few cases.

*Case 1.*—A patient who had been for some time subject to hysterical attacks suddenly felt violent pains in the shoulder without any assignable cause, followed by cutaneous hyperæsthesia, and terminating in insensibility of the skin and muscles; she was not in the least conscious of a sharp blow on the shoulder, and the muscular strength gradually diminished. A strong galvanic current was now applied to the muscles of the shoulder, causing them to contract powerfully without the consciousness of the patient. Sensation in the other muscles was normal, the skin of the right lower extremity was in some parts completely insensible; but the muscles were not paralysed, as a weak current sufficed to induce powerful contraction in them, and the electro-muscular sensibility appeared to be quite normal.

The want of the muscular sensibility, on being galvanized, did not depend upon cutaneous anæsthesia, as the galvanization of the healthy muscles produced in them healthy normal sensations, although the superlying skin was completely insensible. Anæsthesia of the skin and muscles followed a former existing hyperæsthesia at the same place, which often takes place in hysterical persons. Sometimes the anæsthesia

extends so deeply, that even the periosteum loses its electrical sensibility.

In general the voluntary movements are lost, but they may return, without the sensibility at the same time reappearing.

The therapeutic influence of localized galvanism over hysterical paralysis is not unfrequently most rapid in its action, but, unfortunately, we cannot rely upon its results being equally beneficial in all cases; for, while frequently in many of a very obstinate character a most successful cure has been accomplished, it has totally failed in others of a similar nature: hence fixed rules for the prognosis and treatment cannot be deduced from former observations.

As a general rule in hysterical paralysis, we must direct the electrical irritation to the affected organs individually, and continue the treatment for some time after the return of the voluntary motions, in order to establish the cure.

*Case 2.*—M. R. was suddenly seized with hysterical convulsions, which recurred every two or three months. The patient complained of a heavy shooting pain in the head, a sensation of continuous closing of the throat, pain in the chest, in the left side, above the pubes, and in the region of the lower dorsal vertebræ, pain on pressure on the shoulder and lumbar region, insensibility of the skin of the left side of the back and face, also of the limbs, which had previously been very sensitive and painful; insensibility of the lining membrane of the eye, nose, and mouth, on the left side, and on the same side weakness of sight, loss of smell and taste. There occurred also a loss of sensation in the palm of the hand and sole of the foot. For the last six or seven months the patient complained of muscular debility in the left arm and feet; she dragged her feet in walking, which now became difficult, or almost impossible. After exhausting all the usual remedial means, galvanism was resorted to on the 10th of October. By a few applications of five minutes' duration sensation was restored to the face: the mode of application was by cutaneous irritation with the electric hand. Very powerful currents, when applied by means of the metallic brushes, excited at first no sensation in the skin of the arm; the irritated parts, however, soon became red and hot, while a slight tickling, pricking, and lastly, an insupportable burning sensation was felt.

24th.—Sensibility of the skin normal throughout, and the patient has power over the muscles of the extremities. The menses appeared for the second time, though slightly. The patient was visited some months afterwards, and continued well.

Sometimes a single electro-cutaneous irritation suffices to cure hysterical paralysis, even when other means have failed.

In many hysterical patients the loss of sensation is greatest on the left side, and is especially accompanied by muscular debility in the left arm. The electro-cutaneous irritation seldom fails in these cases to restore the normal muscular power. In other cases, sufficiently numerous, the electro-cutaneous irritation appears to exert a greater effect than the muscular galvanization, most probably owing to a kind of reflex action. It is impossible to specify fixed symptoms (by the observation of which it may be decided) whether hysterical paralysis will be cured or not by galvanism; but, reflecting on those obstinate cases which have yielded to the therapeutic power of electricity, a great degree of confidence naturally arises in the use of this remedy, though it is occasionally shaken by its total failure in cases which seem precisely similar. Galvanism appears most suited to the paralytic form of hysterical palsy. Duchenne says, that in one hundred cases, he cured fifty, after every other method of treatment had failed. Electricity is usually resorted to as the *ultima spes*, and the number of cures effected by it would, in all probability, be much greater were it employed under the same conditions as other remedies. It is known that hysterical paralysis assumes different forms. Briquet has shown that the greater number of cases of paralysis of motion, of cutaneous hyperæsthesia, anaesthesia, paralysis of the senses, of hearing, smelling, taste, nearly always affect the left side; often, indeed, the paralysis is general, and sometimes it is confined to the lower extremities.

The sensibility of the skin was restored at the irritated points and returned, and became uniform after the electrical irritation. Sensation in the tips of the fingers, on irritating them with a wet conductor, was re-established in ten minutes, enabling the patient to distinguish pins from needles by the touch.

October 12.—Return of the menses after three months' cessation. The muscles were galvanized with very powerful currents, but still the patient did not feel the stimulus in the insensible parts, and it was only after a continued application that the electro-muscular sensibility returned, and she was now unable to bear even a weak application. Nevertheless the skin remained insensible. If the sensibility of the skin was excited at one point, the muscle immediately beneath became of itself sensitive. The sensibility was quickly restored in the left foot. The patient now feels the floor, but cannot walk, not being able to lift the foot, owing to a sensation of weight in the calf of the leg.

During the night the patient had two fresh hysterical attacks, and the whole body, with the exception of the left foot, again became insensible. A slight electro-cutaneous irritation sufficed to arouse the sensibility. Violent pains occurred in the head and chest after this attack, which, however, completely disappeared after the galvanization.

November 1.—Muscular galvanization for ten minutes. In order to establish the cure, the electro-cutaneous irritation was repeated from time to time.

10th.—Several hysterical attacks, which left no insensibility.

The sensation caused by the electrical irritation, even when it is not very painful, appears to those not accustomed to it so peculiar, that it may give rise to hysterical attacks; the more so as the imagination always excites a dread of such applications. It is necessary, therefore, to commence with very feeble currents, to accustom the patient to the remedy. A decrease of muscular sensibility requires the application of rapidly intermitting currents, which act upon the sensibility, and at the same time call out the return of the movements. This form of muscular galvanization is not always practicable in the hysterical, among whom many patients can bear the strongest and most painful muscular irritation, if the intermissions are but slow; rapid intermissions, on the contrary, always inducing an attack of hysteria.

We should in general direct the irritation to the individual paralysed muscles, without, however, neglecting the irritation of the nervous trunks. The excitement of the cutaneous sensibility is at times equal to the cure of hysterical paralysis. This is particularly the case when the cutaneous sensibility is very considerably diminished. Therefore we should only employ the electro-muscular galvanization during the first two or three sittings, in order to judge of the effect of this method of irritation on muscular paralysis. Should this yield considerably to the treatment, we may combine the local muscular galvanization with the electro-cutaneous irritation. If no improvement results in the condition of the paralysis, we should then apply the localized muscular galvanism, and the painful electro-cutaneous irritation will then be only required for the restoration of the sensibility of the skin.

#### MUSCULAR ATROPHY.

The progressive muscular atrophy is a disease, which up to 1849, all physicians regarded as constantly fatal. Once developed, its progress could not be arrested. It is looked on as hereditary, and terminates in some cases, at least, by an asphyxia caused by a destruction of the respiratory muscles.

Since that period Duchenne has been fortunate enough to arrest the progress of this afflicting and sad disease, so long as the fatty degeneration which accompanies the atrophy has not seized on the whole of the muscle; having proved in a way satisfactory at least to himself, that the fatty degeneration begins only in the last period of the disease, and that the atrophic period which precedes this is characterised by fibrile contractions and by the presence of irritability, which is of very long duration. The atrophic condition is ascertained by a simple inspection of the patient; the absence or the presence of the fatty degeneration, can be determined only by localized galvanization applied over the trunks of the nerves supplying the muscles with motor power. It was on such patients that Duchenne performed those interesting electro-physiological and electro-pathological experiments which the method of localized galvanization enabled him to do.

But it must still be confessed that the theory of this disease is most obscure, while, as yet, the mysterious therapeutic agent, whose powers we now discuss, has but partially succeeded in relieving the symptoms or in arresting that progres-



sion towards destruction which constitutes so prominent a symptom. The muscles become atrophied because they are not nourished; (a) or, as in the case of young persons, they are never developed. A friend informs me of two cases of this formidable disease, for which he was consulted, and for which every remedy (excepting localized galvanization) was tried in vain. They were the two sons of a family of wealth and rank, and both died about the same time, the one at about fourteen years of age, the other at twelve. There was a peculiarity in the limbs and form of the father of these young gentlemen which led my friend to ascribe it to an hereditary, or at least, congenital defect. Sir Charles Bell was consulted in the case, but with no advantage. Now, why this defective condition of the nutrition of the muscles? Monsieur Cruveilhier (b) calls the disease atrophic palsy, a name which, Duchenne says, gives not only a completely erroneous or incorrect idea of the complaint, which is, in fact, a disease of nutrition, but leads to a dangerous neglect on the part of the Physician of the stage of the disease, during which a cure is possible. It leads, in fact, to the idea, that the paralysis is the first symptom, and, accordingly in accordance, I think, with this view, has been devised and applied that theory which would ascribe to an atrophic condition of the anterior or motor roots of the spinal nerves (c) the disease we now consider. But the pathological condition of these nerves has not, I think, been fully proved in these cases, while it is difficult, in accordance with the admitted facts of modern physiology, to see in how far the nutrition of the voluntary muscular system can be so dependent on a sound state of the motor nerves. In conclusion, it may be remarked, that the volume of the muscular fibre is not diminished in atrophic palsy.

Every Physician knows that children, and more especially infants, are subject to a paralysis, which, at times, may be removed with great rapidity under a variety of treatment, at other times resists all therapeutic agents. According to the researches of Duchenne the form of paralysis, accompanied with a fatty degeneration of the muscular fibre, is distinct from that which may continue for a great length of time without any such degeneration taking place. In the former the paralysed muscles lose by degrees their contractility and electric sensibility. When these happily return, they do so along with their voluntary contractility. But should the symptoms persist, they are followed by deformities of all sorts; of the shoulders and trunk, pelvis, feet, etc. He concludes, from his observations, that the disease has its origin in the spinal marrow. Some are readily cured by a salt-water bath, and a few simple remedies; others resist all treatment. A Medical friend informs me that a case of complete paralysis of the lower half of the body which occurred in a child two years of age, was cured in a fortnight by sea-bathing, and never returned. Such cases must have occurred to all who have enjoyed an extensive field of observation; but so also must the reverse. Thus the prognostic becomes extremely uncertain, and ought to be given with every caution. Whatever view may, in the progress of pathology, be taken of the true nature of this complaint, it seems evident, that no remedy presents more rational hopes of success than localized galvanism; other forms of electrization are not safe in children, and ought not to be employed. Thus no one would venture to recommend in very young children the electrization by reflex action, which most assuredly would act on the nervous centres, so delicate and excitable in children; nor should we use the electro-cutaneous excitation, the galvanization by rapid intermissions. But no such objections can be made to localized galvanism as proved by repeated experience. Here, as in all other cases of paralysis, the first object is to determine what muscles possess and what muscles have lost the power of electro-muscular contractility; for, on its presence, though not wholly so, depend the hopes of a more or less speedy return of voluntary contractility, the object and aim of all treatment; and with it, to a certain extent at least, the nutrition and development of the muscles affected. Thus the electro-muscular exploration becomes at once a means of diagnostic and a method of cure.

Connaught-square.

(a) Aran. Archives générales de Med. 1850, and Oppenheimer Ueber progressive fettige Muskelentartung. Heidelberg, 1856.

(b) Bulletin de l'Académie de Médecine. Paris 1858. T. 18.

(c) Touvenot, Gaz. des Hop. 1851.

## REMARKS ON THE SURGICAL TREATMENT OF GLAUCOMA.

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Consulting-Surgeon to the Birmingham Eye-Infirmiry, &c.

I HAVE had great pleasure in reading a most interesting paper in your Journal of the 27th of March, by Mr. Hulke, respecting the surgical mode of treating Glaucoma, now practised by Dr. A. von Graefe. I have not adopted the method suggested by that distinguished ophthalmologist, and am not willing to venture an opinion respecting its merits; but it is impossible to receive any suggestion from so cautious and so able a surgeon, without feeling every disposition to give the subject the most earnest attention. It must, however, be borne in mind that a surgical operation involving some risk of aggravating the evils it is intended to relieve, and which may be easily performed by skilful and well-practised surgeons connected with a London, or other extensive eye-infirmiry, cannot be so readily accomplished by surgeons not so situated, so that if the same end can be accomplished by a proceeding requiring less delicacy of manipulation, such method should undoubtedly be preferred. I believe we do possess such means, but before I say more on this question, let me be understood not in any way to recommend the neglect of such medical treatment as the variety, the severity, and the stage of the malady may require.

The surgical method in question was first suggested by me, as regards its special mode and principle of action, in my Jacksonian Prize Essay for the year 1831, and was repeated in my "Treatise on the Diseases of the Eye," published a few years afterwards, as the following quotation will testify:—"As there is a preternatural fulness of the globe, it may be desirable to puncture the sclerotics; and I should advise that this be done whenever there is much local pain evidently depending on the tension of the globe, and particularly when vision is nearly destroyed, and the opposite organ is becoming similarly affected. A very fine grooved needle passed into the sclerotics, at about three or four lines behind the margin of the cornea, will enable you to discharge a portion of the vitreous humour very readily, and with infinite relief to the patient. The only other circumstance to which it is necessary for me to direct attention is to pass the grooved needle obliquely backwards; for, unless you adopt this precaution, you may aggravate the patient's sufferings by displacing the lens. In one or two cases of glaucoma, where the muddiness of the vitreous humour has been evidently consequent on the inflammation of the parts which secrete it, I have, on the subsidence of the inflammation of the hyaloid membrane, discharged the greater part of the turbid fluid by means of a fine grooved needle, in the hope that the new secretion would be more transparent; and I am confident that I have more than once practised this operation with the greatest advantage to my patient's vision. This, then, is a mode of viewing the remedial agency of the evacuation of the vitreous humour perfectly distinct from that which contemplates merely the relief of tension of the globe." I have for many years been accustomed to relieve extreme cases of conical cornea by occasionally discharging the aqueous humour by means of a minute puncture of the cornea, and so for the relief of staphyloma at its early stage, and especially that form of it occurring after ulceration of the cornea consequent on neglected purulent ophthalmia.

It will be seen, from the following brief quotation, that the preceding treatment was based on a knowledge of a cause of the dimness of vision it was meant to relieve:—

"The dimness of vision cannot depend on the mere want of transparency in the vitreous humour," in fact, "the retina is compressed by an increase of its quantity." (a)

Now, the effect of puncturing the sclerotics, once, twice, or many times if required, in Glaucoma, as practised by me and recommended by me in my writings and lectures for the last twenty years, is so manifestly useful, that I submit it has a claim to attention, it has never, as would appear from Mr. Hulke's letter, as yet received.

Let me now state the advantages of the method of relief by puncture of the sclerotics.

(a) A Treatise on the Diseases of the Eye. London: 1835. Article "Glaucoma"—Vol. ii. page 19—Ibid. 14.



1. The tension of the globe is relieved and vision thereby improved.
2. A new and clear secretion is formed in the place of a less transparent one.
3. A tendency is communicated to the re-establishment of the normal fulness of the eye-ball; or, in other words, the re-adjustment of the fluid contents of the globe is promoted.

## DEATH FROM FIBRINOUS CONCRETION IN THE RIGHT SIDE OF THE HEART.

By CHARLES HOUSLEY,

Late principal Medical officer 2nd Division of the Army  
Works Corps, Crimea.

AMONG the numerous interesting subjects originated and discussed in Dr. Richardson's work on the "Coagulation of the Blood," a work which is now exciting so much attention in the Medical world, there is no question which to my mind so intimately concerns the practitioner of medicine as the one discussed in the fourth chapter of the appendix, under the title "Deposition of Fibrine in the Heart during Life." In this chapter the author, taking experiment and physiological fact as the basis, delineates and explains certain symptoms and pathological conditions, which every practitioner observant of the course and termination of acute inflammatory disorders, will at once recognise when the facts are laid out before him.

A case which has lately occurred under my own care offers from first to last so perfect a representation from nature of the description given by Dr. Richardson of a class of cases in the chapter of his work referred to above, that I make no apology for asking permission to publish it in your Journal.

On Sunday, April 4, at 8:45 a.m., I was called to see a child two years old. The history as given to me was very brief.—The patient was a little heavy the previous day and by her friends presumed to be sickening for measles, but the symptoms were so slight that they attracted scarcely any attention. She had previously enjoyed excellent health, and was a very fat, well-formed child. She had suffered from no cough, no difficulty of breathing, no fever. On the morning of the 4th, but shortly before sending for me, the child was found by its nurse on entering its bedroom suffering from intense dyspnoea, partial unconsciousness, great pallor and restlessness. When I arrived I found a continuance of these symptoms, and to my mind symptoms of death were clearly depicted on the countenance; the breathing was hurried, numbering sixty respirations per minute, the respiratory movements were mainly diaphragmatic, the body was universally deadly pale and waxy-looking; the radial pulse was feeble, relaxed, quick; the face was cold, features pinched; all of the nose in action; pupils dilated: there was but little consciousness, although when a mustard plaster was applied some manifestation of pain was evinced. Over the whole of the chest the respiratory sounds were loud, and posteriorly there was marked crepitation, but there was no cough at any period of the case. The sounds of the heart were obscure. The treatment adopted was very simple, consisting of the use of the warm bath, and the application of mustard plasters over the whole front and back, and subsequently the enveloping of the chest in warm wet flannel. From the fact of the pneumonic symptoms half a grain of calomel and half a grain of tartarized antimony were ordered to be given every four hours, and a gentle aperient, and nutriment was endeavoured to be supplied, but with little effect; but as might be expected from the symptoms, treatment proved of no avail, the little patient gradually sank, and died fourteen hours after my first visit.

From the suddenness of the symptoms and their peculiar character, this case possesses much interest. What was the diagnosis? There certainly were indications of pneumonia, but, to my experience, pneumonia simply in no way accounted for the whole, inasmuch as the general symptoms were not those of pneumonia, nor does the disease, in its uncomplicated form, take so marked or rapidly fatal a termination. The only diagnosis that offered itself was that the case was an example of those which Dr. Richardson has observed and described, where during inflammatory disorders a concretion is laid down on the right side of the heart. The symptoms

were, in fact, identical with those which he has described in pages 424, 425, and 426, of his work. I therefore set the case down as one which, if his observations were correct, should yield on post-mortem examination evidence of fibrinous deposition. A post-mortem was made forty-six hours after the death. The body was not very rigid. On opening the chest the lungs were found inflated, and superiorly of extraordinary whiteness. Emphysematous beads studded this surface. Beneath the lungs were dark and intensely congested, and the right lung was much solidified over a small surface. There was no effusion into the pleural cavities, nor signs of pleuritic inflammation. The large veins above and below the heart were filled with firmly-coagulated blood; the right auricle was much distended, and on laying it open was found to be completely filled with a fibrinous cast, exquisitely modelled to the cavity, and having impressed on it the irregularities of the muscular wall. The concretion was perfectly white, and on the right side of the auricle for the space of an inch it adhered so firmly to the muscular structure, that it could only be removed by forcible separation. From this clot there descended a cord of the same structure, of about the size of a goose-quill. This cord, entering the right ventricle, made a half-turn on itself, and ascending through the infundibulum, in the direction of the blood-current, extended into the pulmonary artery. As it crossed the semilunar valves it presented three concave surfaces, models, in fact, of the valves; there was no other blood in the right ventricle, but the endocardial surface was sheeted with a thin layer of plastic matter, like the concretion itself. I found also on examination that the concretion was laminated. On opening the left side of the heart the left auricle was found full of coagulated blood, but this blood was dark, and presented not the slightest trace of fibrinous separation; there was also a little dark, loosely-coagulated blood in the left ventricle. The other organs were normal.

After careful consideration of the facts of this case, including both symptoms and morbid anatomy, I have no alternative but to accept that the fibrinous concretion was laid down in the heart during life, and that it was the main cause of the peculiar symptoms and the immediate cause of the sudden death. Whether the lung disease was the forerunner or the sequence I am unable to decide; but that the peculiarities met with in the lungs are compatible as the sequence of obstruction to the pulmonary circuit is, I think, not improbable. Any way, the symptoms from the first were referable to obstruction of the circulation. They were symptoms resembling hæmorrhage; in fact, in some particulars, they were uncomplicated with any appearance of asphyxia, and after death there was found a sufficiency of unaffected lung structure to exclude the idea that death was due to deficient respiration. That the concretion was formed during life is demonstrated; it filled the auricle, so that it could not be said to be formed of blood left in the auricle after death; it bore the imprint of the muscular irregularities of the auricle, indicating a muscular pressure, during auricular contraction; it adhered firmly to the muscular wall, proving an interlacement of its fibres with the muscular structure, and it was laid down in layers; the prolongation from it took the sweep of the circulation, and even turned on itself, to make an acute angle upwards towards the pulmonary artery. The prolongation itself was modelled by the impress of the semilunar valves.

But there is one final demonstration which I see Dr. Richardson has not observed in his cases, and which admirably shows that in this case the clot was formed before death. While the right auricle was filled with a pure fibrinous deposit, the left was filled with an ordinary red blood clot, having no fibrinous separation whatever. Now it is obvious that when the heart in this instance ceased to beat, if the clot on the right side had been separated after death, the clot on the left side ought to have undergone the same modification.

As some of your readers may not have perused Dr. Richardson's experimental and pathological researches on the subject now in hand, I shall conclude this paper with a *résumé* of his views in relation to such cases as the one described above.

He points out that there are conditions of blood in which either from absolute or relative excess of fibrine, the fibrinous constituent is deposited in the heart: to use his own expression, is "churned out." He shows that these depositions may

be artificially produced in inferior animals, and that if an animal is rapidly narcotized after the symptoms of concretion are manifested and the chest laid open, the concretion may be found in the heart, while yet that organ is pulsating. (Essay, Experiment II. page 74.) He describes the difference between a concretion formed before and after death, by showing that the physical conformation of one formed before death invariably gives some indication that it could only be formed from blood in motion. Connecting these concretions with diseased conditions, he refers to them with special regard to the cases such as I have described. At page 424 he thus remarks: "All symptoms of acute inflammatory disease are attended with some risk of fibrinous deposition. Taking the majority of such cases, the risk certainly is small; but it is present in each case, and what renders the risk more serious is, that such risk or tendency to deposition cannot be measured by the local indications of inflammatory mischief in any given case, nor yet by the general symptoms which accompany the local. The symptoms of concretion may supervene in the mildest as in the severest cases. They may creep on insidiously; they may take effect in a sudden and unexpected outbreak."

On the diagnosis of these cases, where the obstruction occurs on the right side of the heart, he writes as follows:—"The symptoms are characterised primarily by a peculiar and distressing dyspnoea. This occurs, not because the respiration is checked, for the respiratory murmur may be audible enough, but because the current of blood to the lungs is in part cut off. As an addendum, emphysema of the lungs, especially in children, results; and the physical signs of this lesion are often a valuable corroboration of the presence of concretion on the right side. The left side of the heart being imperfectly supplied with blood, the arterial circulation is weakened, the pulse is small and intermittent, the surface of the body is cold and generally white as marble; but, as there is stagnation of blood in the venous circuit, the more vascular parts, as the lips and centre of the cheeks, are often of a leaden hue. There is general muscular prostration; and, as the brain is not supplied normally with blood, the muscles are not under the control of the will, but are in a continued restless motion. The mind loses its power, the acts of excretion are performed involuntarily, and death sets in, the gasping respiration outliving the paralysed and obstructed heart."

The pathological conditions noticed by the same author refer to the construction of the concretion, and to the appearances of other organs:—"Whenever a large fibrinous concretion blocks up some important part of the circulation for any considerable period antecedent to death, it gives rise invariably to certain pathological changes in neighbouring structures;" among which, when the concretion is on the right side, and the case occurs during the acute inflammatory diseases of young children, a "blanched and emphysematous" condition of the lungs is noticed as the most prominent sign. I need scarcely repeat that the case I have given agrees in every essential particular with the above description; however, I will observe that, while I have many times before met with cases the *fac-simile* of the one the history of which has now been given, I have never before understood so clearly the cause and meaning of death.

#### THE LONDON

#### PRACTICE OF MEDICINE AND SURGERY.

#### UNIVERSITY COLLEGE HOSPITAL.

#### PROGRESSIVE MUSCULAR ATROPHY OF THE MUSCLES OF BOTH ARMS.

(Under the care of Dr. HARE.)

[Reported by Mr. FREDERICK B. WHITE.]

PROGRESSIVE muscular atrophy has of recent years become a tolerably well-known form of disease, though well-marked cases of it are amongst the rarities of Medical practice. We are glad, therefore, to be able to record a well-marked form of the disease, which exhibits, as is so frequently the case when affecting a limb, a decided tendency to symmetry. The

patient, although spare in the frame generally, has not, except in the limbs affected, lost flesh to any notable amount, and the lower extremities are of natural size. Her family were phthisical, her father and mother having died of consumption; but this patient is free from all such disease.

She is a woman of 48 years of age, and when she first came under Dr. Hare's treatment, on the 20th July, 1857, the atrophy of both arms was extreme, the right being rather the worse of the two. The biceps and forearms were so small and flabby that they could scarcely be felt, except on contraction, and then only slightly. The muscles of the forearm were also much atrophied, the pronator radii teres being perhaps the one which was least so; the ball of each thumb was likewise much flattened. She had but little use of her arms, as might be expected; she could not flex the right forearm without pronating it, owing doubtless to the greater amount of affection of the various supinators, as compared with the biceps and pronator radii teres. The left arm she could just manage to flex without pronation, and she could pronate and supinate both arms when they were extended. Dr. Hare mentioned at the time that he had seen two or three other instances of this rare form of disease, and that they were cases in which treatment had hitherto been of but little avail. Dr. Hare also referred to some cases mentioned by Aran, and published in the "Archives G n ral."

The patient's general health not being at all in a good state, she was put first on a tonic mixture containing steel, and a vegetable bitter, the arms were also galvanized twice a week, and she had a liniment of turpentine and aconite to apply twice a-day. This was continued till the 24th of August, when she commenced taking five grains of potass. iodid. three times daily.

Not deriving much benefit from this treatment, Dr. Hare on October 5th prescribed for her a mixture containing one-twentieth of a grain of strychnine, to be taken three times a-day. On the 12th this was increased to one-sixteenth of a grain.

This plan was persisted in, the dose being gradually increased without any ill effects till the 22nd of February, 1858, when she first experienced slight twitchings in the limbs, the dose having been increased to one-eighth of a grain.

She had at this time taken 32 grains of strychnia in four months and a half.

This mixture was then discontinued, and she has since been again taking steel, with ol. morrh  , and using the liniment at first ordered.

She has during this time certainly improved, although but slowly; she can accomplish all her household work without assistance, but she cannot yet use her needle much.

It is particularly to be noticed that this case did not depend on prior paralysis, as there was no loss of power before atrophy came on; nor has there been, nor is there any an sthesia.

#### PSORIASIS OF THE MATRICES OF THE NAILS.

(Under the care of Dr. HARE.)

[Reported by Mr. FREDERICK B. WHITE.]

It is curious how cases, in themselves rather rare, occur sometimes in clusters. Almost every one can call to mind instances of this kind. A rather unusual case occurred at University College Hospital a short time since, in which psoriasis affected the matrices of the nails only, and in which the diagnosis of course, rested solely on a careful examination of the deposit under the nails.

A case connecting in an interesting manner the example just referred to, with the more ordinary form of the disease, is at present under the care of Dr. Hare, at the above hospital.

The patient is a woman, aged 28, and on admission she presented but slight traces of the disease at any other part excepting the nails, the few spots she had being on the arm and forehead. She was, however, in the hospital twenty years ago, under treatment for psoriasis, which affected the whole body. She left much relieved after having been for 13 months an in-patient, but has been liable to slight recurrences of the disease ever since.

Her attention was first drawn to the nails of the great toe (which are the only ones diseased on the feet), on account of the pain caused by any exertion. These seem to have been more severely affected than those of the hand, the disease

probably aggravated by the pressure to which they were subjected in walking.

The scales were deposited in such abundance, as (unlike in the former case) to entirely separate the connexion between the nails and their matrices, so that they have been cast off and renewed three times.

On the right hand the matrix of the thumb, and on the left those of the middle and ring fingers are also similarly, though not so severely, affected. Thus there was also the usual tendency to symmetry, which is so generally observed in psoriasis, manifested in the toes, though not so clearly in the fingers. It may be remembered that in the former example, the symmetry was very distinct.

This being the condition of the patient, Dr. Hare put him upon the plan of treatment which he has found to answer very well in cases of psoriasis, viz. liq. potassæ in half-drachm doses, and liq. arsenicalis in five-minim doses, three times daily, in water. She is, under this treatment, rapidly improving, the disease having almost entirely disappeared.

## THE DREADNOUGHT HOSPITAL SHIP.

### CASES ILLUSTRATIVE OF CERTAIN POINTS IN THE DIAGNOSIS, ETC., OF FACIAL PARALYSIS.

(Under the care of Dr. WARD.)

[Communicated by F. M. CORNER, Esq.]

*Case 1.—Fall on the Head.—Paralysis of the fifth pair and of the left facial nerve.—Sloughing of both corneæ a month after the accident.—Slow recovery of sensation, etc.*

The first of the following cases is an instance of complete anæsthesia of the fifth pair, resulting from an injury to the base of the skull, caused by a fall into the hold of a vessel. The first symptom noticed (the man being insensible) was an opacity of both corneæ, followed by sloughing and collapse of the globes, and on testing for sensation in the course of the nerves, it was found entirely wanting. The surface of the eyeballs, the interior of the nostrils, mouth and ears, and the integument covering the face, were all dead to impressions. The dulness in the corneæ commenced about three or four weeks after the accident. He was also observed to have the face drawn to the right side, the left facial being involved in the injury; and the reflex power of the fauces was deficient, if not wanting, allowing the finger to be swept round neighbouring parts, and even seated on the epiglottis without inducing spasms. The motor power of the fifth was unaffected. Two months after the accident he complained of pains of a stinging character about the face, and pointed to three places corresponding to the points of exit of the divisions of the fifth, viz. the supra and infra orbital, and the mental, where his suffering was most felt. The integument of the face was also preternaturally sensitive. He left the Hospital three months after his admission, and I saw him a few days ago, having been out five weeks, and then found that he had sensation in the previously anæsthetic parts, though not so perfect as before the injury.

From the history of this case there was no difficulty in fixing on the base of the brain as the seat of the lesion, and from the result, we may infer, that either pressure or inflammation, which gradually passed off, was the cause. The treatment was very simple, and with the exception of leeches once applied, might be said to consist of rest, an occasional purge and blister, liquid diet, gradually returning to meat through light puddings, fish, eggs, etc.

*Case 2.—Albuminuria and otorrhœa.—Paralysis of both sides of the face with deafness.—Dryness of mouth, and paralysis of soft palate. No benefit from treatment.*

The man, aged 30, was deaf when admitted, and could not either read or write, rendering it difficult to obtain a clear history. He stated that he had had a discharge from both ears (coming on first during an attack of scarlet fever) as long ago as he could recollect; that three and a-half years ago he had a sore on the glans penis, where now exists a cicatrix, and that he has never had sore throat or eruption on the body since; that he has never had rheumatism, but that in July last he was in this Hospital with swelling of the legs, and on reference I find it was for albuminuria, which still exists; that eight or nine months ago the discharge from the

left ear ceased, and was followed by gradual imperfection of hearing on that side, which went on to complete deafness, and that the opposite ear became similarly affected about the same time; that five or six months after the commencement of the deafness he got paralysis of the left half of the face, and in a few weeks the same on the opposite side. On admission to the Medical deck, under Dr. Ward, he presented the following symptoms:—He seemed much out of health; had a pale and pasty appearance, and very feeble circulation; his countenance was particularly striking—a smooth, relaxed, and solemn expression, the eyeballs were much exposed, and a superabundance of secretion standing in the lower lids, which were not closely adapted to the surface of the globes; the nostrils were collapsed; the lips apart to nearly an inch; and in speaking he had to use his finger to the lower one to pronounce the labials. The face was elongated apparently from drooping of the integument. His mental faculties were intact, and he gathered from the motion of the lips pretty correctly what was said to him. On looking into the right ear, a polypus was detected, which was removed without change to his symptoms. The left membrana tympani was deficient in a small portion, and on adapting a piece of wool to the apertures no alteration in the hearing resulted. His chief complaint was of dryness in the mouth, which awoke him nightly, and required frequent moistening. He felt the same to a less unpleasant degree in the nostrils, and occasionally he suffered hemicrania of the right side. On examining his throat for paralysis of the soft palate, said to be diagnostic of lesion of the facial in the temporal bone from injury to the petrosal nerve, the uvula and pillars of the fauces were seen to be relaxed, reducing the size of the isthmus, destroying the arches of the palate, and approximating the pillars of opposite sides (which were nearly parallel). Another (said to be) diagnostic symptom, is the dryness of the mouth, supposed to depend on injury to the chorda tympani in the internal ear, causing paralysis of Wharton's duct, and arrest of the passage of saliva from the sub-maxillary glands. It is also, as in this case, partly the result of inability to close the lips, the constant passage of air to and fro causing it. On evertting the lips, the fluid in the mouth seemed more like gum water than saliva, and after he had taken mercury to slight pytalism, he at once expressed himself relieved of the unpleasant dryness, which returned on the mineral being stopped. Partial paralysis of the sense of taste on the half of the tongue corresponding to the affected side, also said to occur and to be symptomatic of the disease in the bone, was tested for, but could not be satisfactorily made out on account of the difficulty of explaining what was wanted. Galvanism produced no effect on the paralysed muscles. He was placed on good diet, with wine, and porter; was prescribed iodide of potassium with citrate of iron, and counter-irritation behind the ears; then small doses of mercury to slightly touching the mouth, all with no good result. He left the Hospital, as expected, unrelieved.

*Case 3.—Paralysis of the right facial, with partial loss of hearing.—History of syphilis.*

R. W., aged 24, contracted syphilis in Hongkong, in Nov. 1866, and dosed himself with mercury to profuse pytalism. He then went into the Hospital there on account of ulceration of the prepuce, and after being in for ten days, was seized with severe pains in the head and right ear, accompanied by vertigo, heaviness, and fever. The symptoms were subdued by leeching, but recurred several times, the same treatment being carried out. Shortly after the onset of this attack he noticed his hearing on the right side to be impaired, and about the same time the paralysis supervened. He states that the pain in the ear was most violent, and kept him from sleep several days and nights. Altogether he was in the Hospital nine weeks, and left without relief to the paralysis. The Surgeon, he says, viewed his illness as "sun-stroke." He now went to Foochow, and was there advised by a Medical man to undergo treatment for his face. He did, and was again salivated, and while under the influence of the mineral, he had a return of the pains in the head and ear, and swelling on different parts of the scalp; also some discharge from the ear. He again went into Hospital, and remained an inmate sixty-eight days, leaving it free from pain, but unrelieved in his facial affection. He has occasionally felt pain in the ear and head during his passage home. On March 2 he was admitted

into the Dreadnought under Dr. Ward, with the following symptoms. Paralysis of the right half of the face involving all the muscles supplied by the seventh; partial deafness of the right ear, not hearing the tick of a watch, or when spoken to in an under tone. The uvula and soft palate were unaffected, the former being slanted a little to the left. Had not recognised any dryness in the mouth, and on testing the gustatory no perceptible difference could be noted between opposite sides. He has had since his admission several acute nodes on the forehead, and behind the ears, and acute enlargement of the cervical glands, and once or twice a stabbing pain in the right temple, producing a shock, and slight convulsion of the right half of the body. Galvanism produced no effect on the paralysed muscles. An examination of the right ear showed a white, pearly membrana tympani, the colour and brightness being more marked than on the opposite side. He has been taking the iodide of potassium with marked relief to the peristitis, and aural pain, but with no change to the paralysis.

### HOSPITAL NOTES.

#### SEVERE INJURY TO THE BRAIN, WITH VERY SLIGHT IMMEDIATE SYMPTOMS.

The following case is reported to us by Dr. Eubulus Williams, the House-Surgeon of the Dundee Royal Infirmary. A man, aged 24, was admitted with a compound fracture of the skull, which extended on the left side from the orbit to the upper part of the frontal bone. The dura mater was torn, and the anterior lobe of the brain injured. Soon after his admission, "about two ounces" of cerebral matter escaped. Several small portions of loose bone were removed. The injury had been caused by the breaking of a crane chain, one end of which had recoiled with great violence and struck the man's head. The man was perfectly sensible when admitted, and remained so afterwards. During the next few days his pulse was slow, ranging from 54 to 58. No untoward symptoms whatever occurred until six weeks after the accident. The man often complained of being kept to bed, and alleged that he felt as well as ever he did in his life. Three days before death he had headache, and on the following one had become comatose. Active treatment by calomel, etc., was adopted, but death in deep coma followed. No autopsy could be obtained. The case is of much interest, as showing the importance of exercising the utmost caution both in prognosis and treatment for long periods after cerebral injuries; it also shows how slight may sometimes be the immediate effects of a very severe accident. The want of post-mortem evidence is much to be regretted; but there can be little doubt but that cerebral abscess was the cause of death.

### THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

#### STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE YEAR 1857.

(Continued from p. 402.)

THE subjoined Report comprises the following Hospitals:—Addenbrooke's (Cambridge), the Bristol General, the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Glasgow Royal, the Gloucester, the Hull, the Leeds, the Leicester General, the Liverpool Royal, the Liverpool Southern and Toxteth, the Queen's, Birmingham, the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the Sussex County (Brighton), the West Norfolk and Lynn (Lynn), the York County.

#### LITHOTOMY.

Case 1.—The Leeds: Mr. Hey.—A thin, delicate man, aged 22, the subject of stone for eight years. For a week before the operation the stone had been impacted in the mem-

branous urethra. An incision was made opening only the membranous tract, and the impacted stone was easily removed. A second calculus, which was free in the bladder, was removed without further incision. Recovery. Case 2.—The Bradford: Mr. Parkinson.—A boy, aged 6. The stone was of small size, and had become impacted in the membranous urethra. Recovery. Case 3.—The York: Mr. Husband.—A feeble man, aged 73. Usual operation. Recovery. Case 4.—The Derby: Mr. Gisborne.—A boy, aged 6. Removal of a soft, phosphatic calculus by the usual operation. Recovery. Case 5.—The Cheltenham: Dr. Wright.—A boy, aged 10. Usual operation. Recovery. Case 6.—The Bristol General: Mr. Coe.—A boy, aged 5. Removal of a phosphatic stone. Recovery. Case 7.—The Bradford: Mr. Meade.—A boy, aged 11, in fair health. Stone, mulberry, and of considerable size. Recovery. Case 8.—The Cheltenham: Dr. Wright.—A boy, aged 10, for some years the subject of stone. Usual operation. Recovery. Case 9.—The Sheffield: Mr. Gregory.—A boy, aged 11. Removal of medium-sized mulberry calculus. Recovery. Case 10.—The Leeds: Mr. Teale.—A puny boy, aged 4, for three years the subject of stone. Usual operation. Recovery. Case 11.—The Leeds: Mr. Teale.—A healthy man, aged 20, who had been operated on for stone when four years old, and had remained without symptoms until within fourteen months. Usual operation. Recovery. Case 12.—The Glasgow.—A man, aged 26. Usual operation. Recovery. Case 13.—The Glasgow.—A boy, aged 6. Usual operation. Recovery. Case 14.—The Leicester: Mr. Macaulay.—A boy, aged 5, in good health. Calculus small. Recovery. Case 15.—The Leicester: Mr. Paget.—A boy, aged 12, in good health, who had been subjected to lithotomy eight years previously. Symptoms of stone of six weeks' duration. Usual operation. Recovered. Case 16.—The Brighton: Mr. Furner.—A boy, aged 8, in poor health. Usual operation. Recovery. Case 17.—The Queen's, Birmingham.—A delicate boy, aged 11, who had been operated on for stone at the age of 7. The symptoms had recurred within three months of the operation. At the second operation the stone was impacted firmly in the bulbous tract. Recovery. Case 18.—The Dorset: Mr. Curme.—A boy, aged 4. Usual operation. Recovery. Case 19.—The Brighton: Mr. Blaker.—A man, aged 38, in feeble health. A large stone had been removed a year previously, but he had never been free from symptoms. A stone weighing three drachms, and composed of mixed phosphates, was removed. Recovered. Case 20.—Addenbrooke's, Cambridge: Mr. Humphry.—A healthy man, aged 62, the subject of enlarged prostate. The usual operation was performed, and two moderate-sized calculi were removed. He did well afterwards, but at the time of report the wound was not healed. Case 21.—Addenbrooke's, Cambridge.—A healthy man, aged 65. Removal of a small lithic acid stone. Doing well. Case 22.—The North Stafford: Mr. Garner.—A young boy, for six months the subject of stone. Usual operation. Recovery. Case 23.—The North Staffordshire: Mr. Garner.—A boy, aged 4. Recovery. Case 24.—The Cheltenham: Mr. Eves.—A man, aged 65. Usual operation. Recovery. Case 25.—The Cheltenham: Mr. Eves.—A delicate boy, aged 12. The subject of stone for six years. Recovery. Case 26.—The North Stafford: Mr. Garner.—A healthy boy, aged 3. Usual operation. Recovered. Case 27.—The Glasgow.—A boy, aged 11. Usual operation. Recovery. Case 28.—The Glasgow.—A boy, aged 3. Operation with rectangular staff. Recovery. Case 29.—The Glasgow.—A man, aged 34. Operation with rectangular staff. Recovery. Case 30.—The Glasgow.—A boy, aged 4. Usual operation. Recovery. Case 31.—The Leicester: Mr. Paget.—A man, aged 63, in good health, for two years the subject of stone in the bladder. Perineal lithotomy. Removal of a stone weighing nearly four drachms. On the second day retention of urine made the use of the catheter necessary, and it was with much difficulty introduced. Some ecchymosis of the scrotum followed the operation. The man recovered well. Case 32.—The Hull: Dr. Lunn.—A man, aged 25. The usual operation was performed, and a large quadrilateral stone weighing sixteen drachms was removed. Recovery. Case 33.—The North Staffordshire: Mr. Garner.—A healthy man, aged 64. Seven small calculi were removed by the usual operation. Recovery. Case 34.—Addenbrooke's: Mr. Lessourgen.—A child, aged 3, in good health. Usual operation. Small stone. Recovery. Case 35.—Addenbrooke's: Mr.

Humphry.—A healthy man, aged 55. Usual operation. Large stone. Recovered. *Case 36.*—Addenbrooke's: Mr. Humphry.—A delicate child, aged 2, who had had symptoms of stone from birth. Usual operation. Small lithic acid stone. Recovered. *Case 37.*—Addenbrooke's: Mr. Humphry.—A healthy man, aged 26, for four years the subject of stone. Usual operation. Recovery. *Case 38.*—Addenbrooke's: Mr. Humphry.—A healthy man, aged 65. Three small calculi were removed. Recovered. *Case 39.*—The Liverpool Southern: Mr. Minshall.—A boy, aged 8. Usual operation. Small stone. Recovery. *Case 40.*—The Liverpool Southern: Dr. Nottingham.—A boy, aged 6. Usual operation. Stone small. Recovered. *Case 41.*—The Brighton: Mr. Furner.—A feeble man, aged 64, for two years the subject of stone. Usual operation. Death from phthisis ten weeks afterwards. *Case 42.*—The Leeds: Mr. Teale.—A feeble man, aged 22, for five years the known subject of stone. The calculus weighed four ounces and a half. Profuse hæmorrhage occurred in the evening of the day of the operation, and was with difficulty arrested by the use of the actual cautery, and by plugging. He never rallied well, but died on the eighth day. The autopsy showed alight peritonitis and suppuration in the cellular tissue about the rectum. The kidneys and bladder were much diseased. *Case 43.*—The York: Mr. Husband.—A feeble, scrofulous boy, aged 5. Removal of a mulberry calculus the size of a large hazel nut. Death from a low form of peritonitis on the fifth day. The autopsy showed the bladder much thickened and diseased. *Case 44.*—The Glasgow.—A boy, aged 3. The bi-lateral operation was performed, and a lithic acid stone, weighing 244 grains, was removed. Death from collapse on the same evening. Nothing was found at the autopsy to account for the sudden death. The peritoneum had not been injured. *Case 45.*—The North Stafford.—A stout man, aged 48. A large lithic acid stone, weighing two ounces and a half, was with considerable difficulty removed. Death on the second day. At the autopsy the parts about the wound were found in an almost gangrenous condition. There was also commencing gangrene of the under surface of the thigh.

#### LITHOTRITY.

*Case 1.*—The North Staffordshire: Mr. Garner.—This patient is still under care. The first crushing produced severe vesicle irritation. *Case 2.*—The Brighton: Mr. Turner.—A man, aged 57, in good health. Five crushings were practised, and the collected fragments weighed more than a drachm and a half. Recovered. *Case 3.*—The Glasgow.—A man, aged 23, for many years the subject of stone. Recovery. *Case 4.*—The Glasgow.—A man, aged 61. Death from collapse the day after the first crushing. At the autopsy nothing was found to account for the fatal event. *Case 5.*—The Leicester: Mr. Benfield.—A healthy labourer, aged 59. The stone was repeatedly crushed a single sitting. Many fragments were afterwards passed, and no ill-symptoms ensued. When discharged he was considered quite well. *Case 6.*—The Bradford: Mr. Meade.—A strong, healthy man, aged 56. Symptoms of stone of a year's duration. Two crushings with a few days' interval were practised, and fragments weighing 96 grains were passed. Recovery. *Case 7.*—The West Norfolk: Dr. Cotton.—A man, aged 56, who had been discharged from the Hospital five months before, in belief that he had been cured by lithotripsy. Three crushings were performed for the removal of second stone, and three rachms of a phosphatic calculus came away. He was discharged after one month's treatment, seemingly quite well.

#### LITHRECTASY, ETC., IN WOMEN.

*Case 1.*—The Glasgow.—A woman, aged 60, for a year and half the subject of stone. Removal. Recovery. *Case 2.*—Addenbrooke's: Mr. Humphry.—A healthy girl, aged 6, for two years the subject of stone. On Jan. 3rd, after dilatation of the urethra by bougies the lithotrite was used, and the stone crushed. Several fragments passed. On the 14th the crushing was repeated. On the 20th no remains of the stone could be found. Recovered. *Case 3.*—The Brighton: Mr. Furner.—A woman, aged 34, for twenty-two years the subject of stone. The stone weighed fifteen drachms. Death from the effects of the operation.

(To be continued.)

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## Medical Times & Gazette.

SATURDAY, APRIL 24.

### ALLEGED DEATH FROM ARSENICAL VAPOURS— THE FIRE IN BLOOMSBURY.

At the adjourned inquiry into the deaths of fifteen persons who perished in the fire at Bloomsbury, some Medical evidence was given which calls for a passing notice. Most persons had made up their minds that the deaths were sufficiently accounted for by suffocation; and some surprise was excited by the issuing of an order from the Coroner that fourteen of the bodies should undergo a regular medical examination. It appears from the report of the proceedings last week that this had been carried out to a very minute extent, and that the stomachs of five had been analysed by Mr. Rodgers and Mr. Girdwood, with a view to the detection of poison. We learn from the evidence that the bodies were in a healthy and natural state: the reposing attitudes in which some were found were ascribed to a state of comparative insensibility at the time of death. "There was a peculiar lightness in the colour of the blood; it was of a bright red, which would not have been the case had suffocation been the cause of death. There was one exception, and in this case (William Hedger) death was caused by suffocation." Such is the substance of the evidence of Mr. Bennett, who made the examination.

Mr. Rodgers stated that he was present at the examination of eight of the bodies, and took for analysis parts of five of them, viz. the blood, lungs, stomach, and some of the air-passages. "There was a redness of the muscles and the blood, whereby he apprehended there must have been an inhalation into the system of some unnatural and unusual fluid." He, therefore, examined the premises, and found that some minerals containing arsenic, had been consumed in a room adjoining the immediate locality of the fire. He believed the cause of death to be "the inhalation of poisonous (arsenical) vapours ascending from these burning minerals, and which by producing immediate prostration and utter inability on the part of the sufferers to remove, allowed the effects of smoke from the burning timbers to accomplish their deaths more speedily and effectually." "If they had died from suffocation, the blood would have been of a dark colour." He knew "of no exception to this appearance in cases of suffocation." Subjects when preserved by arsenic evince this remarkable evidence of colour. Solution of arsenic injected into the vein will redden all the tissues. "The chief instrument of death in four out of the five bodies analysed by him, was the poison of arsenic." The report then continues—"A jurymen inquired of Mr. Rodgers, if death would have been produced without the assistant agency of smoke arising from the burning building."

"Not so quickly," he replied. "The difference of action between common smoke and arsenious acid, consists in the fact, that when the latter is inhaled, prostration immediately

succeeds; but vapours from burning wood which contain carbonic acid, and in which no person could live, acting on a system prostrated by poisonous gas, would speedily cause death." Hence it would follow, that the arsenical vapours entered the bodies before the products of combustion, although it is not apparent how the arsenic could have been volatilized until after a considerable burning of the premises. A corrected statement of a portion of Mr. Rodgers's evidence has been subsequently published. He says, "In the process of analysis, I found no narcotic poison, but *distinct traces* of arsenic in four of the bodies which I had examined. I had a large quantity of William Hedger's blood (the person who was stated to have died from suffocation), and in that blood there was *less arsenic* than in any of the others. I found unequivocal and sufficient evidence to satisfy my mind that there was arsenic."

Mr. Girdwood supported Mr. Rodgers's evidence, adding,—that "the vapours of arsenic produced coma, and prevented the sufferers from making an attempt at escape." . . . "Arsenic when inhaled always acts as a narcotic poison. The air-passages had bright red spots, showing the effect of an irritant poison."

The unlucky mineralogist who owned the arsenical minerals "was feelingly told by the Coroner," that "materials on his premises, owing to defect of structure, had been more concerned in producing the death of those fifteen human beings than any other agent." And the lessee of the premises was recommended to attend the inquest on Monday next, the 26th, with a legal adviser.

It has thus been placed before the Coroner and jury that these unfortunate people have perished from the effects of arsenical vapours, and not from the ordinary vapours or gases which are evolved in a burning house. It is true the medical gentlemen qualify their opinions to a slight extent by saying that the deceased were prostrated by the arsenic, and thus were easily killed by the smoke; but in law that which accelerates, causes. The real question, as a matter of science and law, therefore, is: "Did arsenical vapours tend in any way to cause the deaths of these persons; or, were not the deaths caused by the gases of burning wood?" The mineralogist and his landlord are at present in some peril, unjustly as we think; for there is not a particle of evidence to support the extraordinary conclusions at which the chemical witnesses have arrived.

We admit that there were arsenical minerals near the premises, and that the combustion of these would diffuse vapours of arsenious acid, which might mix with the burnt and unburnt air, and be breathed by the inmates of the house; but what we desire to know is—on what grounds death is substantially referred to these vapours? It cannot be merely because "*distinct traces*" of arsenic were found in the bodies, since arsenic is stated to have been found in the blood of one who is admitted to have died of suffocation. The relative amount of arsenic can have nothing to do with this question, since it does not appear that more than "*traces*" were found in any of the bodies. The only appearance on which the witnesses rely is the *light red colour* of the blood and muscles. But where did they learn that the breathing of arsenious acid in vapour mixed with air produced this colour in the blood and muscles? So far as we can ascertain, there is not a fact on record which justifies such an inference. The suggestion that a solution of arsenic injected into the veins will redden all the tissues is quite irrelevant, because there was no solution of arsenic injected into these bodies; and the bodies could not have been impregnated with arsenic in a few minutes by respiration, so that it should manifest its ordinary preservative properties on animal matter. The effect of arsenic on the blood is not to redden it: all authorities agree that it is darkened, and turned to a reddish brown, or black-

ish purple colour. (a) In one case referred to by the witnesses (William Hedger), there was arsenic in the blood; but the blood had a dark colour, and death was referred to suffocation.

But vapours of arsenious acid when breathed, are stated to produce *immediate* prostration and inability to move. According to Mr. Girdwood, arsenic, when inhaled (in vapour), *always* acts as a narcotic poison; and he immediately adds to this curious piece of evidence, the corrective statement—"the air-passages had bright-red spots, showing the effect of an irritant poison;" so that here we have, according to this witness, arsenic in vapour acting as a narcotic and as an irritant in the same body, when there is no reason to believe that the persons could have lived above two or three minutes! We ask for proof that arsenious acid thus breathed with air, acts as a narcotic, or prostrates a person in the manner alleged. At present it is a mere speculation. All that we know of arsenical vapours is adverse to the theory. In the Arsenic works in Cornwall, no such effects have been observed: (b) and animals both in that county and in South Wales, that have been exposed to these vapours, have suffered from the poison as an irritant operating slowly on the mucous membranes and joints. In one of the very few cases of poisoning by arsenical vapours in the human subject that have occurred in this country, death was caused by inflammation of the lungs, after some days, as the result of inhalation. (c) There was no narcotic effect, no sudden prostration, but the usual results of the irritant action of the poison on the mucous membranes.

Then we have the strange assertion that "common smoke" does not produce prostration and death "so quickly" as the arsenical vapours. This depends on what is intended by "common smoke." If it is meant to imply carbonic acid or carbonic oxide, or a large proportion of either of these products of combustion, we will venture to affirm that, in respiring such mixtures, the person will die before the arsenical fumes can affect him, either as an irritant or as a narcotic.

The arsenical theory, therefore, of death, or of the acceleration of death in these cases, is not supported by a single medical fact. The discovery in four of the bodies of such an imponderable quantity of arsenic as is implied by the expression "*distinct traces*," amounts to nothing. The deceased persons could not have received enough to kill or affect them in the short time during which they lived, and in this short time they could not have got rid of any portion which they had received by respiration. The death in the exceptional case, in which the blood was dark (containing *less arsenic*), might just as well have been referred to the arsenical vapours as the deaths of the others; and yet, because the blood was dark, and the arsenic in smaller quantity than "*distinct traces*," the witnesses drop the arsenical theory, and refer death to suffocation!

The whole of this evidence is, in our judgment, calculated to alarm the public unnecessarily, and to place in jeopardy the liberty of two persons who have had no concern in the deaths of these unfortunate individuals. Without any experience of the effects of arsenical vapours on human beings, and in ignorance of what is known concerning the effects, these witnesses take upon themselves to assign death to arsenic, because the blood did *not* present that appearance which they consider indispensable to all kinds of death from suffocation. On this point their knowledge appears to be as restricted, as on the effects of arsenious acid in vapour.

One of the products of incipient or imperfect combustion is oxide of carbon; and a well-known French physiologist, M.

(a) See Christison on Poisons. 4th ed. Pp. 348.

(b) Association Medical Journal, September 20, 1856, p. 909.

(c) This case occurred at Plymouth in October, 1852.



Bernard, has demonstrated by experiment (d) that this gas possesses the property of giving a red colour to the blood. In one case he found, where frequent and large respirations of the gas were made, that the red colour was retained for a period of fourteen days. In another experiment, in which fewer and smaller respirations of the gas were made, the red colour did not remain long after death. The blood became again dark.

The chief fact, therefore, upon which the witnesses based their opinions, is really no feature of poisoning by arsenic, either in vapour or in any other form; while it has been proved to be one of the appearances produced by a gas which might have been evolved during the partial burning of the interior of the premises. The only conclusion of which the facts admit in a medical point of view, is that death took place from suffocation by the gases of burning timber; yet from the strong opinions expressed at the inquiry, with all the imposing effects of science, it will not surprise us to find that the mineralogist and his landlord are committed on a charge of manslaughter.

### THE WEEK.

A knotty point has been recently raised in the Parisian law-courts. By a law passed in 1851 for the suppression of fraud in commerce, the sale of, or offering for sale, of an adulterated or damaged medicinal substance is punished by an imprisonment of from three to twelve months. The Paris Court has recently applied this law to the selling of leeches when gorged with blood, considering them as damaged medicinal substances. The lawyers disputed the fact of a leech being, in the proper sense of the term, a medicinal substance, which they said means a substance capable of being absorbed wholly or in part by the tissues of the economy; the leech is a mere instrument, practising an operation under the guidance of man. The Court of Cassation, however, when appealed to, taking the common sense view of the subject, declared that the leech, being employed as an external medicament in the art of healing, must be regarded, in respect to the deterioration of its powers when gorged, as a medicinal substance.

At the festival of University College Hospital, Lord John Russell alluded to a fact not generally known, but one well worthy of consideration. He said—"They were now about £4000 in debt, and would have been much more so, but for the unparalleled generosity of the Professors of the Medical School. These gentlemen were entitled to the fees paid by the students, and since the establishment of the Hospital they had relinquished them all, thus contributing no less a sum than £53,000 to its support." This is very noble and generous; but is it not time that gentlemen who have worked in this manner should now receive some reward for their services?

A copy of a petition from the Epidemiological Society presented to the House of Commons on the 16th inst., by Sir John Pakington, will be found in another column. The petitioners well observe that no measures can "less admit of postponement than those which would effect a saving of human life." Small-pox is becoming more and more epidemic in the country of Jenner. In the last quarterly return of the Registrar-General twenty-seven towns are reported in which small-pox was extensively prevalent. During the last quarter of 1857, one-seventh part of the whole mortality of Sheffield was from small-pox. During May, June, and July, 1857, considerably

more than one-third of the total mortality of the Cardiff-registration district was from small-pox. There were in that period 119 deaths from small-pox in that town and district. Surely this is a disgrace to us as a nation, and it behoves the Medical part of the community to show our rulers their duty. The great health question of the day must not be left under the Poor-law Board—a Board without a Medical adviser, ignorant of its duty, and therefore failing in its performance.

The appointment of Dr. Alfred Taylor to the examinership in Chemistry in the Medical Department of the University of London will tend to raise still higher the character of this body. It must be highly satisfactory to Dr. Taylor to have obtained the post after competition with two highly-qualified men; while these gentlemen will not consider it any disparagement that a Chemist who has earned by his works so high a reputation in all quarters of the world should have obtained the appointment.

A girl, 11 years of age, has been poisoned at Newcastle by worm-lozenges. She took four of them, and was profusely salivated. On analysis of some of these lozenges, one was found to contain five grains and another three grains of calomel. The verdict of the Coroner's jury was—"We are of opinion that Sarah Jane Harris came to her death on the 1st of March, 1858, by salivation, produced by taking four worm-lozenges, purchased at the shop of Henry Jenkins, confectioner, of Dean-street, Newcastle; and we are further satisfied by the evidence that there is great and dangerous irregularity in the mixing of the said lozenges." Yet these things are sanctioned by a Government stamp!

Mr. Sands Cox has brought an action for libel against the *Birmingham Daily Post*. A man was admitted with stone into the Queen's Hospital, under Mr. Cox. It was found that he was labouring under kidney disease, and determined, after careful consideration and consultation, that lithotomy would be useless, and would probably hasten the man's death. Mr. Gamgee gave a clinical lecture on the case, and a writer, calling himself a *layman*, commented on the treatment in a letter published in the *Daily Post*. It will be for a jury to determine whether those comments were fair or malicious. Whatever a jury may think, we think the Profession will support Mr. Cox in having the case tried. If Hospital Surgeons are to have their treatment of cases criticised by the newspapers, and are to be blamed for rashness if their operations are followed by death, and for cowardice or ignorance if they do not operate, no one would be likely to spend his time in charitable exertions in an hospital, with the sword of anonymous enemies hanging over his head.

It will be recollected that, in the early part of the present year, we drew attention to the case of Mr. Symes, of Bridgewater, who was subjected to a series of cruel persecutions at the hands of the local Board of Guardians, and who, after a one-sided investigation before a Poor-law Inspector, was directed to resign his appointment as one of the Medical officers of the Bridgewater Union. Against this decision of the Poor-law Board, Mr. Symes warmly protested; and after a long correspondence with the officials at Whitehall, it was at length resolved to allow Mr. Symes to bring forward any additional evidence he might be able to procure, before two of the Poor-law Inspectors sent down from London. The new investigation accordingly was opened at Bridgewater on the 30th ult., and it is not yet concluded. While the pro-

(d) *Leçons sur les Effets des substances Toxiques et Médicamenteuses*, par M. Claude Bernard. Paris, 1857, p. 192.

ceedings are still pending, we abstain from further comments on the case, but we cannot refrain from observing upon the very unwarrantable attempt made by the Local Board to prejudice Mr. Symes in the eyes of the Poor-law Board. It appears that the Bridgewater Guardians have drawn up a memorial to the Poor-law Board, disputing the necessity of the fresh inquiry, complaining of its expense, and urging the dismissal of Mr. Symes. We can only hope that the Poor-law Board will not be swayed by any such remarks, and that the inquiry will be completed in a spirit of justice and fairness. We are sure that Mr. Symes requires nothing but a fair and impartial hearing, and we trust that it will now be accorded to him.

"A deputation from the Medical Corporations of England, Scotland, and Ireland, had an interview with Mr. Walpole, Home Secretary, on Saturday, at the Home Office. The deputation consisted of Dr. Mayo, president; Dr. Hawkins, registrar; and Dr. Burrows, from the College of Physicians, London. Mr. Stanley, president; and Mr. Lawrence, from the College of Surgeons of England. Mr. Simoons, master; Mr. Tegar, chairman of the Court of Examiners, from the Society of Apothecaries. Dr. Alexander Wood, from the College of Physicians of Edinburgh. Dr. A. Wood, president of the College of Surgeons of Edinburgh. Dr. Watson, president, from the Faculty of Physicians and Surgeons of Glasgow. Dr. Neligan, Censor of the King and Queen's College of Physicians in Ireland. Dr. Williams, member of council, from the College of Surgeons in Ireland."

The above notice has excited some curiosity. The simple explanation is the fact we stated last week, that the Corporations oppose the Bills of Lord Elcho and Mr. Cowper, and wish the Government to support that of Mr. Headlam. The probable consequence will be that Medical Reform will be staved off for another year. Mr. Walpole's answer was very vague. He distinctly refused to pledge himself to any decided course.

## STATE VACCINATION.

To the Honourable the House of Commons in Parliament assembled, the humble Petition of the President and Council of the Epidemiological Society of London, witnesseth,—

That your petitioners represent a society, founded in 1850, for the investigation of Epidemic Diseases, with a view to their mitigation or prevention.

That one of the subjects which has engaged the most earnest attention of your petitioners has been the great annual mortality occurring in the United Kingdom from small-pox, a mortality which your petitioners believe might be almost, if not entirely, prevented—vaccination, if performed with the requisite care and precaution, being a safe and almost certain prophylactic against small-pox in its fatal form.

That your petitioners therefore attribute the mortality to which they now call your attention, first and chiefly to the neglect of vaccination; and, secondly, to its inefficient performance; and they submit that ample proof of this has been laid before your Honourable House, first in a report presented by themselves in 1853, and subsequently in papers collected by the Medical officer of the General Board of Health.

That your petitioners, having investigated the laws regulating public vaccination in these kingdoms, and the system of administration pursued, find that, while Scotland is destitute of any provision whatever for this purpose, the arrangements in England and Wales and in Ireland are most ineffective, neither providing the constant Medical supervision which is indispensable for the proper diffusion of the blessings of vaccination, and the avoidance or suppression of outbreaks of small-pox, nor giving the needful security for the efficiency of the vaccination supplied. These deficiencies your petitioners have considered in detail in a memorial printed by your Hon. House in 1856.

That the defects complained of, so far as they regard the system of administration pursued, were in no way removed by a Bill passed in 1853 for extending and making compulsory in England and Wales the practice of vaccination; and that, on this account, not only has this Bill (which has nevertheless had a striking and most beneficial effect on the mortality from small-pox) been much less operative than it otherwise would have been, and, in some places indeed, almost entirely inoperative, but also the benefit it did confer is on the decline, the infantile public vaccination having diminished from 65 per cent. of the births, which was the ratio in 1854, to 56 per cent. in 1855, and to 54 in 1856.

That it was, therefore, with the greatest satisfaction that your petitioners observed that a Bill was introduced by your Hon. House to the Government early in the session of 1856, which would in their humble opinion have secured, or laid the foundation for securing a good system of public vaccination in England and Wales: which Bill, however, having passed a second reading has, to the great regret of your petitioners, not been further proceeded with.

That from the time this Bill was first introduced to your Hon. House to the present time, there have perished in England and Wales alone from small-pox between 4,000 and 5,000 persons, at the least (a), chiefly young children; that nearly every one of these lives might have been saved by efficient vaccination; and that, while your petitioners are far from supposing that any change in administrative system would at once have reached all these cases, they can yet most confidently affirm that it would have reached a very large number of them, and that a great saving of life and human suffering might thus, in these two years only, have been effected.

That this loss of life, which might be avoided, is still going on from day to day; and that on account of the decrease in the number of public vaccinations already pointed out, it will in all probability become more considerable; for which reasons your petitioners deprecate further delay, and earnestly pray your Hon. House to take immediately into your consideration this question of public vaccination. Your petitioners are fully aware of the numerous questions to which your attention is called each session, and of the great importance of many of them, but they humbly and respectfully submit that no question can be more important, and that none can less admit of postponement than those which would effect a saving of human life.

And your petitioners, as in duty bound, &c.

(Signed)

B. G. BABINGTON, M.D.

President of the Epidemiological Society,  
on behalf of the Society.

## REVIEWS.

*The Human Mind in its Relations with the Brain and Nervous System.* By DANIEL NOBLE, M.D. Pp. 157. London: 1858.

Dr. Noble is already favourably known to the Profession by his work on Psychological Medicine. In the volume now before us he has laid aside the pathological part of the subject, and has amplified the portion relating to physiology.

The physiology of the brain has always been, and will probably ever remain, involved in a certain degree of mystery. Many of the most profound philosophers of ancient and modern times have analysed and arranged the faculties of the mind, and the anatomy of the brain has been minutely investigated with all the aids which the scalpel, chemistry, and the microscope could bring to bear; but the exact nature of the connexion between the sentient and thinking principle on the one hand, and its material dwelling-place on the other, has never been established by such close and exact arguments as are required in philosophical investigation. The most remarkable instance of attempting to connect mind with matter, and even to localise the mental faculties, was afforded by the investigations of Gall, whose phrenological system obtained the adherence of some, and encountered the opposition of many others, but whose merits as an original investigator of the

(a) This petition was drawn up early in January, but its presentation has been delayed by various causes till the present time; the number of deaths now must be considerably above 5,000.

structure and functions of the brain (apart from his phrenological views), are scarcely yet sufficiently acknowledged. Dr. Noble himself was originally a disciple of the phrenological school, but he has been convinced of the untenable nature of the doctrines propounded, having found that extended experience and observation have not borne out the principles advocated by those who sought to define the faculties of the mind by lines drawn on the exterior of the skull.

Dr. Noble, in renouncing the craniological system of Gall and Spurzheim, agrees with the majority of the anatomists and physiologists of the present day, although he admits that a certain portion of truth underlies the ingenious, though flimsy, superstructure raised by the two German psychologists. While admitting, therefore, as a matter of common observation, that a tolerably capacious head and brain are absolutely necessary for the development of superior intelligence, and that, moreover, a fully developed forehead is usually associated with high intellectual and moral attributes, Dr. Noble disbelieves the theory that separate organs are devoted to distinct mental faculties. Pursuing the same cautious mode of induction in reference to the physiology of the nervous system, and carefully distinguishing those views which are the results of experiment and observation from those which are merely speculative, Dr. Noble describes in detail the different portions of the brain and nerves, which appear to subserve certain special purposes; and, speaking generally, he concurs with most physiologists in believing that the vesicular neurine of the hemispherical ganglia, or, in other words, the grey matter forming the cortical or investing substance of the brain, constitutes the seat of primary change, and is the source from which mental operations originate; while the white matter, consisting of fibres, forms a series of communicating wires, as it were, conveying the mental impressions to the bodily organs, and converting thought into action. Now, in general it is necessary, in order to convert the ideas conceived in the mind into active bodily manifestations, that the will should come into operation; but that in certain cases the ideas alone can excite the bodily functions, has been shown by many recent observations. To this point, especially in connexion with some experiments in mesmerism, Dr. Noble has devoted considerable attention, and in a very interesting chapter of his present work, entitled, "the Physiological Potency of Ideas," he has treated the subject at some length. Among many other instances, a very curious (if true) illustration is afforded by the case of a person who, in a mesmeric sleep, was directed to lift a heavy article from the floor, and was told at the same time that its weight would render the act impossible. Under the influence of the ideas, the person operated upon was unable to lift the supposed weight, which was only a pocket-handkerchief. The converse of this experiment was still more striking, for under the impression that the weight of the substance to be lifted was insignificant, an individual when hypnotized raised with his little finger a heavy mass, which he moved with difficulty when he was in the normal state. To the same category of *ideo-dynamic* facts belong the cases where patients who supposed they were taking sedatives have been composed to sleep by a purgative pill; or others who, supposing that they were swallowing aperients, have been purged by anodynes and astringents. The supposed cures resulting from mesmerism belong, probably, to the same class of *ideo-dynamic* operations, and the follies of homoeopathy may also be traced to the influence of dominant mental ideas upon the bodily functions, inducing persons to believe that changes are wrought in the organism by infinitesimal doses of inert matter, while the changes are really due to the fanciful *ideas* of the patient. It is obvious that this direct influence of the ideas over the bodily functions, without the intervention of the will, is a subject full of importance both to physiology and pathology, and our knowledge of this curious relation is, in great measure, due to the researches of Dr. Carpenter and Dr. Noble, whose views are not yet, we believe, fully known and appreciated by the Profession.

Upon the functions of the sympathetic system, which occupies so prominent a place among the nervous structures, Dr. Noble writes with caution, as he believes that the exact office of the ganglia and nerves of the sympathetic has not yet been determined, although, from cumulative evidence, it may be assumed that this system exercises a controlling influence over the processes of circulation, nutrition, and secretion.

In treating of the functions of the spinal cord, ample justice is done to the researches of the late Dr. Marshall Hall.

We cordially recommend Dr. Noble's work to the notice of the Profession, and to all who wish to ascertain what is known of the relations held by the mind to the corporeal structures. Those who expect to find in its pages new and speculative hypotheses will undoubtedly be disappointed; but those who wish to become acquainted with the cautious deductions which may be drawn from a careful inquiry into the mutual relations existing between the soul and its earthly tenement, will be amply gratified by its perusal. Dr. Noble insists, perhaps rather unnecessarily, that there is nothing in physiological psychology which ought to suggest even the approaches of materialism. "In the present sphere of existence," he observes, in concluding the book, "the mind is manifested through organic intervention; a thousand circumstances prove the fact. It is yet no more the case that the material brain is the conscious principle, and its separate parts divisions of the mind, than that the music of the lyre inheres in the instrument, and that the melodies which art can elicit from it are self-produced by the particular strings."

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### ON MENSTRUATION DURING PREGNANCY.

By Dr. ELSÄSSER.

This contribution to a disputed topic is founded upon 50 cases, extracted from the journal of the Stuttgart Lying-in Hospital, cases which are said to rest upon the most certain information. The subjects were 15 primiparæ and 36 pluriparæ, who, with the exception of two women (aged 36 and 41) were between 20 and 30 years of age. Of the 51 children born, 34 were boys and 17 girls, 36 being mature and 15 immature. The menstruation during pregnancy occurred in 50 women, in the following manner:—once in 8, twice in 10, three times in 12, four in 5, five in 6, eight in 5, and nine in 2. In 13 cases the peculiarities of the rhythm of the discharge were inquired into, and the rhythm was found regular in 4, in 1 it occurred at the 6th week, in 3 there were pauses between the epochs, in 2 the menstruation first appeared after the 2nd month, in 2 after the 4th, and in 1 after the 6th month. In one case the menstruation first appeared in the middle of gestation, and henceforth came on every 4 weeks, lasting 3 or 4 days. The child perceived but feebly at first, was strongly felt during the last 4 or 5 weeks. Hæmorrhage occurred twice within a week before delivery, but a mature, living infant was born. Indications as to the amount of discharge was furnished in 26 cases, and in 18 of them it was less than in the non-pregnant condition. The weight of the 35 mature infants varied from 5lbs. to 9lbs.

Dr. Elsässer observes that although he is unable to state the proportion of cases in which menstruation occurs during pregnancy, it is by no means so exceptional an occurrence as supposed by some authors. It occurs more frequently in pluriparæ than in primiparæ; and it takes place much more frequently during the first half of pregnancy, and especially in the earlier months of this, than during the latter half. The amount of discharge too is smaller than in normal menstruation. The duration of the pregnancy was normal in more than two-thirds of these cases (36), while in nearly one-third (14) of the cases it was interrupted, in 4 during its first, and in 10 during its latter half. As regards the development of the child, which by some authors has been supposed to be impeded by the occurrence of menstruation, this was found to be normal, or more than normal in three-fourths of the cases.—*Monatschrift für Geburtskunde. Band. 73. Pp. 401—408.*

#### EXCERPTA MINORA.

*A cheap Collodion.*—Steep white printing or machine-paper in concentrated sulphuric acid from five to eight minutes, and then wash and dry it. It becomes now as stiff as parchment; and if we cut it up small and digest it in ether, we obtain a substance not very different from common collodion, at a much cheaper price.—*Buchner's Report. No. 3.*

**New Colouring Substance.**—Dr. Waltl states, that a syrup prepared from the berries of the *phytolacca decandra* (Linn.) forms the best substance for imparting a most beautiful red colour to medicinal or other substances. A very small portion colours a large quantity.—*Buchner's Report*, No. 3.

**Corrosive Collodion in Nevus.**—Dr. Cösfeld reports, that he has derived great benefit from the employment of this substance (corrosive sublimate one part, and collodion eight parts) in the treatment of nevus. The eschar falls off from the tenth to the fourteenth day, and is not followed by suppuration. No pain is produced, and scarcely any cicatrix is left. For very small nævi one pencilling is enough, but in larger ones this has to be repeated: and in these it is best to effect their destruction gradually.—*Berlin Med. Zeitung*, 1857, No. 34.

**Painless Caustic.**—M. Picdagnel, after various trials, has succeeded in producing a caustic that may be employed, causing little or no pain. It is formed of three parts of the Vienna caustic in powder and one part of hydrochlorate of morphia, intimately mixed together, and then made into a thick paste by means of chloroform, alcohol, or water. It is applied to the skin on diachylon. A black eschar is produced in fifteen means, increasing in thickness with the duration of the application. The morphia mixed in the same proportions with powdered cantharides, prevents pain during the rising of a blister. M. Picdagnel, who at present has only used this means for the production of issues and blisters, states that the action of the morphia is merely local.—*Gaz. des Hop.* No. 39.

**Removal of a bone from the Œsophagus.**—Dr. Rice was called to an old lady the fifth day after she had swallowed a small piece of bone in some chicken broth, and which had become lodged in the Œsophagus, about two inches below the top of the sternum, completely preventing deglutition. After trying other modes of extraction he resorted to the following one with success:—Taking a piece of dry sponge about an inch long, and so shaped as to fill one-half of the Œsophagus, he tied it to the extremity of a whalebone sound. Turning back the head of the patient, he passed it dry as rapidly as prudent, until he became certain it had gone beyond the bone. A little fluid was now poured in, which enlarged the sponge to twice its former size, and on withdrawing this the bone was brought out with it.—*Boston Journal*, vol. lvii. p. 356.

**Apoplexy from violently shaking the head.**—Professor Childs, of New York, relates an interesting case of fatal apoplexy of the cerebellum. A young lady, in the summer of 1853, to amuse an infant shook her own head rapidly and violently a great number of times. Faintness and vomiting followed, and she was confined to bed during several days, and when she got up again staggered in walking. A seton alone did her temporary service; and December, 1854, Dr. Childs found she could not walk without help, was growing rapidly blind, and complained of dull pain in the occiput. She died from convulsions, January, 1855, the intellect continuing unaffected. An old, hardened clot of blood, the size of a large walnut, was found in the centre of the cerebellum, bathed in nearly two ounces of yellow serum inclosed in a cyst.—*Ibid.* p. 536.

**Florogene in Intermittent Fever.**—Some of the physicians at Cincinnati report very flattering success from the employment of florogene, the active principle of the apple-tree bark.—*Ibid.* vol. lviii. p. 28.

**Iodine in Snake-bite and Bites of Rabid Animals.**—Dr. Brainard, of Chicago, has for years used and pretty clearly demonstrated the value of iodine as an application to snake-bite. Dr. Massey commenced early in 1853 to treat wounds made by rabid animals with tincture of iodine. He applies it to the wound every five minutes for an hour, then an emollient poultice, and the iodine every hour for the next ten hours, then every four hours for the next twenty-four, and changes the poultice every twelve hours until the wound heals. He has employed this treatment with success in a number of cases. Some of the animals he has reason to believe were rabid, and others, perhaps, not so.—*Ibid.* p. 48.

**Granular Eyelids.**—Dr. Pitcher, of Detroit, recommends a solution of iod. zinc (℥j. or ʒj. ad ʒj.), applied with a fine camel-hair pencil. The editor of the *Western Lancet* uses perchloride of iron, previously scarifying the lids. Dr. Fenner, of Memphis, uses internally a decoction of *phytolacca decandra*, which is probably chiefly beneficial in cases associated with rheumatic disease.—*Ibid.* p. 48.

## GENERAL CORRESPONDENCE.

### ENCOURAGEMENT OF HOMŒOPATHY.

[To the Editor of the Medical Times and Gazette.]

SIR,—You have opened your columns for the discussion of a most important point of Medical ethics, and I am sure that every well-wisher of his Profession will thank you for bringing the subject thus boldly and uncompromisingly to the bar of Medical opinion.

I cannot but regret, however, to find that such a matter needs discussion. I could have hoped that the position of Medicine in relation to Homœopathy had been so clear and evident, as to leave no kind of room for doubt or hesitation, in the mind of Surgeon or Physician, how he should comport himself when brought into contact with the disciples of Hahnemann. I could have hoped, from the high position of dignity and of honour which our Profession at all times assumes—in the mouth of its leaders—from its constant repudiation of any association with the tricks and villanies which flourish in the world around us, that we should have been spared the humiliation of dallying, even in discussion, with any such alliance as Homœopathy.

The roads of Medicine and of Homœopathy are as diverse as the extremes of good and evil. One is the honest and humble search after truth, and the application of the results, thus conscientiously attained, to the cure of the ills that flesh is heir to—a true religion. The other is a degrading, presumptuous, and wicked cheat—a superstition. It is degrading because men who profess it, under the garb of science, practise upon the credulity of the ignorant masses of mankind, and thus, instead of elevating, assist in the degradation of their species. It is wicked, in that these men, sheltering themselves under, and deriving a cover of decency from, their nominal connexion with the legitimate body of Medicine (which utterly repudiates them), assume a false position, and act a dishonest part before the world. It is presumptuous, because it professes boldly to do what is impossible. This, at least, is what every member of our Profession must think of Homœopathy, so long as he truly remains a member of it. What possible dealings, then, can he have with such a thing?

You have well said it: Men who practise Homœopathy are either dupes or swindlers. With medicine they can have no kind of communing. And, I again repeat it, it tells not well of our Profession that we should need to be discussing at this day what our relation to Homœopathy should be.

What part the Physician should play in the presence of this delusion, one of the honoured heads of our Profession, Dr. C. J. B. Williams, has shown us by example. He peremptorily refused to meet the Homœopath, and was honoured by his Profession for doing so. And who can doubt but that his influence has prevented many a smaller man from falling into the temptation? But how is the Surgeon to act? He, we shall be told, is differently circumstanced. I utterly deny it. Men may raise a plausible argument to cover any doubtful action, as correspondents in your last Number, in my opinion, have done. Nothing is easier; and right principles may be thus obscured, but they cannot be stifled. Called upon suddenly to save life or relieve suffering, the Surgeon is undoubtedly bound to obey the call; but he is not bound, in doing so, to shake the hand of fellowship with the practitioners of this homœopathic subtlety. He may do his duty, though accidentally placed face to face with Homœopathy, and yet repudiate the thing. His manifest duty is,—and the higher his position, the more strictly is he bound to the duty,—while relieving his patient's suffering, clearly to proclaim his entire antipathy to the chicanery; and never even for an instant, or in the smallest particular, to allow the delusion to come between him and his patient in the treatment of the disease. Is any man in his senses to be told, that the Surgeon who meets a Homœopath without repudiating Homœopathy does not patronise Homœopathy in the opinion of the world? And does a Surgeon never administer drugs? This great Surgeon, the high world of fashion will naturally say, does not deride Homœopathy; he is free from the bigotry of his Profession; he has none in him of that narrow-minded sectarian spirit which repudiates great discoveries; he has met, and meets freely, our favourite Homœopath; he, at all events,

evidently gives his assent to the wonderful doctrines of Hahnemann. Yes! this is how the world will argue; and this is how Homœopathy is propagated, and is floated gaily on before the breeze of fashionable fancy! because men will grow rich at any price.

You may well say that the rising men of our Profession have a hard battle to fight. Hard indeed, if, while struggling for a position, they are deserted in the field of honour by their natural leaders, and left alone to sustain the unequal combat. I have known a leader come in and take the place of a junior Surgeon, who refused to join the family Homœopath in consultation; and, if report speaks not untruly, there is at least one consulting Surgeon in London who once repudiated an offer which would have brought him great gains as a Surgeon, but which would have rendered him little better than surgical lacquy to the Homœopaths; and another, perhaps, now occupies the position then refused!

I cannot doubt, for a moment, what the verdict of the Profession will be. It will have no dealings with the unjust thing, and it will not permit any man of high standing in our art to play with it. Let Homœopathy and aristocratic ignorance, knavery and credulity, form their combinations; but let Medicine keep her hands clean. Never was there a time when Medicine had more cause to demand from her followers *vitam puram prestare* (as enjoined by the Father of our art) than now. We see around us in every quarter busy quackery reaping rich harvests. The more unblushing the boastful impudence of pretence, the more widely does credulity open its arms to receive it. Lies, arrogance, and craft, enter freely where modest truth beats a retreat. In the face of this array of opponents, let us at least be true to ourselves. Let us insist that the line of demarcation be clearly and distinctly defined between them and us. Let it be loudly declared by the Profession, that there can be permitted no semi-alliance with the imposture. Who, indeed, are these carriers-on of the deceit, that we should use gentleness towards them? They have robbed a fictitious title from us, under which they stand before the world. Is there one of them who has driven a single nail into the edifice of Medicine? Well! it is at all events something of a boast to Medicine, that her own sons have been hitherto true to her; and this is a fact of which we may well be proud, that all the great deeds and discoveries which have advanced and adorned the science have been the offspring of their hands. It is a curious and most instructive truth, that of the grand makers of impossible cures, the high-priests of Arcana, the boasters and cheaters who sport or who have sported at large and with infinite success in that well-stocked preserve, human credulity—that of these, not one has done a single deed, or made a single discovery, tending to the progress of Medical knowledge, or has left behind him a name honoured by those whose honour is of price. Is there one of them who at this moment is known in the world of science—who has a reputation which reaches beyond the atmosphere of the street in which he lives?

Your correspondents, "*Vox Populi*" and "*Justa aut nihil*," are not persons with whom the Profession can entertain argument. The former is "a Patient, not a Medical man," and he must not be surprised if we decline his arbitration in a matter which touches our honour, and about which he is, of necessity, incapable of judging rightly. He, like the rest of his class—the populus, which ever revels in deception—is at perfect liberty to indulge in Homœopathic consultations, but he must also allow us equal liberty in refusing them. Your other correspondent, "*Justa aut nihil*," is, from the signature, evidently a female or nothing; the kind, tender, compromising spirit of the sex breathes out in every line. Her letter is what a woman's should be—an appeal to the heart, and not to the reason. Let me fondly hope that my Profession will produce no pen to back the sentiments these letters utter. The tale we are told about the sufferings of humanity, and the duty of giving instant aid to its sorrows in an unquestioning spirit, is all sheer claptrap. It is nothing more than a sort of salve, with which he who would pluck some of the sweets out of Homœopathy anoints his conscience. Whoever confers or compromises with an Homœopath, strikes a dagger into the heart of honest medicine, and stands convicted before the world, a patron of the deceit and a promoter of it. If, to-day, he has dealings with the globulist farce, why, to-morrow, should he not be found clinically consulting with the thousand beastly advertising quacks of the day? They also can produce their M.D. and their

M.R.C.S. diplomas, and therefore, according to the views of your amiable correspondents, are equally entitled to all consideration from us. And will not the Duke of this and the Earl of that naturally argue, when they see this communion between the heads of our Profession and the Homœopath, "Why, on earth, should we not admit the Homœopath into our army and our navy? The leading Doctors in London patronise the thing, why should not we? Excluding it is nothing but persecution; I will speak about it to Sir John Liddell and Dr. Smith to-morrow."

He who stands high in our Profession should never forget that he owes a deep debt of gratitude to his brethren for placing him there. They have recognised his merits, and they have rewarded him; but between them and him there is silently sealed a solemn compact, that he should in his high position illustrate widely to the world the honour of the Profession; that he should stand out in relief, an example of professional worth and lofty professional bearing. There are men who stain their hands and dabble with this thing, because the *res augusta domi* urges them; such persons we may pity in despising. But I do sincerely hope that they who do the evil without excuse—who betray the sacred trust of the Profession's honour (which, by the very fact of their high position, has been placed in their sacred keeping)—will still find our body good enough, and wise enough, and powerful enough firmly to resent the injury inflicted on it.

I am, &c.

A JUNIOR HOSPITAL PHYSICIAN.

London, April 20, 1858.

[To the Editor of the Medical Times and Gazette.]

SIR,—You seem to have overlooked the following letter to Dr. Pratt, by the wife of the gentleman of the patient near Stamford, to whom Mr. Fergusson was called by Dr. Bell, and as it has been published I think the following extract is worthy of attention:—

"London, Good Friday.

"Sir,—I have seen Mr. Fergusson this morning, who told me of your letter to him. . . . We did not send for Mr. Fergusson: Dr. Bell brought him, not knowing there was a Surgeon in Stamford liberal enough to meet him. When Mr. Fergusson came, he said Mr. Jackson's skill was equal to his own, and that there was no occasion to have brought him down, and that he was accustomed to meet homœopathic doctors constantly. Allow me also to tell you that Dr. Bell and Mr. Jackson entirely agree about the medical treatment of the 'gentleman;' and that Dr. Bell is now attending him here."

Now, Sir, I think some explanation of this letter is due to the Profession from Mr. Fergusson. Is it true that he is accustomed to meet homœopathic doctors constantly? Let me also ask, is it true that for months past he has been in frequent attendance on the Duke of Beaufort with the homœopathic Doctor Quin? When these questions have been answered I and other 'honourable gentlemen who act with me' will know how to act. I am, &c. VOX FAUCIBUS HÆSIT.

April 22, 1858.

[To the Editor of the Medical Times and Gazette.]

SIR,—In common, I am sure, with a very large body of the Profession, I rejoice to find that you, at least, have had the courage to seize the bull by the horns in the question of Medical men attending patients with Homœopathic practitioners. Allow me to suggest that the Medical societies of London should be specially summoned to take this subject into consideration; let the question be fairly argued; let us hear what each party have to offer in vindication of the conduct they are daily pursuing. There is no use in the question being blinked any longer, merely because those enjoying large practice are in the habit of meeting Homœopathic practitioners, or what in their own language they call attending surgically to a case while an Homœopath attends medically. This degrading of the art of Surgery I protest against, and call upon the Profession to join in protesting against, as most injurious to Surgery as a science. Your correspondents of last week, "*Vox Populi*" and "*Justa aut nihil*," surely cannot hoodwink the Profession with such miserable special

pleading as they make use of. It is quite true, that there is no use in the Junior-Surgeons refusing to attend patients surgically who are attended medically by Homœopaths, while they are met daily by the answer, "Oh! Sir Charles Locock and Mr. Fergusson meet them!" This would, indeed, bring us back to the days of Barber-Surgeons, when we only followed the orders of the Physicians—Go on, Sir, follow this case to the end, and you will be supported by all the respectable members of the Profession, whose motto should be—

QUODCUNQUE OSTENDIS MIHI SIC INCREDULUS ODI.

P.S.—The Reading resolutions will, no doubt, do good; but allow me to suggest that future resolutions should run thus:—

"That any Physician or Surgeon meeting in consultation, or acting with, or attending a case with an Homœopathic Practitioner, be not consulted by us, or met in consultation."

### IRIDECTOMY.

[To the Editor of the Medical Times and Gazette.]

SIR,—In a recent number of the *Medical Times*, you have published an article on the operation of Iridectomy in Irido-choroiditis and glaucoma as recommended by Professor von Gräfe, of Berlin, in which the authors, Messrs. Wharton Jones and Mackenzie, reflect in anything but measured terms on the professional reputation of that gentleman. I do not mean for one moment to dispute what the above celebrated writers have advanced, although I have seen too many cases of glaucoma cured by Professor Von Gräfe's operation, when everything else had failed, to coincide in their views; I merely wish to draw the attention of your readers to a fact.

Mr. Wharton Jones, in his "Principles and Practice of Ophthalmic Medicine and Surgery," says in speaking of internal arthritic ophthalmia (glaucoma), "The prognosis is altogether unfavourable; treatment has little influence on the disease; at the most it can merely mitigate or retard. Vision is sure to be abolished by a renewed attack. Eventually the eyeball may be destroyed." He, however, agrees with Dr. Mackenzie, in the article which has just been published, that "by puncturing the eye," and "proper Medical treatment," the disease can be cured. This is somewhat inconsistent with the high attainments and professional repute borne by this gentleman, and scarcely comes up to our English ideas of straightforward dealing.

I have only to add that Professor von Gräfe continues to perform his operation with success on patients who come to him from all parts of Europe, and where every other treatment has failed; and that the operations and after-treatment are not only witnessed by me, but by crowds of professional confrères, from all parts of the civilized globe.

I am, &c.

JAMES G. HILDICE, M.D.  
Dublin.

Berlin, April 17, 1858.

### CONJUNCTIVAL SUTURES.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am induced to send you a short communication, in consequence of an allusion which has been made to me in your last impression, in a note from a correspondent, respecting the use of sutures in the Surgical treatment of Strabismus.

It seems, then, that a late writer states in his monograph, that I am in the habit of using sutures in the operation for squint. A professional brother on the other side of St. George's Channel, of talent, high attainment, and wonderful industry, thinks that as he was the first in her Majesty's dominions to publish an account of such a method, his name should have been mentioned in the little book alluded to. This is all well enough, and does not need comment from me.

I have never claimed any originality for sewing up anything, nor have I been accused of such. I am not, therefore, writing in controversy. But, Sir, I am glad of this opportunity of saying a few words about employing the stitches. Ample practice, combined with experiment, study, and investigation, have

convinced me that I serve my patients' welfare, and my own reputation the best, in instances of internal squint, by operating in a particular manner, and using sutures. I shall be very concise, as I have neither time nor inclination for a long description.

I make a small vertical snip in the conjunctiva, just over the insertion of the internal rectus, together with the sub-jacent tissue; secure the muscle with a blunt hook, and sever it from its attachment to the sclerótica with a pair of blunt-pointed scissors. Thus I take great care not to cut or disturb the subconjunctival fascia more than can be helped, nor to divide more of the conjunctiva than covers the muscle. I unite the external wound by one or two sutures, generally two, and place them at the very margin of the edges, and make the adaptation as accurate as I can. I was long aware that sutures had been used or recommended before I tried them, although I do not remember whence I got my information. In my work on the eye I have alluded to M. Cunier as advising them. In all probability I had read Mr. Wilde's reports about the matter, as I peruse his productions when I meet with them; but I do not remember the fact. I was deterred from using the sutures, on account of dreaded irritation to the eye. I had not seen them applied, nor had I met with any one who could recommend them from personal knowledge. At last, being greatly dissatisfied with the gaping wound that resulted without them, and suspecting that far more perfect results might be obtained with them, I tried the practice. I was much surprised with the rapidity of union that ensued, and not less highly pleased with the several advantages that followed, such as quick healing, an absence of fungous growth, and no interference with the natural folds of the conjunctiva at the inner canthus. I have not found that the threads irritate; patients are not aware of their presence. At first, I used to remove them on the third day; but now I allow them to ulcerate away, a process that is generally accomplished from the third to the fifth day. It appears to me, then, that I adopt a plan by which I am most sure that the muscle is entirely divided, and by which, at the same time, there is the least violence inflicted consistent with that division.

I am, &c.

HAYNES WALTON,  
Surgeon to St. Mary's and the Central  
London Hospitals.

69, Brook-street, Hanover-square, 20th April, 1858.

### CANCER CURING.

[To the Editor of the Medical Times and Gazette.]

SIR,—The accompanying "work" was found in the letter-box of a neighbour of mine. It is entitled, "Extracts from the Report of the Surgical Staff of the Middlesex Hospital. By J. Weldon Fell, M.D. To which are added Extracts from Journals, &c." The following extract from these extracts will serve as specimens of the whole:—

"There lately has arrived in London one of these philanthropists from New York, a Dr. Fell, who cures cancer by *knifeless* extraction. Every Tuesday he invites his Medical brethren to visit his surgery, No. 70, Warwick-square, Pimlico, where they may freely inspect the different stages of the cure in the patients who assemble there for examination, between two and four o'clock. And certainly there never was seen a more joyous set of sufferers, most of them residing for a time under his own eye, in the pretty cheap lodgings with which Cottage-road abounds. The doctor places them under no restrictions of diet or medicine; they are allowed to walk or drive according to their habits and strength, and are not prevented by inconvenience from attending, if they desire it, Divine worship. To say they do not suffer pain would be untrue; but the paroxysms in most cases are not greater during the progress of the cure than before it commenced. They are all borne up by hope, and released from the horror of the knife, which, even with the blessing of chloroform or mesmerism, is a fearful ordeal to undergo—and such operations are not always radical cures. Dr. Fell asserts that, even if cancer appear again, the same remedies can be used without injury to the constitution, it having previously received no shock to the nervous system, either by the anticipation of the usual operation, or the pain from the dressing of wound



caused by the knife. Physicians of the highest celebrity have visited this gentleman, and have honourably come forward with their testimony of the extraordinary results from this treatment. Sometimes the cancer comes out whole, like a huge corn; sometimes in quarters, like the divisions of an orange. These are preserved in glass cases, for the inspection of any one who likes to visit the Doctor."

"From the *Lancet*, January 31st, 1857, page 128.

"We understand that Dr. Fell, the American physician, whose treatment of this disease has of late been so much spoken of in London, has made an arrangement with the authorities of the Middlesex Hospital, by which he has taken charge of a certain number of cases in the Cancer wards of that establishment, for the purpose of subjecting them to the action of his remedies.

"Dr. Fell has communicated, in confidence, the particulars of his treatment to the surgical staff, who will watch the cases, and report upon the results.

"This experiment reflects great credit on the Medical officers of the Middlesex Hospital."

"We of the *Profession profess* philanthropy, and man is never so God-like or philanthropic as when using laudable means, in alleviating the miseries of suffering humanity; and this I cannot more *effectually effect*, than by recommending him to those who are so unfortunate as to be afflicted with malignant ulcerations of every grade and character, they may come confidently expecting relief.

"Very respectfully,

"John A. Wilson, M.D."

The preface also is curious:—

"So many persons having sent to me for copies of the 'Report of the Surgical Staff of the Middlesex Hospital'—and a number of patients having applied to me in a suffering condition, after having undergone treatment by their surgeons with a view to the removal of their diseases by my plan of treatment, and, failing in the attempt, thereby bringing discredit upon it—I am induced to publish a few extracts from the journals of this and my own country, together with such extracts from the 'Report' as will be interesting to the public (the remaining part of the 117 pages containing only such matter as will be interesting to the Profession).

"The cause of the failure of so many Surgeons is no doubt explained by a clause in the Report, viz.—

"As much of the success of this treatment depends upon the mode of practising it,' &c. and as I do not think I should be held responsible for the 'mode of practising it' pursued by others, I have considered the statements contained in the following pages but just to myself and 'the treatment.'

"Another matter has been misrepresented by nearly every journal that has mentioned my connexion with the Hospital, viz. that I made the first overtures and sought the connexion. The fact is, I knew nothing of the Hospital, or of any one connected with it, until I received the following communication from the Board of Governors:—

'Middlesex Hospital,

'July 17th, 1856.

'Sir,—I am directed to inform you that the Board of this Hospital has been apprised, by one of its Governors, of your remedy for cancerous tumours, and the Board is anxious to learn if it will be agreeable to you to apply your remedy to some patients in this Hospital; and, in the event of your doing so, and the remedy proving to act satisfactorily, you would subsequently supply it to the Hospital, to be used under the direction of the Surgeons of the Hospital.

'I have the honour to be, Sir,

'Your most obedient servant,

'Dr. Fell.

'Alex. Sheddon,  
'Secretary.'

My object in reproducing these quotations *verbatim* is that the Surgeons of this and other countries may estimate at his proper value the American luminary who has reflected such "great credit on the Medical officers of the Middlesex Hospital."

I am, &c.

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April 16, 1858.

COLLEGE OF SURGEONS.—The Jacksonian Prize has been awarded to Alfred Poland, Esq., of Guy's Hospital, for his essay on "Gunshot Wounds, and their Treatment."

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 13, 1858.

Sir C. Locock, Bart., President, in the Chair.

A paper by Dr. TYLER SMITH was read on

#### A CASE OF COMPLETE INVERSION OF THE UTERUS OF NEARLY TWELVE YEARS' DURATION, SUCCESSFULLY TREATED.

The author commenced the paper by referring to two cases of inversion of the uterus, published in the "*Medico-Chirurgical Transactions*," in one of which extirpation was practised with recovery of the patient, while in the other, treated by palliative measures alone, death ensued eighteen months after delivery. He brought forward the present case as illustrating a new principle of treatment. Hitherto the cases in which re-inversion has been accomplished have been chiefly limited to cases of recent origin. It has been held that unless the inversion could be reduced soon after the accident, there was little hope of accomplishing it, death generally occurring at periods varying from a few months to five or six years. The operation of extirpating the uterus by ligature is a very serious one. Of thirty-four cases of extirpation, twenty-seven recovered and seven died; in nine of these cases the inverted uterus was mistaken for polypus. The subject of the present case was delivered, at the age of eighteen, of a first child, and inversion occurred at that time, but was not suspected by her attendant. When at length an examination was made, a tumour was found in the vagina, but the opinion of those who saw the case was divided between polypus and inversion. Flooding continued to a great extent for nearly twelve years, during which time she was never for a single day without sanguineous discharge. All attempts at replacing the uterus by those who considered it a case of inversion failed. The patient was sent to the author of the paper in September, 1856, by Mr. Griffith, of Port Madoc, North Wales, under whose care she had been for a short time. The symptoms of anaemia existed in the most marked degree. She was subject to epileptiform and convulsions, and frequent faintings. The drain of blood seemed to replace the other secretions to a considerable extent. She passed very little urine, and frequently went twenty-four hours without micturition. On examination, the uterus was found to be completely inverted, the neck of the uterus and the os uteri being very small and rigid. The author determined to attempt its reduction by continuous pressure, with the intention of dilating or developing the os and cervix uteri. With this object the right hand was passed into the vagina night and morning, and the uterus squeezed and moulded for about ten minutes at a time. Chloroform, which had been found so useful in cases of inversion of shorter standing, was not used, because of the feeble state of the heart and circulation, and the comparative absence of pain. In the intervals between these manipulations, in which the author was assisted by Dr. Vernon, the vagina was distended, and firm pressure exerted upwards by a large air pessary. These means gradually dilated the os uteri to such an extent as to allow of the partial return of the uterus, and on the eighth day from the commencement, complete re-inversion took place. The subsequent recovery of the patient was perfect. She has since menstruated regularly, and is in excellent health. The author combats the prevailing notion as to the immobility and unyielding condition of the os uteri in long standing cases of inversion, alluding to the readiness with which the uterus increases, diminishes, and alters in size, under appropriate stimuli. No amount of force will suddenly reduce a case of chronic inversion, but he believes that by air or fluid pressure, so as to convert the fundus and body of the uterus into a wedge, the os uteri may be slowly enlarged in any case, so as to admit of re-inversion. Since the presentation of the paper, the author has been informed that the patient is now in the fifth month of pregnancy. The paper concluded by a reference to other conditions, in which air or

fluid pressure had been of service, such as the arrest of flooding in abortion, placenta prævia, the expansion of the pelvis in cases of high deformity from mollities ossium, and the induction of premature labour.

The PRESIDENT said the author had observed in his paper that, owing to the condition of the patient, he did not think it prudent to use chloroform. He was evidently aware that cases had been recently recorded in which inversion of the uterus of long standing, though not so long as in the present instance, had been completely cured by pressure with the hand, under the influence of chloroform. He wished to ask the opinion of the author as to whether the use of chloroform would not cause the pressure to be effected in a very much shorter space of time, with much less distress to the patient, and perhaps even with more safety.

Dr. TYLER SMITH said his reason for not using chloroform was, the extremely feeble state of the circulation. He should have been afraid to keep the patient under the influence of chloroform for the time necessary to manipulate the uterus. Besides, the os uteri was so small that it would have been impossible to have done it at one or even at several sittings. At first, he could make no impression whatever, and he believed he could not have returned the uterus by pressure with the hand alone. It was only after the continuous use of the air pessary that he found the tumour receded at all. The reason why the pessary was forced through the os uteri, he believed was, that by the influence of the pressure, the os uteri was developed. It was by the process of development, rather than by the operative pressure, that the uterus was reinverted. Then, again, the operation not being painful, there was no bar to the use of considerable efforts to reinvert the uterus. The process of reinversion had often been tried in her case.

The PRESIDENT: With chloroform?

Dr. TYLER SMITH: Without chloroform. The use of chloroform, he conceived, would be in permitting the relaxation of the os uteri; but in this case the os uteri was so small, that dilatation at any one sitting would not, he believed, have effected the object.

Dr. SNOW did not think that the slow state of the circulation had been any bar to the administration of chloroform for ten minutes or so during manipulation. He had given chloroform to several patients, in operations for hæmorrhoids, who were reduced to the lowest state from previous hæmorrhage, and anæmiated to the greatest degree, and he never saw any ill effects from the chloroform in those cases.

Dr. T. SMITH asked Dr. SNOW if he would use chloroform for a patient subject to repeated faintings. He once saw chloroform used for the extraction of teeth in the case of a lady who had lost a very large quantity of blood by abortion, and he certainly feared that she would die. From what he had seen in that and in other cases, he should fear the use of chloroform for a patient who had lost blood to such an extent as to be frequently subject to fainting. The patient whose case he had described scarcely passed a day without fainting.

Dr. SNOW believed that a patient who was liable to fainting, would get through an operation better with chloroform than without it; but of course there was a limit to what might be done either with or without chloroform, when the patient was in an extreme degree of faintness.

Dr. MACKENZIE said the author had described the case as one of complete inversion, but it appeared to him (Dr. Mackenzie) that it scarcely came within that category. The late Dr. Hamilton of Edinburgh published a case of complete inversion, in which, upon simple treatment, the patient was enabled to live fourteen years with little or no inconvenience. The distinction he laid down between partial and complete inversion was, that partial inversion was attended with hæmorrhage, while complete inversion was not necessarily so attended. The history of the case, as detailed by Dr. Smith, brought it within the category of cases that he (Dr. Mackenzie) had seen, in which the inversion was partial, in which the body or cervix of the uteri was constricted by the os, and in which hæmorrhage necessarily occurred. He had lately met with a case of inversion that ended fatally. He was not at the time aware that inversion or reposition had been effected after a lengthened period; but he found on consulting various Journals that from periods averaging from three months to eighteen months or two years, reposition had been effected under chloroform without difficulty by mere manipulation.

(To be continued.)

## THE LATE PROFESSOR CHOMEL.

THE funeral of this esteemed professor was attended by a large concourse of persons celebrated in the world of science and medicine. The Faculty of Medicine, of which he once formed so distinguished a member, was represented by twelve professors in their robes; and M. Grisolle expressed in eloquent and feeling terms the sense they entertained of the loss they had sustained. M. F. Dubois, also, the Secretary of the Academy of Medicine, gave a short account of the principal events of the active career of the deceased professor.

From these sources we gather that M. Chomel, born in Paris in 1788, belonged to a family that had already produced accomplished practitioners, among whom were the physicians to two kings, Pierre Chomel, the author of the "Plantes Usuelles," a pupil and friend of Tournefort, and the founder of the Ecole de Pharmacie, and Jean-Baptiste Chomel, one of the historians of medicine. Receiving a solid education from his father, himself an accomplished man of letters, he early entered upon his hospital career. By hard labour and irreproachable conduct, he soon placed himself in the front rank of students. Interne and laureat in 1811, he received the title of Doctor two years later, and his thesis on that occasion, under the title of "*Essai sur le Rhumatisme*," continually quoted since, revealed the lucidity and rectitude of ideas that afterwards became so manifest. Early chosen physician to la Charité, he commenced courses of lectures on internal pathology, the success of which is still remembered; and he enriched Medical literature with various memoirs, all marked with the stamp of sound observation, a work on Fever, and a treatise on General Pathology. The latter, translated into various languages, has reached a fourth edition, and is everywhere received as an eminently classical production, and as a most invaluable introduction to the study of diseases.

These various works had conferred upon their author so high a repute that in 1823 he was chosen to fill one of the twenty-four places of *agregé* then created; and three years later, upon the death of the great author of the *Traité d'Auscultation*, Chomel was chosen by the faculty to occupy the chair of clinical medicine, rendered so illustrious by the genius of Laennec. He had now a vast theatre for the development of his remarkable qualities. His success, which never afterwards failed him, was so great that, placed in the same hospital, the Hotel Dieu, where Dupuytren until then had reigned alone, he became enabled to divide public favour with the great surgeon, and was not eclipsed by a teaching, then unequalled in Europe. Who indeed was better fitted than he to direct the young in so difficult an art as clinical teaching? The severity of his intellect protected him from the intoxication of hypothesis, as the soundness of his heart did from therapeutical extravagancies. An impassible and sagacious observer, he interrogated nature with skill, ingenuity, and perseverance, revolving all the facts, the better to estimate them, and attack them on their vulnerable side; as apt at grouping as at analysing phenomena so as to arrive at their individual value, he always remained within the limits of observation, verifying, but never supposing. In his lectures he never spoke as one inspired, he was but the *savant* who reasoned. Thus what prevision was observed in his diagnosis, what perspicacity and reserve in his prognosis, what wisdom in his therapeutical indications! Then, again, how this consummate physician excelled in moral medicine. There are ills not to be succoured unless we know how to partake of them; and Chomel was always able to find in the goodness of his heart, and the resources of his mind, sovereign means to raise the courage of even the most dejected.

Succeeding Royer-Collard at the Académie de Médecine in 1830, he was some time after advanced to a still higher honour, as member of the *Conseil Supérieur de l'Instruction Publique*, and he was there, as elsewhere, admired for the justness of his understanding, the excellence of his judgment, and the wisdom of his counsels. What more could be wanting to complete his happiness? The possessor of an immense practice and a large fortune, confided in by the highest personages, and loaded with honours, it would seem that all that could be desired was his. But reverses were in store for him. At the revolution of 1848, determined to follow the fortunes of the fallen dynasty, he abandoned practice, and resigned the offices he was so much attached to. This painful separation

was followed by domestic afflictions of the most poignant character, and lastly, by the ravages of a slow but painful disease. Amid his tribulation he was cheered by the sincere friendships he had known how to form in more prosperous days, and supported by the practice of a mild, tolerant and enlightened piety.

## MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 16th inst. :—

CALRY, J. W., Market Rasen, Lincoln.  
COLLYER, J., Playdon, Sussex.  
COUCH, W. O., Theberton-street, Islington.  
HARRIS, G. H., Army.  
HOLMES, W., Stoke Newington.  
HURDLE, G., Over Darwen, Lancashire.  
MALONE, J. G., Queenstown.  
ROSS, F. D., Tunbridge Wells.  
SMITH, T. P., Croydon.  
TAYLOR, C., Worcester.

Also, on the 19th inst. :—

DEARDEN, J., Accrington, Lancashire.  
EATON, J., Grantham.  
FURBER, G. H., Camden-road.  
GARNER, J., Birmingham.  
GRACE, H., Bristol.  
HAYWARD, H. H., Queen Anne-street, W.  
MOULD, G. W., Sudbury.  
SADLER, H. G., Wandsworth.  
STOKOE, P. H., Peckham Rye.  
VAWDREY, J. C., St. Agnes, Cornwall.  
WEAVER, F. P., Chester.  
WILLEY, J., Bristol.

The following name was omitted in the list of those who had passed the preliminary examination for the Fellowship :—  
HUMPHRY, CHARLES HENRY, Brighton.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 15, 1858 :—

SMITH, THOMAS PARKER, Croydon, Surrey.  
STOKOE, PAUL HENRY.  
WILLIAMS, CHARLES, Gloucester.

**MARISCHAL COLLEGE AND UNIVERSITY, ABERDEEN.**—On the 13th inst., after the usual examinations, Medical degrees were conferred on the following alumni, viz. :—

The degree of M.D. on  
WILSON, JAMES, Aberdeenshire.  
And the degree of M.B. on  
LESLIE, JAMES, Aberdeenshire.  
LIGHTBOURNE, WILLIAM ASHBURN, Argyleshire.  
MCKILLIAM, ROBERT, Aberdeen.  
PATERSON, HENRY, Aberdeenshire.  
REID, SAMUEL, Aberdeenshire.  
REITH, ARCHIBALD, Aberdeen.

At the same time, GEORGE CARR, M.B., of this University, was promoted to the degree of M.D.

**UNIVERSITY AND KING'S COLLEGE, ABERDEEN, 15th April, 1858.**—The following gentlemen, after examination, had the degree of M.D. conferred on them :—

BRUCE, WILLIAM, Aberdeenshire.  
DIXON, FREDERICK B., Norwich.  
DRUMMOND, JAMES, Kincardineshire.  
DUNCAN, JOHN, Morayshire.  
HENDERSON, GEORGE, Banffshire.  
HOLMES, JOHN, Derbyshire.  
ROBERTS, CHARLES, Kent.

The following gentleman was admitted as M.B. :—  
GRANT, GEORGE, Banffshire.

## DEATHS.

**BATES.**—On the 10th inst., at his residence, Sudbury, Suffolk, D. N. Bates.

**BRACHET.**—M. Brachet, of Lyons, Professor of General Pathology in the School of Medicine and President of the Academy of Medicine of that city, has just died, aged about 70. He has published several well-known works, among which may be mentioned his treatises on "Acute Hydrocephalus," on "Convulsions of Children," on the "Ganglionic System," on "Lead Colic," on "Hysteria," and on "Hypochondriasis." He has left his valuable library to the School of Medicine, and his country seat, together with a considerable sum of money, for the endowment of an institution for the reception of decayed members of the Profession.

**BURCH.**—On the 7th inst., at Sandown, Isle of Wight, Samuel Joseph Burch, M.R.C.S. Eng. and L.S.A. 1840, resident Medical officer, London Hospital, aged 42.

**BUSCH.**—Wilhelm Heinrich Busch, the celebrated Professor of Midwifery and Director of the Lying-in Establishment at Berlin, has just died, exactly at the completion of his 69th year, and just as his friends were preparing to celebrate his 70th birthday.

**HANNATH.**—On the 19th inst., at Stamford, John Hannath, M.D., aged 60.

**HYDE.**—On the 18th inst., at Battersea, James Cockburn Hyde, aged 74.

**ESENBECK.**—The great naturalist, Nees von Esenbeck, who has long held the presidency of the Leopold-Caroline Academy, and whose labours enjoy a world-wide celebrity, has just died at Breslau, at the ripe age of 82. We shall shortly present some account of his career.

**JONES.**—On the 8th inst., at Carnarvon, N.W., William Jones, M.D., late of the 1st, or King's Dragoon Guards, aged 81.

**MORENO.**—On the 28th Dec. last, at Buenos Ayres, Dr. D. Manuel Moreno, many years resident in this country as Minister Plenipotentiary from the Republic of the United Provinces of the River Plate.

**PAGE.**—On the 12th inst., at Calne, Wilts, George Page, M.D., in the 76th year of his age.

**STEVENSON.**—On Feb. 21, at Calcutta, R. D. Stevenson, sixth son of the late Rev. David Stevenson, of Wilton, Roxburghshire.

**STEWART.**—At Liberton Manse, near Edinburgh, James G. Stewart, M.D., F.R.C.P.E., H.E.I.C.S., aged 33.

## APPOINTMENT.

**UNIVERSITY OF LONDON—EXAMINERSHIP IN CHEMISTRY.**—At a meeting of the Senate of this University on Wednesday, the 14th inst., Dr. Alfred S. Taylor, F.R.S., Lecturer on Chemistry at Guy's Hospital, was elected Examiner in Chemistry in place of Professor Brande, who has resigned.

**INOCULATION WITH THE MATTER OF SMALL-POX.**—At Moneygall Petty Sessions, a woman, named Catherine Tierney, residing at Busherstown, was recently charged with inoculating two children for small-pox. The case was clearly proved, but as it appeared that the *doctress* had acted through ignorance, and as she undertook to give up the practice for the future, she was sentenced only to an imprisonment of twenty-four hours in Parsonstown Bridewell.

**AUSCULTATION IN 1793.**—The Editor of the *Boston Medical and Surgical Journal* directs attention to the curious facts recorded in the "Memoirs of the American Academy of Arts and Sciences." Vol. ii. p. 1, 1793. That a celebrated practitioner of that day, Dr. Edward Augustus Holyoke, diagnosed, by the application of the ear to the chest, the fact of a communication of an abscess in the thoracic walls with the lung. "On applying my ear," says Dr. Holyoke, "I plainly heard a whizzing," etc. "This is not the first instance," the Editor continues, "in which the great discovery of Laennec was almost anticipated." Dr. Walshe has happily chosen as a

motto for his work on the Diseases of the Lungs, a quotation from R. Hook, written in 1705: "Who knows but that we may discover the works performed in the several offices and shops of a man's body by the sounds they make, and thereby discover what instrument and engine is out of order?" Had Dr. Holyoke thought of applying the knowledge he obtained in this case to the diagnosis of thoracic disease in general, his name would have come down to posterity as one of the most illustrious in the annals of Medicine.

**MORTALITY OF THE PAST QUARTER.**—In the last quarter, viz. the thirteen weeks that ended on Saturday, April 3, the deaths registered in London were 17,308, of which 8193 occurred under 20 years of age, 2149 in the period of life 20—40 years, 2874 at 40 and under 60, 3247 at 60 and under 80, and 767 at 80 years and upwards. The average annual rate of mortality at all ages for the first quarter of five years (1853-57) was 26 to 1000 persons living; in the quarter that has just terminated the annual mortality was nearly the same, namely, 25·6. The mean temperature of the quarter was 38°, which is but slightly below the average; but the mean weekly temperature was below it in seven weeks (five of which were consecutive) out of the thirteen. In the same quarter of 1855, the mean temperature of the air fell to 34·1°, and the deaths rose to 19,627, a number which, though the population was at that time less, exceeds the deaths in last quarter by 2319. In both periods pulmonary diseases were in the ascendant. The present return shows that 4440 deaths were referred to diseases of this character, exclusive of phthisis and whooping-cough, being rather more than 25 per cent. of the total number. The two most fatal epidemic diseases were whooping-cough and measles, the former numbering 767 in the quarter, the latter 714. The East districts contributed a larger proportion of the deaths from these two complaints than any other of the five great divisions. The southern division, or all that part of London which lies on the south side of the river, contains a population which exceeds that of the eastern, but which lives on an area seven times as great. The following are the deaths in the quarter from diseases of the dietetic order:—18 from want of necessities, besides 71 of children from want of breast-milk; 9 from purpura and scurvy; 30 from intemperance, besides 27 from delirium tremens. These last numbers do not include deaths from injuries received by persons when drunk.

**CARLISLE DISPENSARY.**—A new building has been erected, in length 44 feet, by a breadth of 28 feet 6 inches, and a height of 25 feet—there being storeys with rooms 11 feet high. The whole is in the Italian style of architecture, and has a very neat though plain substantial appearance. It is surmounted by the inscription—Carlisle Dispensary, 1857. On the ground floor are a consulting room, 18ft. by 14ft., a spacious waiting room for patients, 26ft. by 12ft., a surgery 8ft. by 11ft., and a private consulting room for the examination of patients, 10ft. by 11ft. The patients enter by a door at the end of the building, and obtain their medicine from the surgery, through a small window which communicates with the waiting-room. Ascending by a winding staircase, we find on the upper floor a commodious and neatly fitted up committee-room, 16ft. by 11ft. 2in. It is already furnished with table and chairs, and is decorated with a neat cornice. There is also a sitting-room, three bed-rooms, and a kitchen, the latter fitted up with an ample and complete kitchen range. The whole is lighted with gas and well supplied with water. There are two convenient yards situated behind the building, one for the use of the house and the other for the patients. The building has cost about £700. At a meeting of the supporters last week it appeared as to the charges made for medicine, that in 1818 they were £176 19s.; in 1819, £141 18s.; then going back nearly ten years; in 1832 they were £166 14s.; in 1833, £162 13s.; 1834, £100, and in 1842 no less than £165 2s.; whereas, they only cost £36 4s. 7d. last year. Mr. Waldie asked, How are we to explain the change? and the Dean replied, Why the system's altered. Doctors don't now give so much doctors' stuff. (Laughter.) The Dean in his speech said, "I may observe that I have just been reading a narrative of the dreadful siege of Cawnpore, and I must say that my estimate of the grandeur of the Medical profession has been greatly heightened by that perusal. It was a noble thing to find that Medical men, weak-handed as they were, exposed as they were with any of the soldiers to all the dangers of the field, were engaged from morning to night in

tending the sick and healing the wounds of those who had been struck down. It is a most touching narrative. We are much indebted here for the exertions of our Medical men on a more peaceful scene; they were most able and most diligent. I thought for a moment that Dr. Rae had said the patients were treated homœopathically, but though I have little faith in homœopathy, I have still less in the allopathic system, and I should feel inclined to estimate the value of a Medical man inversely by the quantity of medicine he gives."

**STATISTICS OF THE MEDICAL PROFESSION IN PRUSSIA.**—The latest of these that have been published relate to the year 1856. According to these, for a population of 17,397,009 souls, there were 4019 doctors in Medicine or Surgery, and 1786 *wundärzte* (a lower class of surgical practitioners)—total 5804. There were also 1510 apothecaries or druggists. This gives a medical practitioner to about every 2950 inhabitants, and an apothecary to about every 11,340. Berlin.—In 1856, with a population of about 433,000 (exclusive of 16,648 soldiery, and about 4231 individuals belonging to these) souls, there were 500 doctors, 81 *wundärzte*, 39 dentists, 38 apothecaries, 70 veterinary surgeons, 137 midwives, and 24 of a newly-created health assistants. This gave a doctor to every 866, a *wundärzte* to 5345, a midwife to 3160, and an apothecary to 11,394 inhabitants. As compared with former years there is an increase of doctors and midwives, and a diminution of *wundärzte* and apothecaries. Hospitals.—There were treated in the Charité Hospital, Berlin, during 1856, 10,344 patients (5680 males and 4664 females). Of this number 8249 were cured or relieved, 207 were discharged uncured, 1 left, 966 died, and 921 remained under treatment. This mortality—proportion of 9·3 per cent.—is more favourable than had been observed during the preceding 10 years, a fact attributable to the good state of public health during 1856, inasmuch as the general mortality of civilians was only 11,280 as compared with 12,627 deaths in 1855. Taking the whole of the public hospitals in Berlin, the number of patients treated during 1856 amounted to 15,837, and the deaths to 1654, i.e. a mortality of 10·4 per cent. Comparing the number of civilians in Berlin, and the deaths of civilians, it will be found that 1 of every 27·3 inhabitants was treated in Hospital; and 1 of every 6·8 deaths took place in Hospital. In 1855, 1 in every 25 was so treated, and 1 in every 5·6 deaths took place there.

**NOVEL APPLICATION OF PHOTOGRAPHY.**—M. Péroz, Professor of Chymistry at the Conservatoire des Arts at Métiers of Paris, has just published a most interesting discovery of his, by which photography may be applied to the ornamenting of silk stuffs. The bichromate of potash is a substance commonly used in photography, being extremely sensitive to light. If a piece of silk stuff impregnated with this salt be exposed to the rays of light penetrating through the fissures of the window-blinds in a closed room, the points where the stuff has received these rays of light will assume a peculiar reddish tint. Now, suppose a piece of medal or of strong paper to be cut out after a given pattern, and to be laid upon a piece of silk prepared as before; if exposed to the sun, or, better still, to simple daylight, the pattern will be reproduced in a few instants. The pale red which the parts acted upon by the light assume is so permanent that nothing can destroy it; nay, it will fix other colours, such as madder, campeachy, etc., just like a mordant, and in that case it will modify the colour of those substances in absorbing it. The experiment may be varied as follows:—Let a fern leaf be laid upon a piece of prepared silk and kept flat upon it by a pane of glass; then that part of the silk which is protected by the leaf will retain its original colour, while all the rest will receive the impression of light, as above described, forming the ground on which the figure of the leaf will appear in white, grey, or whatever other colour the silk may have had before the operation. The richest patterns may thus be obtained on plain silks, and at a comparatively small expense.

**NATURAL AND UNNATURAL MORTALITY.**—The Registrar-General for Scotland says—"When attention was first directed in this country to sanitary inquiries, the earlier writers on the subject were accustomed to speak of a death-rate of 2 per cent. (200 deaths in every ten thousand persons) as a low mean, from which they might calculate that all the

deaths below that mean might be ascribed to natural causes, but all those above it to unnatural or preventible causes, which might be removed by proper sanitary arrangements; and their efforts were to be directed to improve the general health of the community, in order that this low rate of 2 per cent. might be attained. Improved knowledge and further inquiries have elicited the fact, that certain rural districts exist in England where the mortality, as a mean, does not exceed 170 deaths per annum in every ten thousand living; and the fact that the mortality in all the rural districts of Scotland, as a mean of the last three years, only amounts to the proportion of 156 deaths in every ten thousand of the estimated population, not only justifies the Registrar-General of England in considering all the deaths above 170 in every ten thousand persons as unnatural deaths, but would warrant the reduction of the death-rate of what might be termed natural causes, to 150 deaths per annum in every ten thousand persons. We know, that, in the rural districts, where the above low rate of mortality prevails, a certain proportion of the deaths arose from causes which may be described as preventible, and which improved sanitary arrangements would remove; so that, in so far, at least, as Scotland is concerned, it would be fair to consider all the deaths above 150 in every ten thousand of the population ( $\frac{1}{4}$  per cent.) as unnatural deaths, which might be prevented were sanitary and other arrangements duly attended to. Had such been the death-rate over Scotland for the last three years, there would have been a saving, during that period, to the extent of 46,155 lives."

**ST. MARY'S HOSPITAL, MANCHESTER.**—We learn from an interesting lecture by Dr. Radford that this hospital was founded in 1790. "It had always been a dispensary, not only for the treatment of diseases of infants, but also for those of children. The noble building in which they were then assembled, raised to commemorate the visit of our most gracious Queen, had been intentionally and architecturally constructed to receive and relieve the sufferings of women and also those of her offspring. Provision was now made in St. Mary's Hospital for about fifty children. In cases where they are of tender age, and required their mother's care, they were admitted to take charge of and suckle them. In that hospital there was no limitation of age for the admission of females, but male children were not admitted after a certain age. It was now fully determined to open that institution for educational purposes. It was quite impossible to teach this department of medicine otherwise than by giving along with oral disquisition, practical instruction, and it was a matter of sincere gratulation to himself confidently to state that his colleagues had entered 'heart and hand' into this good cause; and he had the satisfaction to state that the lectures delivered in that hospital were now fully recognised by all the examining boards of the different universities and colleges of Great Britain and Ireland. The intended system of education would embrace full and complete courses of lectures on that branch of medicine treated there, combined with practical instruction. One important feature in the arrangements would be that clinical lectures would be regularly delivered." The lecturer then pointed out to students of medicine the advantage which would be offered to them by the proposed arrangement, and said that Dr. Clay would give the introductory lecture on the practice of that hospital on the 3rd of May, and Mr. H. Winterbottom would give his introductory lecture on the following day.

**THE MEDICAL CHARITIES ACT OF IRELAND.**—A deputation of Medical practitioners waited last week on Lord Naas, on the subject of the amended bill, in reference to the Medical Charities Act of Ireland, lately introduced into Parliament. The deputation consisted of Sir Henry Marsh, President of the College of Physicians, Hans Irvine, President of the College of Surgeons, and a number of presidents and secretaries of the associations. Dr. Mackessy opened the proceedings by entering into the clauses of the bill, which are pronounced by the Profession to be objectionable. The clause appointing non-Medical for the present Medical inspectors was dwelt on at great length, and resolutions from the Colleges of Physicians and Surgeons disapproving of it were read, and a universal feeling expressed of its being not only unjust to the destitute poor and to the ratepayers, but to the Medical profession. The other questions—a minimum salary of £100 per annum for poor-law Medical officers—the

necessity of cancelling tickets got by persons in comfortable circumstances, were, with other important matters, alluded to. Lord Naas observed that he considered the second and third clauses of the bill deserving special consideration, and he therefore sought the opinion of the gentlemen on the question of substituting the poor rates as a source of pecuniary support for the infirmaries as contemplated in these clauses. A unanimous feeling was expressed condemnatory of such a substitution, and several instances were shown, that the class of persons receiving infirmity relief would shrink from becoming inmates of a poor-house Hospital under any circumstances; and, further, that such a change would tend to a demoralizing effect. With these views Lord Naas seemed to concur.

**TOWN AND COUNTRY MORTALITY.**—According to the last return of the Registrar-General for Scotland, it appears that wherever masses of human beings are crowded together, there it would appear that the rate of mortality is proportionally higher. This not only appears by contrasting the deaths in the manufacturing and mining counties with those in which the greater part of the population is engaged in agricultural pursuits, but is more strikingly manifested, by dividing the population of Scotland into residents in the towns, and dwellers in the country. Thus, during the year 1857, in the 129 town districts, which include the half of the Scottish population at the taking of the census in 1851, there were registered 38,436 deaths; whilst, in the 866 rural districts, with an equal population, the registered deaths only amounted to 23,489—thus showing an excess of deaths in the town districts to the extent of 14,947. In other words, the inhabitants of the towns were cut off during the year in the proportion of 244 deaths in every ten thousand persons, or 1 death in every 41 persons; whereas, in the rural districts, the proportion was 157 deaths in every ten thousand, or 1 death in every 63 persons living.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, April 17, 1858.

### BIRTHS.

Births of Boys, 1009; Girls, 956; Total, 1965.  
Average of 10 corresponding weeks, 1848-57, 1583.

### DEATHS.

	Males.	Females	Total.
Deaths during the week ... ..	681	576	1207
Average of the ten years 1848-57 ... ..	566.6	535.0	1101
Average corrected to increased population ... ..	...	..	1212
Deaths of people above 90 ... ..	...	2	2
Deaths in 15 General Hospitals ... ..	36	17	53

### DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Whooping-Cough.	Diphtheria.	Typhus.
West ....	376,427	...	9	3	16	4	5
North....	490,896	1	9	10	11	3	5
Central ..	893,256	...	10	7	8	...	4
East ....	485,522	1	10	5	20	1	8
South ....	616,685	1	17	12	22	4	15
Total..	2,362,286	3	55	37	77	12	37

### METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer ... ..	29.821 in
Mean temperature ... ..	46.7
Highest point of thermometer ... ..	48.1
Lowest point of thermometer ... ..	27.9
Mean dew-point temperature ... ..	38.0
General direction of wind ... ..	N.E.
Whole amount of rain in the week ... ..	0.22 in.
Amount of horizontal movement of air in the week ... ..	320 miles

## TO CORRESPONDENTS.

If Students would make some of the experiments he suggests, he might render good service to medicine.

*W. S. S.*—Barlow's Manual, or Aitken's Handbook.

*Fair-play.*—The horse does not kick every cur which runs yelping at his heels.

*Mr. Windsor's* translation of Gräfe's paper shall appear entire; but it had better be deferred until after the professor's own reply to Dr. Mackenzie and Mr. Jones.

*Mr. Haviland's* letter arrived too late for the subject to be treated this week.

*Professor A. von Gräfe's* reply to Dr. Mackenzie and Mr. Wharton Jones shall appear next week if possible.

*Dr. Bence Jones's* paper "on sugar as an article of diet in Diabetes Mellitus" shall appear next week.

*Dr. Cotton, King's Lynn.*—We wish to avoid comments on the management of other journals. Had a full report of the College Festival been sent to this journal by the Council, it would, in all probability, have received immediate insertion.

*J. F. S.*—No objection whatever—quite the reverse.

*Mr. Houghton.*—As soon as possible, but there are several papers in type which must appear previously.

*Dr. Steel.*—Next week.

*Juvenis* informs us that in the year 1820 Dr. Wood practised revaccination in the second week of hooping-cough with the best results. Perhaps he will refer us to Dr. Wood's paper on the subject. Our correspondent also desires to know "if the health of our towns would be improved, if instead of burning our dead, the *Egyptian plan* were practised in this country, of depriving the bodies of all moisture by exposing them to the heat of public ovens for some hours, by which the bodies may be reduced to a few pounds only."

#### DOUBTFUL STATEMENTS OF PATIENTS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Your correspondent "T. J. W." reminds me of that description of warrior who can only fight behind stone walls, and shows the tenor of his mind by quoting a vulgar proverb in his strictures upon a case of aneurism reported in your previous number. For I am at a loss to imagine what connexion there can be between a bird fouling its own nest, and a faithful history of an interesting surgical disease, in the details of which none but a mind woefully perverted from the standard of right could find anything to reflect upon one's Professional brethren. I am, &c.

Sussex County Hospital, April 20, 1858.

FRED. JOWERS.

#### CHLORODYNE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In reply to your correspondent "Chemicus," I beg to observe that chlorodyne does unquestionably contain an alkaloid, which, to my knowledge, is quite new in therapeutics, and, if necessary, I am quite willing to substantiate this statement (as suggested by "Chemicus") before any tribunal; consequently your correspondent's statement is at variance with truth, and if any credence is attached thereto, it will most assuredly mislead and disappoint.

"Chemicus" is also in error in attributing my denial of the correctness of the various analyses to any slight equivocation, such as sugar or treacle. I assert again, most positively, it is not the case. The active principle is the foundation for my denial, and without that all the various analyses of chlorodyne will fail to produce the remarkable physical or medicinal effects which the Profession so willingly and justly attribute to the genuine chlorodyne.

Your correspondent is likewise wrong in presuming that I attach importance to the physical appearance of chlorodyne; a careful perusal of my letter in your journal of April 10th, will readily convince any impartial reader that its therapeutic action is mainly referred to. I coincide with "Chemicus" in regretting that the Government of this country has not provided an authority to arbitrate and recompense the authors of valuable discoveries, likewise to expose and punish misrepresentations. The universal acknowledgments of the merits of chlorodyne would have obtained the former, whereas the misrepresentations of "Chemicus" would have justly claimed the latter, as such statements as his tend to increase the misfortune of the afflicted, and cause great dishonesty with those who prepare and vend the fictitious compound.

I regret that "Chemicus" deems it necessary to withhold his name; his cause must be weak indeed to require such unmanly protection. I would further observe that in future anonymous communications will be unnoted.

I am, &c.

J. T. DAVENPORT.

33, Great Russell-street, Bloomsbury,  
April 21st, 1858.

#### MEDICAL EPITAPHS.

A prolonged medical statement of the disease of which the departed may chance to have died is extremely popular. At Acton, in Cornwall, there is this account of how one Mr. Morton came by his end:—

"Here lies entombed one Roger Morton,  
Whose sudden death was early brought on;  
Trying one day his corn to mow off,  
The razor slipped and cut his toe off:  
The toe, or rather what it grew to,  
An inflammation quickly flew to:  
The parts they took to mortifying,  
And poor dear Roger took to dying."

And here is a still more entertaining one, upon a certain lady in Devonshire; singularly free from any nonsensical pretence or idle bravado:—

"Here lies Betsey Cruden,  
"They woud a leaf'd but she cooden,  
'Twas na grief na sorrow as made she decay,  
But this bad leg as cam'd she away."

Whenever I read (and it is often) of folks who were passionately desirous to leave this vale of tears, I shake my head, and quote the simple-minded Betty: "For all this," says I, "they woud a leaf'd, but they cooden."

There is a distressing inaccuracy of metaphor in the following south country elegy, but the meaning is painfully distinct:—

"Here lies two babes as dead as nits,  
They was cut off by ague fits."

A doctor of divinity, who lies in the neighbourhood of Oxford, has his complaint stated for him with unusual brevity, as well as his place of interment:—

"He died of a quinsy,  
And was buried at Binsy."

To complete these medical extracts, I may quote this warning cyprus-flower, culled from a Cheltenham cemetery:—

"Here lies I and my three daughters,  
Killed by a drinking of the Cheltenham waters;  
If we had stuck to Epsom salts,  
We'd not been a lying in these here vaults."

COMMUNICATIONS have been received from  
Dr. SYMONDS, Clifton; Dr. FYFE, Aberdeen; Dr. MARION SIMS, New York; Mr. P. HEWITT; Dr. OGILVIE, Aberdeen; PROFESSOR A. VON GRAFE, Berlin; Dr. STEEL, Carlisle; SECRETARY, GENERAL BOARD OF HEALTH; Mr. RIVERS; Dr. RYAN; Mr. COLLET; Mr. FOX; Dr. HILDIGE; Mr. MARSTON; Dr. F. ADAMS, Aberdeen; REGISTRAR GENERAL; Dr. MAYR, Dr. POLITZER, and Dr. SCHULLER, Vienna; Mr. J. EARLE; Mr. C. J. EVANS; Dr. FOWKE; Mr. T. MARTIN; Mr. J. CLARKE; Mr. W. HUNT; Mr. F. KEMP; Mr. BINGHAM; Mr. GREEN; MEDICUS; Dr. BENICE JONES; Mr. WINDSOR, Manchester; Mr. ADAMS; Mr. DICKINSON; Mr. YARNOLD; Mr. MILL; Mr. TALBOT; Mr. McDERMOTT; Mr. WRIGHT; Mr. HAVILAND; Dr. SEMPLE.

## APPOINTMENTS FOR THE WEEK.

April 24. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's 2 p.m.; Charing-Cross, 1 p.m.

ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Quekett, "On the Vertebrata."

MEDICAL SOCIETY OF LONDON, 8 p.m.: A. Poland, Esq., "On the Recent Improvements in Ophthalmic Practice by a more cautious Administration of the Drug Mercury."

ROYAL INSTITUTION, 3 p.m.: Edwin Lancaster, M.D., F.R.S., F.L.S., "On the Vegetable Kingdom in its Relations to the Life of Man."

### 26. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopaedic Hospital, 2 p.m.

### 27. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Quekett, "On the Vertebrata."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8 p.m.: Mr. William Sweeting, of Abbotbury, "On a Case of Laceration of the Ileum without External Injury, &c.," Dr. Murchison, "On Contributions to the Etiology of Continued Fever," Mr. Coulson, "On a Case of Hydatids in the Tibia."

ROYAL INSTITUTION, 3 p.m.: J. P. Lacaita, Esq., "On the History of Italy during the Middle Ages."

### 28. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopaedic Hospital, 2 p.m.

### 29. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Quekett, "On the Vertebrata."

ROYAL SOCIETY, 8½ p.m.

ROYAL INSTITUTION, 3 p.m.: Professor Tyndall, "On Heat."

### 30. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

ROYAL INSTITUTION, 8½ p.m.: Professor A. C. Ramsay, F.R.S., "On the Geological Causes that have influenced the Scenery of Canada and the North-Eastern Provinces of the United States."

## EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday), at 2 o'clock:—

Talipes varus; recto-vaginal fistula. By Mr. Fergusson. Removal of necrosed bone from os calcis. By Mr. Bowman.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock:—

Removal of necrosed bones of the foot. By Mr. Holt.

St. Mary's Hospital.—The following operation will take place on Wednesday (the 28th), at 1 o'clock:—

Vesico-vaginal fistula. By Mr. J. B. Brown.



## ORIGINAL LECTURES.

## LECTURES

ON

THE ANATOMY, INJURIES, AND DISEASES  
OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,

Professor of Anatomy and Surgery to the College.

## ON FRACTURES OF THE SKULL.

LECTURE III.—*Concluded.*

## ON INDIRECT FRACTURES OF THE BASE OF THE SKULL.

A fracture at the base may manifest itself by an escape of blood into the cellular tissue of the orbit and eyelids; by bleeding at the nose, or subsequent vomiting of blood; by bleeding from the ears; by an escape of blood into the cellular tissue in the mastoid region, or into that of the back of the head.

The blood effused into the orbits may be either venous or arterial; the former, however, is by far the more common of the two. The anatomical relations of the back of the orbit with the large venous channels in its immediate neighbourhood, as well as the close connexion of the bones with the ophthalmic artery, will at once give us the sources from whence the blood is derived.

A fracture involving the orbital plates of the frontal bone, and extending into the sphenoid, may implicate either of these sets of vessels.

The blood, at first poured out at the back of the orbit, soon makes its way forward: readily infiltrating the loose cellular tissue of this region, it first shows itself under the ocular conjunctiva, and subsequently spreads into the eyelids.

We have, then, generally to deal with blood in the eyelids, and blood under the ocular conjunctiva. Now that in the eyelids is only of use to us in as far as it co-exists with an effusion under the ocular conjunctiva. It is then the blood effused in this situation which becomes the one important point. In attempting, therefore, to draw our diagnosis, let us not forget the exact course which the blood must of necessity take, if it comes from the back of the orbit; and bear in mind that we ought not to be able to trace the limits of this subconjunctival effusion: *a few patches here and there are of no value.*

A blow on the forehead, or on the temple, or on the cheek, may give rise to infiltration of blood in the eyelids, the ocular conjunctiva remaining clear all the while. It is at once evident, under these circumstances, that the blood in the lids cannot have proceeded from the vessels at the base of the skull. There may even be a few coloured patches of blood under the ocular conjunctiva, and yet the evidence will be the same, so long as the effusion is limited to the subconjunctival cellular tissue at the front part of the eyeball.

To be of any value as a diagnostic sign, the extravasated blood observed about the front part of the eyeball must extend into the cellular tissue of the orbit beyond our sight.

It is, then, as I have already said, the effusion of blood under the ocular conjunctiva which must serve us as a guide in our diagnosis.

The roof of the orbit may be extensively broken—this injury may or may not be accompanied by bruising of the eyelids—there may be an effusion of blood at the back of the orbit, and yet, so long as the ocular conjunctiva remains clear, we have really no means of getting at the true nature of the accident.

In analysing twenty-three cases of fractured base of the skull, involving more or less extensively the orbital plates of the frontal bone, all of which occurred at St. George's Hospital within the space of ten years, I find that, in eight cases, there were no traces of extravasated blood to be seen either in the eyelids or under the ocular conjunctiva, and that, in five cases, the effusion of blood occupied the eyelids only, so

that in these thirteen cases there could have been no suspicion whatsoever as to the existence of a fracture. But, on the other hand, the nature of the accident was most clearly revealed in the remaining ten cases by an effusion of blood which occupied both the ocular conjunctiva and the eyelids.

If the patient be seen at a very early period after the accident, or if the effused blood be in small quantity, it may be altogether confined to the subconjunctival cellular tissue of the eyeball, where it first becomes visible; but this I have only seen in a very few instances; in the majority of cases which have fallen under my notice, the blood has been effused in the eyelids as well as upon the eyeball. I cannot, however, quite agree with M. Velpeau in thinking that the lower lid always becomes discoloured before the upper one: that the blood does most frequently gravitate into the lower lid there is no doubt, but I have several times seen the upper lid and subconjunctival cellular tissue of the eyeball ecchymosed, without any discoloration of the lower lid.

So great sometimes is the effusion of blood into the orbit, that the eyeball is protruded from its socket: whenever this happens it always indicates that the fracture is most extensive. Protrusion of the eyeball from extensive effusion of blood into the orbit occurred in three out of the ten cases to which I have alluded.

I have been led thus to dwell at some length upon the state of the ocular conjunctiva in these cases, as, from all I have seen, I feel convinced that many errors in diagnosis are committed for want of a little care in examining the exact state of this tissue before we express an opinion as to the existence or non-existence of a fracture of the base.

These remarks, will, I think, be most aptly illustrated by a case which fell under my notice some time back.

A man met with a severe injury of the head, which was followed by ecchymosis of the eyelids, and of the ocular conjunctiva, with marked protrusion of the eyeball. The case was pointed out to me as one in which the signs of fractured base, involving the bones of the orbit, were clearly marked, and such indeed had been the diagnosis given of this case. But, on separating the bruised eyelids widely from each other, I perceived that the effusion under the ocular conjunctiva consisted merely in some small patches of blood in the immediate neighbourhood of the cornea; and, as I could distinctly see that all the remaining part of the cellular tissue covering the eyeball was perfectly clear, I at once expressed my doubts as to the correctness of the diagnosis. 'The man died in a few days. No trace of fracture was detected at the base of the skull, and the cellular tissue of the orbit was free from blood. There was nothing in the condition of the orbit to account for the protrusion of the eyeball.

In this case it is evident that with a little more care the error in diagnosis might have been avoided.

Some cases will, however, baffle the most attentive Surgeon. Now and then, but very rarely as far as my own experience goes, a case is met with, in which there is extensive effusion of blood in the eyelids and in the orbit, pushing forwards the eyeball, without any fracture at the base. A case of this kind, which happened some few years back at St. George's Hospital, has been reported by Mr. Timothy Holmes.

A gentleman having been thrown from his horse, was admitted into St. George's Hospital shortly afterwards, in a state of complete insensibility. Over the left eye were two very small wounds, one of which led down to roughened bone. The left orbit was full of blood, the eyeball pushed forwards, and the lids very tense. On opening the lids the ocular conjunctiva was seen to be full, but not chemosed. The next day the ecchymosis in the orbit had increased. The patient died on the fourth day after the accident. No trace of fracture could be discovered about the base of the skull, but there was a fracture separating the angular process of the malar from the frontal bone, and displacing it slightly inwards; and it was from this spot that the blood had got into the orbit. A linear fissure was also found extending through the orbital process of the malar bone to the suture between it and the sphenoid.

Thus far, I have spoken only of the extravasation of venous blood into the orbit; but the effusion of arterial blood into this region presents even further interest, in as much as it may lead to the formation of a traumatic aneurism, which may go on increasing in size, and thus imperatively call for surgical interference.

(a) In the year 1834, a boy, who had fallen into a ship's hold, was admitted into the London Hospital, under the care of the late Mr. Scott, with concussion of the brain. On the right side of the head there was a violent contusion, with a good deal of swelling; there was also protrusion of the right eye, which was fixed and motionless; the pupil was dilated, and vision was lost. There were no symptoms of cerebral pressure. He gradually recovered from the concussion of the brain, but the eye became more and more prominent. The protrusion of the globe immediately after the accident, without symptoms of cerebral compression, proved that it arose from extravasated blood within the orbit; and the further continued protrusion rendered it probable that the aperture in the vessel from which the blood escaped had not closed. As the globe became more prominent, pulsation was felt on pressure; and, when the lids were separated, the eye could be distinctly seen to be propelled forward, at each stroke of the heart. Pressure was made on the globe; but, after being borne for two days, it occasioned so much pain that it was removed. Five weeks after the accident, a profuse arterial hæmorrhage occurred from the nose, just after examination of the eye. Mr. Scott commanded the bleeding by pressure on the right common carotid artery, and immediately secured that vessel by placing a ligature around it. The protruded globe at once receded to a great degree. The operation had the desired effect. The prominence of the eye gradually diminished, and the lad was ultimately cured.

In the year 1835 (b), a seaman, aged 20, was admitted into the Seaman's Hospital, under the care of Mr. Busk, with the usual symptoms of severe concussion of the brain, accompanied by considerable bleeding from the right ear, and some tumefaction over the right temple. There was also a small lacerated wound behind the left ear. It was stated that he had received from the gaff of the vessel to which he belonged a severe blow on the right side of the head, by which he was immediately rendered insensible. The bleeding from the right ear continued all night. The next day he was quite sensible, did not complain of any pain, but appeared dull. On the day following he was still very dull, and it was found that he was quite deaf on the right side. The condition of the right eye presented nothing abnormal; but the eyelids and integuments about the left eye were swollen from serous effusion, its pupil was closed and fixed, and he was unable to move the globe of it in any direction. There was also paralysis of the facial muscles on the left side. On the eleventh day after the accident he complained, for the first time, of an uncomfortable numbness in the left side of the face, and a sensation of dryness about the mouth, which was, however, as moist as possible. Some purulent discharge was observed about the right meatus. On the twelfth day, the integument of the face and nose, and the scalp nearly to the vertex, on the left side, was exceedingly tender to the touch, but without the slightest morbid appearance. The eye itself was in the same condition as before. Subsequently the left eye became inflamed from constant exposure, consequent upon the facial paralysis; the lower half of the cornea became nebulous, suppurated, and ulcerated. About six months after the accident Mr. Busk perceived, for the first time, a distinct pulsation of the eyeball, and a firm pulsating tumour in the upper and inner part of the orbit, immediately within the superciliary ridge, and about half an inch in length in its transverse and longest diameter. This tumour appeared to be situated between the levator of the eyelid and the bone, and was not evident externally; but when the eyelid was raised, it caused some projection of the loose conjunctiva. A distinct thrill was present, as well as a very loud whizzing sound, which, by means of the stethoscope, was heard over the inner canthus of the right eye, and on the left side of the frontal bone, as high as the roots of the hair, and nearly as far back as the ear. The eye felt hot and uneasy, but otherwise there was no pain, and the patient complained principally of very loud noises in the head. Having ascertained that pressure on the left common carotid artery put a stop to the various symptoms above alluded to, Mr. Busk applied a ligature to that vessel. Everything went on well for a few hours after the operation, and then obscure pulsation reappeared in the tumour. But this pulsation gradually subsided again, and on the second day no remains of the tumour could

be felt, and all pulsation was gone from the orbit, nor could any sound be heard by means of the stethoscope. The prominence of the eye became less and less, the paralysis of the left side of the face and of the muscles of the eye remained complete; but sensation was perfect, except on the left side of the nose. When discharged from the Hospital, this patient was much in the same condition. He was again seen by Mr. Busk a long time after the operation, and no recurrence of the disease had taken place.

In the year 1854 (c), a man, aged 49, was admitted into the London Hospital, under the care of Mr. Curling, with considerable bleeding from the right ear, and labouring under symptoms of concussion. Having fallen from a height of seven feet, it appeared that he had pitched on his right shoulder and right side of the head. The bleeding from the ear was followed by a serous discharge, which continued for about a week. Total deafness of the right ear was also present, and he complained of a dull, aching pain on the right side of the head. About five weeks after the accident, some slight inflammation and chemosis were, for the first time, observed about the right eye. The eye itself became prominent, and, at length, protruded so much that a careful examination of the orbit was made. This led to the detection of a pulsation in the upper lid, with a very distinct bruit upon placing the ear against the patient's right temple. Finding that the eye was becoming more and more prominent, that vision was impaired, and that there was very little power of moving the eye, Mr. Curling tied the right common carotid artery. All pulsation in the orbit ceased at once, and the other symptoms about the head were relieved. The eye gradually subsided into its proper place; the power of moving the eyeball returned, with partial restoration of sight, in the course of time.

Here, then, are three cases in which a pulsating tumour formed within the orbit after a severe injury of the head. In every one of these three cases, the formation of the tumour was distinctly connected with the accident; in all, the aneurismal character was clearly made out; and, in all, a ligature placed on the common carotid at once put an end to the symptoms. Viewed in connexion with injuries of the head, these cases are certainly most valuable, and so, too, are they most valuable, as additions to the other numerous cases already on record in which the tying of the common trunk of an artery for a traumatic aneurism of one of its branches, has proved perfectly successful.

But to return to our own immediate subject. Bleeding from the nose or mouth, or vomiting of blood, you will find not unfrequently occurring after injuries of the head; but the great vascularity of the membrane lining these cavities renders this bleeding much less valuable as a diagnostic sign of fractures of the base, than that which proceeds from the ear. Still, bear in mind that if the bleeding be copious, and especially if it continue for some time, there is no doubt that this symptom may also become one of great value. In the vomiting of blood it not unfrequently happens that the fluid thrown up is of a dark, bistre colour; having been swallowed and retained in the stomach for some time, the blood has, in fact, been more or less acted upon by the gastric juice. Such appearances I have several times noticed, when vomiting took place after the subsidence of the symptoms of concussion which accompanied these accidents. In 32 cases of fractured base, implicating the central bones of this region, all of which occurred at St. George's Hospital within the space of ten years, bleeding from the nose or mouth, or subsequent vomiting of blood occurred in no less than in 14 instances. These symptoms in these cases were such as to lead to the belief that a fracture existed in some of the bones of the base corresponding to the nose or mouth, and dissection proved that in the 14 cases, the fracture was in 4 confined to the ethmoid bone, in 3 to the body of the sphenoid, and in 1 to the basilar process; that in 5 cases the fracture involved both the ethmoid and the sphenoid, and, in 1 case, that the fracture extended not only through these two bones, but through the basilar also.

Bleeding from the ears in severe injuries of the head has, for many years past, been held, and deservedly so too, as one of the most valuable diagnostic signs of fractured base. In testing the value of this sign you will not be called upon, as you were about the nasal and pharyngeal cavities, to take into consideration the great vascularity of the membranes

(a) Med. Chir. Trans. vol. xxii. p. 134.

(b) Med. Chir. Trans. vol. xxii. p. 124.

(c) Med. Chir. Trans. xxxvi. 221.

lining the cavities of the ear. The vessels belonging to these membranes are so small, and so few in number, that they cannot give rise to bleeding of any importance. Slight bleeding, it is true, might be produced from the ear itself, but slight bleeding is assuredly not sufficient to warrant any Surgeon in giving an opinion as to a fractured base. The bleeding, to be of any value to us as Surgeons, must then be of a serious nature; but this is not all, it must also, and mark this especially, continue for some time; and if, in addition to these points, you can also ascertain that the membrana tympani has been recently ruptured, you need no longer hesitate; and, let the issue of such a case be what it may, you can state with confidence that there is a fracture of the base running through the petrous bone, and opening up a communication between the cavity of the tympanum and some of the numerous and large vascular channels which surround this bone, or with an extravasation of blood within the cranium itself. Such is the result of the experience of all those who have paid much attention to this subject, and such, too, are the results of my own experience, derived from a close inspection of many cases of this nature, both in the wards and in the dead-house of St. George's Hospital.

In thirty-two carefully-dissected cases of fracture of the middle fossa implicating the petrous bone, the tympanum was thus laid open, and its membrane ruptured in fifteen, or very nearly one-half. The flow of blood in most of these cases was profuse and continuous, and in all the diagnosis of the injury was clear.

Fractures of the temporal bone, however, frequently occur, in which there is no sign that can lead to the supposition of such an injury. In such cases either the line of fracture does not extend into the tympanum, or, if it does, the membrane is not ruptured, and the blood cannot consequently get into the external meatus. Thus, in twelve of the seventeen remaining cases, the tympanum was not involved in the fracture, and in the other five cases the tympanum was fractured, but the membrana tympani was not ruptured.

Here again then we have, as we have already had, both in the orbital and in the nasal and pharyngeal regions, many cases, more than one half, in which there were no indications which could be relied on, as to a fracture of the base. Better, in such cases, to abstain altogether from giving an opinion. In doing thus, we may, it is true, be told that many a fracture has been found when not anticipated; but on the other hand, we shall not be reproached with frequent examples of the presumed existence of a fracture being disproved on examination after death.

Just now I alluded to the possibility of the petrous bone being broken, so as to communicate with one of the venous sinuses on the inside of the skull, and that without any rupture of the membrana tympani. It is evident that in such cases there can be no bleeding from the ear; but the blood poured into the cavity of the tympanum will soon find its way out through the Eustachian tube, so that we may have bleeding either from the nose or from the mouth, or subsequent vomiting of blood. You will find a few cases of this kind already placed on record, cases in which a careful dissection has clearly revealed the peculiarity of the injury.

And this passing of blood from the cavity of the tympanum through the Eustachian tube may even take place when there is a rupture of the membrana tympani; so that, in some few cases of fractured petrous bone, we may actually have bleeding both from the ear and from the nose at the same time. Of this you will find the following well-marked example in J. L. Petit.

A man (d) fell on to the back of his head; he was picked up perfectly insensible, and in this state he remained until the day of his death. On the second day after the accident, a large quantity of blood was observed oozing from both his ears, and a small quantity of blood also came from his mouth. At the examination of the head an extensive fracture was found separating the squamous from the petrous portions of the temporal bones, and the cavity of the tympanum on both sides was filled with blood. Some of the blood had escaped from the ears, through a rupture of the membrane of the tympanum, and some had also passed through the Eustachian tube, and this found its way into the mouth.

And now, as an illustration of the precision with which you may actually trace out the exact course of an extensive frac-

ture of the base, I shall mention one example which fell under my notice a few years ago. I might select several other cases from those which I have by me, but I prefer taking this single one, as it illustrates the various points to which I have alluded thus far.

A man, aged 65, having been knocked down by a mail-cart, was admitted into St. George's Hospital, under the care of Mr. Keate, with severe contusion of the scalp on the left side of the forehead, and a small wound exposing the bone in the neighbourhood of the left superciliary ridge, but no fracture could be detected at this spot. The eyelids were closed by the effused blood, and there was profuse hæmorrhage both from the nose, and from the right ear. The collapse was extreme, with perfect insensibility, and the mouth was drawn to the left side. On the following day the bleeding from the ear continued, and, moreover, blood was detected extensively infiltrated into the cellular tissue of the orbit.

Here, then, were well-marked signs of a fracture starting from the spot which had been first struck, the left side of the forehead, and stretching across the roof of the orbit, across the roof of the nostrils, and into the right petrous bone. With such signs could there be any hesitation? There was none—and such was the diagnosis which was confidently given.

The man lived eleven days in a semi-comatose state. The bleeding from the ear, which gradually diminished, was followed by the discharge of a watery fluid, which continued up to the time of this man's death. A line of fracture was traced from the left frontal, through the orbital plate, across the æthmoid, and body of the sphenoid, into the right petrous bone, along the anterior surface of which it ran from the apex to the base, passing in the line of the bottom of the meatus internus. The cavity of the tympanum was laid open, and the membrana tympani was ruptured.

## ORIGINAL COMMUNICATIONS.

### SOME REMARKS ON

## SUGAR AS AN ARTICLE OF DIET IN DIABETES MELLITUS.

By H. BENCE JONES, M.D. F.R.S.

Physician to St. George's Hospital.

In the *Comptes Rendus* for January 26, 1857, p. 133, and also in the *Gazette Hebdomadaire* 1857, p. 115, there are some observations by M. Piorry on a diabetic patient of his in the Charité Hospital, to whom he gave 125 grammes, or about 4 ounces of sugar-candy daily, at the same time he insisted on absolute abstinence from all drink, and from liquid food, and he gave a double portion of meat. From the short notice published it appears that this treatment was continued twelve days, during which only 135 grammes (or about 4½ ounces) of sugar were passed daily, while before this treatment 700 grammes (about 22½ ounces) of sugar were lost, by passing off through the kidneys, in 24 hours. The urine fell in quantity from 10 litres (17½ pints) to 2½ litres (4½ pints nearly). M. Piorry concludes that this experiment confirms his ideas as to the advantage of supplying the sugar that is lost in diabetes. It also shows, he says, that abstinence from drink is of extreme importance.

In the *British Medical Journal* for November 14, 1857, there is a report of a paper read by Dr. Budd, September 24, 1857, and March 13, 1858, a sequel is given, on a case of diabetes, in which for nearly ten months sugar-candy, varying in amount from 16 to 6 ounces daily, with the addition sometimes of 4 ounces of treacle, or 6 ounces of honey, were taken. The patient was considered by Dr. Budd to improve greatly in consequence of this plan of treatment. Throughout the case no analysis was made of the amount of sugar. The specific gravity and quantity of the urine are occasionally given, and in the first two months the increase of weight is stated as being nearly 20 pounds.

Dr. Budd mentions a case of Dr. Brittan's, in which from 6 to 12 ounces of sugar were given with honey for twelve days, and the urine decreased in quantity and specific gravity.

In the *British Medical Journal* Dr. G. Corfe records a case

in which a very much smaller amount of sugar was given (1 ounce of sugar and 1 ounce of honey daily), as he considers with advantage.

In the same Journal for December 19, 1857, Dr. Williams of Swansea mentions that he gave sugar, bread, and malt liquor according to Dr. Budd's proposition with the most unsatisfactory result in two cases.

I have reason to think that lately other Medical men have followed Dr. Budd's suggestion, and allowed their diabetic patients the freest use of sugar with or without bread. I have had patients consulting me in consequence of the great increase of all the symptoms of the disease, the thirst, the craving, the quantity of urine, and the wasting. Such cases might well be set down in opposition to the case recorded by Dr. Budd. But in a chemical complaint evidence may be obtained of the effect of any one article of diet much more decisive than the general result. For the general result depends on a multitude of causes, some of which may act in opposite directions. So that good might be attributed to that cause which really only made the other causes less beneficial.

It is sufficient answer to Dr. Budd to say that a bad general result was obtained in other cases of diabetes, but a more definite answer ought to be given in this disease than is possible in most diseases, and by the help of chemistry the action of the sugar ought to be exactly determined. If it be found that bread and sugar do increase the amount of saccharine matter in the urine, so as to leave no doubt on this point, then if improvement should occur when such substances are freely taken, the good must result from some other cause, which has not been well estimated. Bread and sugar are hardly, I suppose, considered by any one as the cause of diabetes, and though their effect may be accurately determined in this disease, yet the prime cause, whether it be the defect of chemical action, or the excess of nervous irritation, is still unknown, and variations in the action of this prime cause may produce much more remarkable effects on the urine than variations in the amount of starch or sugar taken as food.

I should have left Dr. Budd's general results to be answered by Dr. Williams and by others, but as harm is being done, and some of the results have long since been obtained by me, I have thought it well to submit them to the Medical Profession.

E. C., aged 12, was admitted 1854 into St. George's Hospital. She was said to have been ill six weeks, with pains in the bowels, wasting, thirst, excess of urine, sp. gr. 1042, and ravenous appetite; drinking quarts of water, and eating as much bread as she could get.

After three days of animal diet only she passed 3 pints of urine, specific gravity 1032, containing some sugar. In six weeks time the urine was reduced to 2½ pints, sp. gr. 1012, and containing no sugar. She had not gained in weight above one pound.

A very little bread was then given. The next day the water was 3 pints; sp. gr. 1016, and contained sugar. The bread was continued the next day, and then there was sugar. The following day no bread was taken, and there was no sugar. For three days bread was again taken, and sugar appeared; the following three days no bread was allowed, and the sugar disappeared. Again the bread was given in small quantity and the sugar reappeared, and when omitted disappeared. The bread was then finally omitted. Two pints of milk extra were given, and no sugar appeared the following day; the urine had a sp. gr. 1012, with no sugar. Potatoes were then given, and the next day the sp. gr. was 1019, and much sugar was present. The potatoes were stopped, and a pint and a-half of porter was given, and no sugar appeared. This was continued for ten days, and still no sugar was present in the urine.

Two ounces of lump sugar were then given. The urine had a sp. gr. of 1012. No sugar appeared in the urine. This was continued four days, and no sugar occurring, a small quantity of bread was also given. The sp. gr. rose from 1009 to 1022, and much sugar appeared. The bread was omitted, and an ounce of honey was given daily for a week, no sugar appearing; two ounces of honey were given, and no sugar appearing some bread was given, the sp. gr. rose from 1010 to 1030, and much sugar was present. The honey was continued without bread, and some sugar was found in the urine.

As it was desirable to determine more accurately the amount of sugar produced in the urine by the bread, I

examined the water by means of Soleil's saccharometer; 1st, when some bread was taken; 2ndly, when no bread was taken; 3rdly, when the third of a pound of lump sugar was taken and no bread; 4thly, when the sixth of a pound was taken. Then when the sugar was omitted. After this porter was given, and the effect on the urine determined. Lastly, a minimum quantity of bread was given. The following table gives the results of the experiments.

Diet.	sp. gr. of urine.	amount of sugar in urine.
June 30, animal diet only.	1014	none.
July 1, " "	—	none.
2, animal, with bread.	1025	19 grs. to each oz.
3, animal only	1003	no trace.
4, " "	1007	" "
5, animal, and ½ lb. of sugar	1027	15 grs. to each oz.
6, " ¼ " "	1016	4 grs. "
7, animal only	1020	no trace.
8, " "	1018	" "
9, animal, and pint of porter	1016	" "
10, " "	1018	" "
11, " 1½ pt. porter	1020	" "
12, " "	1022	" "
13, " "	1015	" "
16, " with 4 ozs. bread	1022	trace of sugar.
17, " 2 ozs. " "	1025	trace.
18, " " "	1016	trace.
19, animal only	1015	no trace.

Unfortunately, the record of the quantity of urine passed daily has been mislaid; on this account I was anxious to repeat the experiments with sugar on another diabetic patient, and for this purpose Dr. Page transferred to me a patient who was under his care in St. George's Hospital.

A. T. was admitted into St. George's Hospital, Jan. 20, 1858, aged 43, married. She had been for two years under treatment at a dispensary. She was much emaciated, with pale, sallow face, and sunken eyes. The catamenia had been absent for fifteen months. She complained of excessive thirst and unappeasable appetite. She stated that her weight varied between 75 and 80 lbs., and that the urine had varied from 5 to 8 quarts in twenty-four hours. With a restricted, but not absolute animal diet, and three grains of opium, the urine varied between 4½ and 7½ pints. Sp. gr. 1030 to 1045.

On the 23rd of March she came under my care; the diet then was between 5 and 8 ounces of bread, 2 mutton chops, 2 eggs, 2 pints of milk daily, and 2 grains of opium, with some chalk mixture for diarrhoea, which began the previous day. She weighed 5st. 6lbs.; the quantity of urine was 5 pints; sp. gr. 1034. She drank only 3 pints of fluid, she said, and the quantity of sugar passed in the urine was 31 grs. to the ounce, or 3100 grs. in the 5 pints.

The 24th. the same diet and pill. There was no diarrhoea. She weighed 5st. 6lbs.; she passed 5 pints urine; sp. gr. 1042; she drank 3 pints. The sugar was 35 grs. to the ounce, or 3500 grs. in 5 pints.

The following day, feeling pretty well, same diet and medicine; weight, 5st. 6lbs.; urine, 5 pints, 1042; 3 pints of fluid were taken in twenty-four hours; the amount of sugar was 36 grs. to the ounce, or 3600 grs. in twenty-four hours.

The 26th, everything the same, except that 8ozs. of lump sugar were taken. She weighed 5st. 6lbs. The urine was 5½ pints; sp. gr. 1042; she drank 4 pints; the sugar was 39 grains to the ounce, or 4290 grs. in twenty-four hours.

27th, the same as yesterday, but diarrhoea commencing, chalk mixture was given. She weighed 5st. 4lbs.; the quantity of urine was 6 pints; sp. gr. 1042; she drank 3½ pints of fluid, and had eaten her usual quantity of bread, about 7ozs.; the amount of sugar was 40 grs. to each ounce, or in twenty-four hours 4800 grs.

28th.—Urgent diarrhoea; bowels acted seven or eight times. Violent hysterical fit. Ether mixture and opium injection were given. Her weight was 5st. 4lbs. The quantity of urine 5 pints; sp. gr. 1042, containing 38 grs. of sugar to each ounce, or 3800 grs. in the twenty-four hours. She drank only 3 pints. The sugar was omitted.

29th.—The diarrhoea was stopped. The weight was 5st. 5½lbs.; urine 5½ pints, 1042 sp. gr., containing 38 grs. to the ounce; or 4130 grs. in twenty-four hours.

30th.—No diarrhoea; no sugar; weight, 5st. 6lbs.; urine,

5 pints; sp. gr. 1042; contained 36 grs. to the ounce, or in twenty-four hours 3600 grs.

31st.—Still no sugar; weight, 5st. 6½lbs.; urine, 5 pints; sp. gr. 1043; contained 36 grs. to the ounce, or 3600 grs. in twenty-four hours.

April 1.—Bowels confined; 8 ounces of sugar were taken; the weight was 5st. 5½lbs.; the quantity of urine was 7 pints; sp. gr. 1040; containing 37 grs. per ounce, or 5180 grs. in the twenty-four hours.

2nd.—Feels very low and weak; no sugar was taken; the weight was 5st. 5lbs.; urine, 5 pints; sp. gr. 1041; amount of sugar, 36 grs. to the ounce, or 3600 grs. in twenty-four hours.

3rd.—Five pints; 1040; sugar, 35 grs.; or 3500 grs. in twenty-four hours. She complained of the sugar, and the experiments were discontinued. The following table brings the effect of the sugar clearly to view:—

	Weight.	Quantity of water.	Sp. Gr.	Sugar in 24 hours.	Fluids taken.	Bread.	Sugar
	st. lbs.	pints.		grains.	pints.	oz.	
1st day	5 6	5	1034	3100	3	..	none
2nd "	5 5	5	1042	3500	3	..	"
3rd "	5 6	5	1042	3600	3	..	"
4th "	5 6	5½	1042	4290	4	..	8oz.
5th "	5 4	6	1042	4800	3½	7	8 "
6th " violent diarrhoea	5 4	5	1042	3800	3	7½	8 "
7th "	5 5½	5½	1042	4130	3	5	8 "
8th "	5 6	5	1042	3600	3	7	8 "
9th "	5 6½	5	1043	3600	3	7	8 "
10th "	5 5½	7	1040	5180	3	7	8 "
11th "	5 5	5	1041	3600	3	8½	none
12th "	5 5	5	1040	3500	3	7	"

So that the amount of sugar in the urine, and the quantity of urine were increased on the days when sugar was eaten, excepting only on that day when violent diarrhoea existed.

In order to determine in which stage of diabetes this patient was, she was persuaded to give up all vegetable food of every kind, and all bread. Three eggs were taken in addition to the diet of meat and eggs which she was eating.

At the end of the

1st day of absolute animal diet she weighed 5st. 5lbs. The urine was 4 pints, sp. gr. 1042; it contained 31 grs. of sugar to each ounce. She drank 3 pints.

2nd day of absolute animal diet she weighed 5st. 4lbs. The urine was 4 pints, sp. gr. 1041; it contained 28 grs. of sugar to each ounce.

3rd day, animal diet; weight 5st. 4lbs. The urine was 4 pints, sp. gr. 1040; the sugar was 27 grains to the ounce.

The following day 19 ounces of bread were eaten, and the three eggs were omitted; the weight was 5st. 4½lbs. Four pints and a-half of urine were passed, sp. gr. 1040; the sugar was 34 grs. to each ounce.

The following day with the same bread; urine, 4 pints, sp. gr. 1041; sugar, 35 grs.

The following table will show the effect of an absolute animal diet, and of bread and meat:—

	Weight.	Quantity of water.	Sp. Gr.	Sugar in 24 hours.	Fluid taken.	Bread.
	st. lbs.	pints.		grains.	pints.	
1st day	5 5	4	1042	2480	3	none
2nd "	5 4	4	1041	2240	3	"
3rd "	5 4	4	1040	2160	3	"
4th "	5 4½	4½	1040	3060	3	10oz.
5th "	5 4½	4	1041	2800	3	10oz.

Each day was reckoned from one p.m. when the patient was seen; so that bread was taken on the morning of the first day, and by the results obtained on the fourth and fifth days when bread was eaten, it is probable that the amount of sugar found in the urine of the first day was increased in consequence of the early meal not being meat alone. The wrong conclusions that might be drawn from the specific gravity of the urine alone is well shown in these tables thus:—

	Sp. Gr.	Sugar in 24 hours.
When animal diet alone was taken	1040	2160 grs.
With animal diet, and bread, 10oz.	1040	3060 "
With animal diet, bread, 7oz., sugar, 8oz.	1040	5180 "

I have already said that it would be sufficient answer to Dr. Budd's cases, that I have seen other patients on the same treatment as regards diet get worse instead of better; the

analyses of the urine in the two cases I have here given, the one in the second stage, and the other in the third stage of diabetes, will show what a diet containing sugar and bread does effect in increasing the amount of sugar in the urine; and from all I have seen of the disease, it is better practice to follow the indication of lessening the amount of sugar in the urine, than to endeavour to cure the disease, as I have known a Homœopath try to do, by a specific of sugar and starch.

## ON IRIDECTOMY IN IRITIS, IRIDO-CHOROIDITIS, AND GLAUCOMA.

AS ATTACKED BY MESSRS. WHARTON JONES AND MACKENZIE.

By Dr. A. VON GRAEFE,

Professor of Ophthalmic Medicine and Surgery in the University of Berlin.

In No. 405 of the *Medical Times and Gazette* an article is published on my treatise on Iridectomy in Iritis, Irido-choroiditis and Glaucoma, which bears the names of two eminent colleagues, Messrs. Wharton Jones and William Mackenzie. I confess that all theorising on subjects which experience alone can decide, is repugnant to me; and I was therefore doubtful whether the article merited an answer or not, for the esteemed authors confess that they are without any personal experience on the questionable point, and confuse themselves in opposing my hundredfold facts solely with presumptions and conjectures. If, in spite of this, I have come to the conclusion to make a brief reply, both gentlemen need only look on it as a tribute which I pay to their earlier merits.

In the first place, these gentlemen set their faces against the importance which I ascribe to the presence of synechia posterior with regard to relapse in iritis. They concede the fact that persons who have been attacked by iritis and retained synechia posterior are more liable to a relapse of the disease than those where this did not occur; they nevertheless think it is necessary to give another explanation. Let us hear it. They say, "Synechia posterior, therefore, instead of being a cause of relapse, is an effect of the same causes, as that on which the tendency to relapse depends, viz. the ill-cured inflammation." If there appears to be any advantage to science and practice in this formula, I congratulate them with all my heart. Did such a *banale* truth give the right to these gentlemen to call my opinion, which solely expresses facts, collected with no small trouble, "a perverted view of the matter?" If they had only examined more minutely the neglected forms of iritis, which crowd to each oculist, and convinced themselves that the disposition to relapse generally vanishes as often as the laceration and sufficient extension of the synechia succeeds, they would then have had a more substantial basis for their opinion.

With regard to "the moderate employment of Belladonna," I do not know, if the gentlemen mean thereby the smearing of the remedy on the eyelids and forehead and the internal use of it. In this case, I should prefer to substitute the expression "uncertain treatment" for that of "moderate treatment." Yes; I maintain that such a restricted manner of application in iritis is altogether unphysiological, because experiments have long since proved that the mydriatic effect, as well as the decrease of the pressure, is only produced by the entrance of the remedy into the aqueous humour. When I place the methodic instillations of sulphate of atropine before all other means in the treatment of iritis, hereby is only meant that they are indispensable in the certain cure of this disease without synechia posterior, whilst antiphlogistics, mercury and paracentesis, appear necessary in many cases, but not in all. I employ all these methods, and I believe that I have decided indications for them, which the gentlemen could have learned better from some of their countrymen, who have followed for a considerable period my clinical lectures (I need only mention Dr. Mackenzie's own assistant, Dr. Brown), than from an Italian oculist, who passed a few days in this city to collect material for travelling reports, and who naturally took with him a bad impression of my clinique and person, because I am not accustomed to favour that kind of traveller, on account of the superficial nature of their studies and judgments.

When the gentlemen speak of "unskilful application," without taking thoroughly into consideration my manner of treatment, I am much obliged to them for their kindness to me as a *confrère*, and refrain from giving an appropriate answer, because it would not be adapted for a scientific journal.

With regard to the cessation of the ciliar-neurose, I have indeed said, that it often coincides with the dilatation of the pupil; but I have not by any means based it upon the mydriatic action alone. I have rather accumulated different reasons to bring it into *rappor*t with the action (of the atropine) which decreases the pressure, apart from the anodyne properties of the remedy.

On the employment of iridectomy in chronic iritis, with exclusion of the pupil, the gentlemen remark:—"The success of the practice does not appear to be very great." Immediately after this assertion, they quote cases of mine which have been cured by iridectomy, after having been despaired of without it. Upon what, then, is the above opinion (which forms essentially the motto of the whole article) based? The gentlemen themselves have operated just as little for these conditions as for the others that I have brought forward; they draw their opinion from my cases, and are pleased to come to an exactly opposite conclusion to that which ought naturally to follow. Is that to be called "logical reasoning?"

In speaking of iridectomy in certain grave affections of the cornea, the gentlemen accuse me of "great inaccuracy." Let us read again the passage (page 344, column 1, 4<sup>o</sup>), and judge of the superficial nature of their opinion. They remind me that, forsooth, the mere paracentesis in acute internal inflammation of the eye is useful, and renders remedies often successful which have been employed before this operation without result. What has that (which I do not certainly require to learn from these gentlemen) to do with spreading disease of the cornea? Do I classify with great trouble the indications for the iridectomy, and treat of them with regard to the special groups of diseases, merely for the purpose of seeing them all confounded together by Messrs. Wharton Jones and Mackenzie? I confess that I am accustomed to write my works for more attentive readers. Will the gentlemen hear again my opinion on this point; it runs verbatim with that which I have published before:—"In spreading affections of the cornea, particularly in infiltration with ulceration, I have only seen a decided benefit from paracentesis when the wound was allowed to remain open for some time, or when it opens periodically, so that more than a single momentary evacuation of the aqueous humour takes place, whilst in iritis and iridocyclitis a single discharge often paves the way for treatment." According to this I had sufficient grounds for pointing out here the effect of the iridectomy as something peculiar, opposite to paracentesis. If the gentlemen have other experience in this matter, i.e. in AFFECTIONS OF THE CORNEA, and not in INTERNAL OPHTHALMIA, I respect the same; but so much appears clear to me, that the "inaccuracy" did not lie on my side.

The gentlemen criticise yet further a case, in which I performed excision of one eye on account of sympathetic amaurosis of the other, and afterwards performed iridectomy on the second eye. I take the liberty, with all possible respect, to doubt their competency to judge in the matter, until they shall have given proofs that they have studied, first, the course of amaurosis with excavation of the optic nerve; and, secondly, the decrease of the pressure produced by iridectomy. I, for my part, can communicate to them, to my satisfaction, that the ophthalmoscope has now finally also given proof that the excavated papilla optici becomes, according to circumstances, level after iridectomy; and I hope that these proofs (which coincide with my ophthalmometric measurements of the curvings of the cornea in glaucoma), will be received in time, even by Messrs. Wharton Jones and Mackenzie.

Let us now pass to the point which is most important to me, viz. iridectomy in glaucoma. First, a modest question, relative to the "Medical treatment" which the above gentlemen have alluded to. Can they conscientiously declare that they have ever seen in glaucoma success resulting from a "well-directed Medical treatment?" or is this merely an empty figure of speech, which, from being often used with an ignorant public has now also escaped from oversight, where people who understand the matter do not lend it so credulous an ear? Or should the difference of opinion declare itself in

another manner? Should the gentlemen, still accepting obsolete views, trifle with the word, "Glaucoma," and now that more exact signs exist, depend only on the single symptom of a greenish dilated pupil? Oh! no; the celebrated names of both authors, who I have always been convinced followed the progress of science, guarantee that it is not so.

Let us leave the "Medical treatment of glaucoma," which, ill or well directed, leads the patients sooner or later to blindness, and let us proceed to the more important point of "Paracentesis." (a) That I have studied the action of paracentesis in glaucoma, my earlier publications in the *Archiv. für Ophthalmologie* (vol. i. sect. 2) prove. During many years (as mentioned in my works) I have employed paracentesis in all cases of acute glaucoma, and the number was truly no small one out of a Dispensary practice of over 6000 patients yearly, which I here direct. The final results of these attempts did not turn out happily, as the obtained improvement did not last in by far the greater number of cases, and ended finally in blindness. The methodical repetition of paracentesis was also without success, as the curative effect of it became always shorter and more imperfect. It was only after these results that I thought of a method of diminishing not only temporary, but permanently, the intraocular pressure, and that method I have certainly found in the excision of a portion of the iris. The same patients, who had become completely blind of one eye, in spite of "a well-directed Medical treatment, aided by paracentesis," were cured by the iridectomy on the second eye, after the glaucomatous process had attacked it, and have been under my observation during the last eighteen months, enjoying the most perfect vision, and without the slightest appearance of the disease. According to this there exists only between paracentesis and iridectomy the trifling difference, that in the former case the patients become blind, while in the latter they recover vision and remain so. This is proved by incontrovertible facts, which Messrs. Wharton Jones and Mackenzie, if they will only pay attention to, cannot gainsay. Would I have ventured to proclaim a new method of curing a disease up to this time incurable, without such decided results, acquired by several years' observations? Was it under these circumstances "unnecessary to superadd a new proceeding to a long known one?" If I were to go more into detail, it would be only repeating what I have said in my earlier publications on the subject; as the English translations of the latter will, however, soon appear, I can refer the public to them with confidence, and until this time refrain from further discussion on the subject, in the certain hope that the impartial reader will judge me more justly than Messrs. Wharton Jones and Mackenzie have done.

In conclusion, a word more on the *résumé* of those gentlemen, which runs as follows:—"Dr. Graefe's practice of iridectomy appears to us so opposed to the plainest principles of surgery and common sense," etc. This assertion does not only express a great contempt for my faculty of observation, but at the same time insults the great number of oculists who have adopted the procedure. It cannot have remained unknown to the gentlemen, that my introduction of iridectomy has been received on all sides in Germany with joy, and that its effect has already been corroborated by many Professors, who occupy chairs of ophthalmology. I willingly pardon older, and so highly deserving men, for their want of that elasticity requisite for the immediate reception of new views; I also know how to honour an obstinate opinion, when it arises from strong conviction; but I should indeed have expected more moderation from the Nestor of English ophthalmology. I see, with regret, that Dr. Mackenzie maintains a procedure to be bereft of "common sense," which Ark, Hasner, Gull, Busch, Langenbeck, Sperino, and others, name one of the most thankworthy improvements in ophthalmological science, and this without having procured the slightest experience of his own on the subject. The future, which I look forward to with confidence, will decide who shall have to regret his too hasty expressions in this matter, and who, overcome by the power of facts, shall have to bow his "own sense" before "common sense."

(a) I speak only of the paracentesis of the anterior chamber, as the paracentesis of the vitreous humour in glaucoma, according to my experience, gives not more relief, and has many disadvantages.



## ENCYSTED ENCEPHALOID TUMOUR OF THE ORBIT,

PRODUCING PROTRUSION OF THE EYE-BALL AND LOSS OF VISION.—  
OPERATION.—RESTORATION OF THE SITUATION, AND GRADUALLY  
OF THE FUNCTIONS OF THE EYEBALL.

By J. ZACHARIAH LAURENCE, F.R.C.S. M.B.

Surgeon to the South London Ophthalmic Hospital.

Elizabeth P., aged 28, was admitted into the South London Ophthalmic Hospital on Jan. 4, 1858. She had noticed the right eyeball protruding from its socket for upwards of a twelvemonth; the eyeball had, in addition, an inclination downwards, and its mobility was somewhat impaired. The eyeball itself did not appear enlarged; and when its interior was examined ophthalmoscopically by Mr. Wharton Jones and myself, nothing but a congested state of the retinal and choroidal vessels was apparent. Underneath the stretched upper eyelid a smooth lobulated tumour was felt, about the size of a bean. She had no tumour on any other part of the body. For the last six weeks her sight had been gradually failing her. When she came to me she could not distinguish persons' faces with that eye, and printed paper appeared as if blank. She had never experienced any double vision or ocular spectra.

By a transverse incision in the upper eyelid I came down upon the small tumour felt before the operation, but soon found that it formed but an insignificant part of a large growth that filled the outer part of the socket of the eye, and reached to the very bottom of that cavity. I removed it partly with the knife, partly with the left index-finger. The blood welled up very profusely from the gap in the orbit; but this was arrested almost immediately by cold water. No lint was placed in the wound; nothing but a piece of lint was laid over it.

The tumour weighed upwards of half an ounce, was lobulated on its surface, and inclosed in a firm cyst of cellular tissue. Its naked eye characters, on section, were those of encephaloid cancer, without the slightest pigmentary discoloration; its microscopic features were peculiarly distinctive—those of cancer.

In a couple of days the wound in the eyelid had united, and the eyeball regained its normal situation. No suppurative action ever took place in the orbit. The patient can now distinguish persons and printed paper with the eye, the functions of which are being more and more restored every day.

This case presents several features of interest.

1. The strict limitation of the tumour to the orbital cellular tissue, without involving the eye-ball, optic nerve or ocular muscles; that this was so, follows from the anatomy of the growth itself, and from the gradual restoration of the functions of the eye, after its removal.

2. Although the cavity left in the orbit after the operation was, from the size and deep extension of the tumour, necessarily very considerable, yet no inflammatory or suppurative action ever set in in that cavity. This result I ascribe to the fact, that the wound in the eyelid closed nearly immediately after the operation, and that thus the artificial cavity made in the orbit was entirely excluded from the air. The operation might, in this point of view, be compared with the equally favourable results aimed at, and so generally attained, in the so-called "subcutaneous" operations, exceeding, however, these in practical interest, from the much greater severity of the operation performed. I presume that the subsequent pathological processes resemble those that ensue in the absorption of an apoplectic clot in the brain.

3. The next most remarkable point is the occurrence of a pure encephaloid (non-melanotic) tumour in the orbit at such an age as 28. This is certainly very unusual. Of twenty-four cases Mr. Wardrop knew of fungus hæmatodes in the eye or orbit, twenty were under twelve years of age. Desault's experience was the same: "Plus du tiers des malades qu'y (à l'Hôtel Dieu) a opérés Desault étaient audessous de douze ans." The late Mr. Travers reports a case where a child was born with the eye-ball the size of a walnut, from medullary cancer. (a) The present case offers then an

exception to the very general rule, that cancer of the eye and orbit in infancy and childhood is medullary, in middle age melanotic.

P.S.—The patient can now distinguish the letters of large type.

## THE LONDON

## PRACTICE OF MEDICINE AND SURGERY.

## THE ROYAL LONDON OPHTHALMIC HOSPITAL.

### REPORT OF OPERATIONS PERFORMED FROM MARCH 1st TO APRIL 16th, 1858.

By Dr. C. BADER, Registrar to the Hospital.

#### EYELIDS AND LACHRYMAL APPARATUS.

Two cases of nævus, in each of them the tumour was of the size of a pea; one was situated in the skin of the lower lid, and the other in that over the lachrymal sac; the former was excised (with the aid of the compressorium forceps), and the latter was touched with a small cautery.

Removal of a cyst from near the right upper eyebrow in two cases; they contained sebaceous matter, and small pale hairs; the wound of one of them, which was of the size of a large walnut, suppurated considerably, but had completely healed within five weeks.

Of four cases of inversion of the eyelashes, with thickening of the palpebral edge, three were treated by removal of the portion of skin including the eyelashes, one by grooving the outer surface of the fibro cartilage. In one case (in which the compressorium forceps were used) the operation was followed by considerable swelling of the lid and erysipelas, but the patient recovered without deformity.

A case of eversion of the lower lid (caused by repeated inflammation of the conjunctiva) was treated by excising an oval piece of the conjunctiva and fibro cartilage, near to and parallel with the palpebral edge; the wound had healed within four weeks, but as the eye was insufficiently protected, a small V-shaped piece, of the thickness of the lid, near the outer canthus, was removed, and in a week this having healed, the patient was treated in the usual manner for eversion and stricture of the lower lachrymal canal.

One case of diseased lachrymal sac, of three years' duration, in a strumous patient, the skin much infiltrated, treated by Desmarre's plan (the case is still under treatment).

In a case in which both sacs had been cauterized, mentioned in the report of Sept. 1857, the discharge has reappeared in two months on the one side, and on the other four months after the operation: both eyes had remained watery during this period.

As far as can be ascertained, that portion of the sac which extends from the lower orbital edge backwards and inwards, has been obliterated by the cautery; but the portion immediately behind the orbicularis tendon, and next to the nasal orifice of the sac, had remained unobliterated; this portion, on either side, has been treated lately by passing No. 6 probe, and by three weeks' treatment lachrymation has ceased, and the discharge become considerably less. This is an accidental combination of Mr. Bowman's and Desmarre's treatment. One case of removal (with scissors) of a pea-sized, hard, painless tumour, which had been firmly attached to the sclerotic and inner corneal edge. This patient, aged 34, had a similar tumour removed from the same spot three years ago. Microscopically, the first-mentioned tumour showed large cancer cells in different stages.

#### STRABISMUS.

Ten cases of internal strabismus, of ages varying from 4 to 19, were operated on subconjunctivally; in eight, both external recti were divided; in two, only the one of the most squinting eye; in the latter cases, slight strabismus continued.

In two cases, in which external strabismus existed during the effects of chloroform, there was parallelism after its

(a) Synopsis of Diseases of the Eye, by Benjamin Travers, F.R.C.S. Second Edition, p. 210.

influence had disappeared, and slight internal strabismus returned after three weeks, which was effectually remedied by a second operation.

#### IRIS.

One case of detachment of iris adhesions in the pupillary area, followed by an increased accommodation of the operated eye; no active inflammatory symptoms at the time of operation. One case of formation of an artificial pupil, the outer half of the cornea being opaque; the portion of the iris withdrawn was left in the corneal wound, near its inner lower edge. Five cases of chronic glaucoma, in all of which the ophthalmoscope showed a cup-shaped entrance of the optic nerve, were treated by an excision of a quarter of the iris,—in two cases in both, in three in one eye only. In the eyes operated on, the cup was recognised before the operation; one of the eyes suppurated, two of them were not improved; one was slightly and one considerably improved by the operation as far as outward appearances go. The thinning and discolorations of the sclerotic appear to be proportionate to the advance of the disease.

#### CRYSTALLINE LENS.

Five cases of double and four of single extraction of senile cataract; in five of the former, and in two of the latter, the patients were able to read when leaving the Hospital, in from three to six weeks after the operations; of the two other cases, one globe suppurated,—this patient suffered from an affection of the spine, and a sudden movement during sleep thirty-six hours after the operation caused the escape of the vitreous; the other patient, suffering from emphysema and hypertrophy of the heart, left by his own wish ten days after the operation; he had then fair perception of light, the corneal section had united, the conjunctiva was edematous, and there was grey lens substance in the anterior chamber. In one of the double extractions, slight prolapse of the iris occurred with one eye; the pupil, which was drawn upwards, appeared adherent to the capsule and the anterior chamber, which was lessened by the fluid accumulated between the iris and the lens capsule. The pupillary adhesions were opened with one needle, and within two days the iris became flat, the anterior chamber larger, and the pupil more central. In a case of traumatic cataract of fifteen years' standing, and without perception of light, the pupil was distended by a chalky white mass which protruded into the anterior chamber, and as this was apparently the cause of pain and irritation, it was extracted with the cannula forceps by a lower corneal section. No vitreous escaped. (The ophthalmoscope had showed detachment of the retina behind the black pupil.) When the patient left the Hospital thirteen days after the operation, the pain had ceased. In three cases of unilateral equally grey cataract, spontaneous commencement at the ages of 35, 37, and 41, treatment was commenced by breaking up the anterior surface of the lens, and keeping the eyes under the influence of atropine. In three cases of cataract in children of the ages of 16 months, 3 and 9 years, in which the cataractous change occupied the lens to the extent of the pupillary area, its surface was broken up with one needle. In cases in which there is only a small white dot on the lens (probably on the inner surface of capsule), and the remainder transparent, no operation has been employed. In one of the congenital cases the cataract (?) presented itself in both pupillary areas as an irregular white flat substance. In the right eye, the transparent substance in the pupil was broken up with one needle, and a grey fluid filling the anterior chamber was removed three days later with the broad needle and scoop. In three weeks the patient could tell the time by a small watch. In the left eye, the white substance having been removed with cannular forceps and scoop, the eye became during the next day painful, though atropine had been applied.

Four cases of false membrane behind the pupil after extraction were treated with the needle.

Three cases of linear extraction; in two the grey lens substance had been removed several times before, and in one (a boy), the lens had been broken up three months previously, and the grey flocculi in the anterior chamber was removed with the broad needle and scoop. In one of the former cases the operation was followed by purulent infiltration of the corneal wound, and by hypopyon, which subsided on medical treatment without injury to vision.

#### EXCISIONS OF THE GLCBE—eight operations.

Of these, one was for injury, two for staphyloma of the

ciliary region, two for staphyloma corneæ, two for "chronic glaucoma," and one for epithelial cancer encroaching upon the sclerotic.

Mr. Dixon has modified the usual operation by first dividing the internal rectus, so as to leave a long stump of tendon to seize by, then dividing the optic nerve, after which the globe is turned out of the orbit, and the remainder of the soft parts are separated.

Mr. Bowman contracts the opening in the conjunctiva by a suture, when the bleeding has entirely ceased.

Among the pathological changes of the above globes the following may be mentioned:—

In globes with staphyloma corneæ, and several fistulous openings of long standing in the staphylomatous portions, the vitreous humour had a peculiar consistence. It was of normal amount and transparency; but, when cut or lifted, offered more than usual resistance to the instruments. To venture a theory, its more fluid constituents had drained away, leaving its thickened, though transparent, framework.

## HOSPITAL NOTES.

### CANCEROUS GROWTHS OF BOTH SIDES OF THE FACE IN A YOUNG CHILD.

A case in which two distinct growths of cancer had taken place almost simultaneously in a young child, was brought under our notice by Mr. Critchett, at the Moorfields Ophthalmic the other day. The disease affected the cellular tissue about the orbits and temples, and on one side had probably originated within the superior maxilla itself. Both eyes were closed by the oedema of their lids, but in neither instance was the globe itself involved. The appearances presented externally were almost symmetrical, the temples, cheeks, eyelids, &c. being prominent, and crossed by large blue veins. In the mouth, however, the left side only was affected. The left upper gum and palate were much swollen, all the teeth had come out, and in their place was a fungous bleeding ulcer. The disease had, according to his mother's account, spread very rapidly, having originated only three months ago. It had been noticed on the right side about a month after its first symptoms on the left. There was no structural connexion between the two growths. The patient was a remarkably well-grown boy, of 4 years old. In almost all cases, we believe, in which cancer occurs in early life, a history of hereditary tendency may be traced. In this instance, two of the boy's mothers' uncles (on the maternal side) were reported to have died of cancer of the face, beginning in the lip. It was not known that any blows on the parts affected had ever been received. A remarkable rapid departure of health had been observed during the growth of the tumours.

Cases of cancer in both breasts are not so very uncommon, one such was recently under observation at the London Hospital, and one in which both breasts have been extirpated, is at present under Mr. Hutchinson's care in the Metropolitan Free. We believe, however, that instances of symmetrical growths of cancer on the two sides of the body are very much more rare in early life. One or two are on record in which, in young children, both eyes were affected. All who saw the case we have above noticed, however, acknowledged that they had never seen its parallel.

### EVACUATION OF A LARGE HYDATID CYST IN THE BACK.

A woman, of middle age, had been attending Mr. Chance's Out-patient room, at the Metropolitan Free, for some weeks, on account of a large prominent swelling in the left loin. It was suspected to be a lumbar abscess, but against this idea were the facts that there was little or no weakness in the back, and that the woman appeared in good health. Fluctuation had for some time been apparent, and had become quite superficial, and, a puncture having been refused, at length spontaneous ulceration took place. On the next day of her attendance, Mr. Chance noticed a white membrane sticking in the opening which had formed, and, on removing it, found it to be an acephalo cyst hydatid. By pressure about a hundred cysts, varying in size from a bantam's egg to a pea, were got away, the tumour then appearing to be nearly empty. During

the next few days, however, many more escaped. They were translucent, and evidently living. The ulcer still remains open. No constitutional disturbance whatever has attended the opening of the cyst. It appears probable that it is connected with the intra-muscular cellular tissue only, and not with any internal organ.

## THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

### STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE YEAR 1857.

(Continued from p. 429.)

The subjoined Report comprises the following Hospitals:—Addenbrooke's (Cambridge), the Bristol General, the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Glasgow Royal, the Gloucester, the Hull, the Leeds, the Leicester General, the Liverpool Royal, the Liverpool Southern and Toxteth, the Queen's, Birmingham, the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the Sussex County (Brighton), the West Norfolk and Lynn (Lynn), the York County.

#### HERNIOTOMY.

**Case 1.**—Addenbrooke's: Mr. Humphry.—A man, aged 60. Hernia inguinal, strangulated forty hours. The neck of the sac was the stricture, and the sac was consequently opened. Recovered, without ill symptoms. **Case 2.**—The Cheltenham: Dr. Eves.—A woman, aged 53. Hernia femoral, and strangulated forty-eight hours. Sac opened. A large portion of adherent omentum was left in the sac, and afterwards sloughed off. Recovered. **Case 3.**—The Berkshire.—A woman, aged 39. Hernia femoral, and strangulated four days. The sac was opened, and a knuckle of very dark intestine exposed. Well-marked peritonitis followed, but was subdued by calomel and opium, &c. Recovered. **Case 4.**—The Dorset: Mr. Curme.—A feeble woman, aged 51. Hernia femoral, and strangulated fifty-six hours. Sac opened. Recovered. **Case 5.**—The Leeds: Mr. Smith.—A stout man, aged 61. Hernia inguinal, and of large size. Strangulation had existed only twelve hours. Sac not opened. Recovered. **Case 6.**—The Leeds: Mr. Teale.—A feeble woman, aged 67. Hernia femoral, of small size, and strangulated forty-eight hours. Sac opened. Recovered. **Case 7.**—The Leeds: Mr. Smith.—A man, aged 42. Hernia inguinal, strangulated thirty-one hours. Sac not opened. Recovery. **Case 8.**—The Queen's, Birmingham: Mr. West.—A man, aged 32. Hernia inguinal, and strangulated three days. The sac was opened, and was found to contain omentum only. Recovery. **Case 9.**—The Bradford: Mr. Poppleton.—A lad, aged 16. Hernia femoral, and strangulated five days. Sac opened. Recovered. **Case 10.**—The Bradford: Mr. Poppleton.—A woman, aged 52. Hernia femoral the size of a hen's egg, and strangulated six hours. Sac not opened. Recovered. **Case 11.**—The Bradford: Mr. Terry.—An infant, aged eight months. Hernia inguinal, strangulated twelve hours. Sac not opened. Recovered. **Case 12.**—The Cheltenham: Dr. Eves.—A man, aged 66. Hernia inguinal. Symptoms of strangulation had existed eight hours. Sac not opened. Recovered. **Case 13.**—The Cheltenham: Dr. Eves.—A man, aged 62. Hernia inguinal, and strangulated three days. Sac opened. Recovered. **Case 14.**—The Bristol General: Mr. Coe.—A man, aged 29. Hernia congenital. Sac opened. Recovered. **Case 15.**—The Bradford: Mr. Terry.—A lad, aged 19. Hernia inguinal, the size of a goose egg, and strangulated three hours. Sac not opened. Recovered. **Case 16.**—The Gloucester: Mr. Wilton.—A woman, aged 69. Hernia femoral of large size, and strangulated twenty-eight hours. The sac was opened, and a large mass of adherent omentum was cut away. The intestine was reduced. Recovered. **Case 17.**—Addenbrooke's: Mr. Humphry.—A labourer, aged 66. Hernia inguinal, and strangulated twenty-four hours. Sac opened. Recovered without a bad symptom. **Case 18.**—The Cheltenham: Mr. Eves.—A woman, aged 49. Hernia femoral, and strangulated two days. Sac opened. The symptoms were completely relieved at first, but returned the next day, and continued till she died. Death took place on the seventh day. The autopsy showed a fold of bowel obstructed by adhesion to Poupart's ligament. **Case 19.**—The Bradford.—A woman, aged 66. Hernia inguinal of small size, and strangulated twenty-four hours. The sac was opened and was found to contain faecal matter, the gut having given way. Death from collapse next day. **Case 20.** The Bradford: Mr. Parkinson.—A man, aged 38. Hernia inguinal, and strangulated several days. The sac was opened, and the intestines found gangrenous. Death on the third day. **Case 21.**—The Leeds: Mr. Hey.—A man, aged 60. Hernia large, inguinal. The gut had been incarcerated for a week, but urgent symptoms had only been present for twelve hours. The sac was opened, but the hernia consisting of cæcum was only partially covered by it. The symptoms continued, and death followed on the third day. The autopsy showed the bowel perfectly free, but acute peritonitis had been set up. **Case 22.**—The Liverpool Royal: Mr. Long.—A stout man, aged 22. Hernia scrotal of large size, and strangulated eleven hours. Symptoms severe. The sac was opened, and both intestines and omentum returned. Death from peritonitis on the second day. **Case 23.**—The Derby: Mr. Gisborne.—A woman, aged 40. Hernia femoral, strangulated four days. She had steadily refused to have the operation performed during the last three days of the period. Sac opened and intestine reduced. Death from peritonitis on the third day. **Case 24.**—The Berkshire: Mr. Moxhay.—A healthy man, aged 40. Hernia inguinal of large size, and strangulated fifteen hours. Sac opened. Death on the fifth day from entero-peritonitis.

#### TREPHINING, &c., OF THE SKULL.

**Case 1.**—The Bradford: Mr. Terry.—A lad, aged 19, admitted with a compound fracture of the skull, and laceration of the membranes, with injury of the brain. The depressed bone was elevated. Death three hours afterwards. **Case 2.**—The Bradford: Mr. Parkinson.—A boy, aged 3. The skull had been fractured, and the dura mater torn. Elevation and removal of some portions of the shattered bone. Death, with hernia cerebri, on the twelfth day. **Case 3.**—The Bradford: Mr. Parkinson.—A lad, aged 15, admitted with a compound fracture in the left parietal region, with injury to dura mater, and loss of cerebral substance. Two portions of bone which had been driven in, and were quite loose, were removed. The lad recovered, and the parts healed over. **Case 4.**—The Derby: Mr. Johnson.—A labourer, aged 60, was admitted with a compound fracture of the posterior part of the skull, caused by a brick falling on his head. He was in coma. The trephine was used, and the depressed portion elevated; but he remained insensible, and died an hour afterwards. At the autopsy the whole surface of brain was found covered with clot, and the anterior lobes were much contused. **Case 5.**—The Liverpool Northern: Mr. Hamilton.—A girl, aged 19, admitted with compound fracture of the left parietal bone. The trephine was used, and a triangular depressed portion was elevated. Death on the fourteenth day. She had been sensible throughout. **Case 6.**—The Sheffield: Mr. Gregory.—A man, aged 30, admitted on Feb. 28, having a lacerated scalp-wound two inches in length, corresponding with the middle part of the coronal suture. There was no evidence of fracture, nor any symptoms of cerebral mischief, excepting slight deafness. Up to the eighteenth of March he gradually improved. Two or three epileptic seizures then occurred, and were followed by paralysis of the right side. A small puffy swelling was now discovered over the anterior edge of the left parietal bone. An incision having been made at this spot, a piece of bone, two inches long by one broad, was found quite loose, and was removed. The dura mater was not lacerated. Two days later the paralysis had passed off, and no more fits had occurred. The man remained very ill for some weeks, but ultimately made a perfect recovery. **Case 7.**—The Glasgow.—A man, aged 26, admitted with a severe compound fracture of the vertex of the skull. Elevation of bone. Doing well at date of report. **Case 8.**—The York: Mr. Husband.—A carpenter, aged 50, admitted with a severe compound fracture of the frontal bone. Several portions of detached bone were removed. The dura mater was extensively exposed, but not torn. Recovered without a bad symptom.

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# Medical Times & Gazette.

SATURDAY, MAY 1.

## POISONING IN OUR BARRACKS.— THE ANTIDOTE.

In our number for April 3, p. 352, we noticed how our soldiers were being slowly, steadily, and surely poisoned in our barracks, by the pernicious influence of the impure air they are constantly compelled to breathe. They live in these barracks in numbers generally of about eighteen men together in one apartment, which affords from 400 to 500 cubic feet of space to each man. According to Sir B. Airy, in his evidence before the Army Sanitary Commission (Qy. 3039), the regulation which orders this very limited supply, apportioned, it seems, by the engineer department, is not strictly observed either in hospital or in barracks; and moreover, the appropriation of space on the floor by beds is determined according to the cubic feet of air which the room can contain. (Qy. 3044.) In rooms of considerable height, the men must therefore be very much crowded, and when we remember that they live by day in these rooms, that they eat and drink in them, and that they sleep by night in them, can we wonder that under such inconsistent management and arrangement general discomfort is great, sickness is frequent, and mortality is high? Let us now shortly direct attention to the means which science tells us may ameliorate to some extent this state of things; and more especially to the specific antidote for the poisoning, namely—VENTILATION.

It is not only necessary that men may have sufficient air to breathe, but it is necessary to provide air for the apartment itself in which they live, as well as for the men who inhabit it. The influence of impure air is not only exercised upon the men through their breathing organs, but the surface of their bodies, their clothes, their seats, their tables, beds and bed-clothes, the walls of the apartments, in short, the free surfaces of everything in contact with the air of the place, becomes more and more impure, a harbour of *fomites*, a means of impregnating every cubic foot of air with poison, unless the whole apartment has its atmospheric contents continuously changed, so that everything animate and inanimate is freshened by a constant supply of pure air. If ventilation is efficiently carried on, the whole air which a chamber or room is able to contain, must be kept in a state of continuous change. It is not sufficient that the quantity of air merely necessary to fill and fill again the lungs of a man be brought within reach of his pulmonary organs. Air continuously supplied, in quantities of about four cubic feet per minute, is sufficient for this. A soldier, if he is to enjoy health, must be permitted to luxuriate in fresh air. He must have his room constantly filled with it, as pure as can be obtained from round his barrack. To preserve a room in a healthy state, it is not merely necessary that sufficient air be present to enable a man to fill his lungs every time he

breathes; there ought to be a constant circulation of pure air, so that quantities not less than 2200 cubic feet per bed per hour shall simultaneously go out and enter the apartment—that its rate of movement shall be so imperceptible that no draught or current can be felt—and such that the temperature of the room shall not be suffered to fall below 60° Fahr. It is this constant supply of pure air, and a sufficient provision for the outlet of poisonous gases, contaminated atmosphere, and noxious emanations, which merit the first consideration of those who would improve the sanitary condition of our soldier. It is “the want of fresh air,” not “the want of cubic space,” which kills our soldiers in their barracks-rooms. We do not mean for a moment to insinuate that cubic space ought not to be considered in the construction and occupation of an apartment. On the contrary, we are fully convinced that a definite amount of cubic space, and especially the preservation of definite proportions in the height and width of a room, are most important elements, not only as regards convenience merely, but as regards the requisite diffusion of the fresh air, the ease of ventilation, and economy in heating. To give the air of a ward or barrack-room the highest possible degree of *freshness*, the amount of air admitted to circulate through it should be in quantities of not less than 4000 cubic feet per bed per hour. In this luxurious condition as to fresh air, the adjustment of cubic feet in the best proportions as to width and height is of great importance; and it must not only be sufficient, but the number of beds must be such, that an allowance of from 2200 to 4000 cubic feet of fresh air to every bed per hour may move continuously through the apartment, in a definite direction, with a motion so gentle and imperceptible, that no current or draught can be appreciated; and could such a state of things be maintained with a constant temperature, not below 60° Fahr., we should have reached the height of perfection in the art of ventilation.

There are two methods by which the art of ventilation may be accomplished; namely—1. An *artificial* method by machinery. 2. A *natural* method by doors, windows, and fireplaces aided by various forms of ventilating shafts. The former is used in several Hospitals, and in a large number of public and private establishments, generally in combination with arrangements for warming the air. Such combinations are introduced not only for economy in heating, but also to ensure the passage through the apartment of a much larger quantity of air in cold weather, than could be introduced unless the air were at the same time warmed.

Numerous objections have been taken with justice to systems of *artificial* or *mechanical* ventilation. In the first place, the necessity for such methods of ventilation implies such defects in the architectural construction of the place to be ventilated, that natural methods of ventilation are unable to keep it in a healthy state. A most important objection to artificial ventilation also is its cost. It is, moreover, not only cost in the first instance, but the current annual cost required to conduct the operations of the ventilating apparatus, as well as to provide for the “wear and tear” of machinery. If we refer again to the Report of the Royal Commissioners relative to the sanitary condition of the army, the value of which cannot be over-estimated by students of sanitary science, we find some very interesting statements of Dr. Sutherland on this point. (Appendix xli. p. 457.) In his description of the artificial systems of warming and ventilation in the Parisian Hospitals, it is shown that the first cost of the apparatus for warming and ventilating under the plan selected by the French Government is somewhat under £11 per bed, the annual outlay about £2 6s. per bed, and the capitalised cost £34 per bed. To ventilate a room containing eighteen beds by such a method would therefore cost about £612! Numerous artificial methods have been tried in this country, of which that in use in the new building of Guy's Hospital

may be regarded as a most expensive method, while the method of pumping air into an apartment, as described by Dr. Neill Arnott, may be regarded as the most simple of artificial methods, and the least expensive. Other most important objections belong to systems of artificial ventilation. Among these may be especially noticed,—1. The very large amount of space generally occupied by the apparatus and machinery. 2. The difficulty of introducing the apparatus and arrangements into buildings other than those where arrangements have been made from the first by the builder for their special introduction. 3. The impracticability in general of applying artificial systems of ventilation to old buildings. 4. Irregularity in the supply of air to different parts of an apartment; and, lastly, the use of machinery implies the occasional occurrence of accidents to it, which necessarily stops the whole process of ventilation.

On the whole, therefore, it is now a very prevalent belief that of the many systems of ventilation which have from time to time been proposed, the most complicated and expensive is that which has generally been found to be the least effective; and, on the contrary, where ventilation is the most perfect, there the system is found to be simple and natural.

"Ventilation," says Dr. Sutherland, "is an art in the exercise of which we cannot supply intelligence by machinery;" and we find that Miss Nightingale gives expression to an opinion somewhat similar when she says, "if attendants cannot be trained to keep rooms ventilated without draughts, there is a defect of intelligence, and attendance on the sick is not their calling."—(Q. 10,039.)

We take this opportunity of expressing the high opinion we entertain of the evidence of Miss Nightingale before this Commission. Her whole evidence is distinguished for the profound knowledge it exhibits in matters of the most minute detail, and is remarkable alike for the depth of thought and intellect which has been brought to bear on every subject which affects the welfare of our soldier; it is distinguished, moreover, by the boldness and moral courage of its tone, and by the clearness and lucid arrangement of its matter.

Doors, windows, and fireplaces, have hitherto been the most natural means of ventilation, sometimes also aided by shafts or openings direct to the open air from the interior of apartments. To effect ventilation in this natural way, one or more fireplaces are necessary in a room, and the throat of the chimney ought to be as high as our heads. "Our grandfathers' lofty fireplaces," says Miss Nightingale, "are the greatest loss in modern house architecture. The little low fireplaces of this date bring the best current of air below the stratum in which we are breathing. With our present natural system, to breathe the best air we must not be more than six years old, or we must lie down."

By natural means of ventilation fresh air is intended to enter by a variety of contrivances, such as by opening windows, making apertures in the floor or the ceiling, or in the wall above the windows; and to prevent draughts various appliances of wire-gauze have been ingeniously contrived to disperse the air, or break the force of its current. In general, however, no certain provision is made to carry off the contaminated air, which is allowed to find its way out as best it may; or the same opening admits air, and at other times gives vent to it.

In the introduction of pure air to a building by any method, regard must be paid—

1. To the quantity of air introduced.
2. To the mode in which it is introduced; so that
3. The movement of a large volume of air may go on easily, continuously, and imperceptibly; that while all sensible draught is avoided on the one hand, any loss of force may, on the other hand, be prevented by sufficiently large conduits and apertures.

4. That the natural action shall be as much as possible constant and self-regulating.

5. That the method adopted shall be such as to ensure the immediate removal of the emanations from the apartment, generated by the process of life in the healthy as well as in the sick.

6. That the circulation of fresh air shall be so complete, that draughts shall not cause effluvia to be driven, or suffered to accumulate in any one part of an apartment.

Of few of these contrivances can it be affirmed that the results are very satisfactory; the proportion between the demand and supply of air being in general most uncertain, a small waste is too often supplied by an unbearable current, or the close and stifling sensation arising from imperfect respiration, denotes an insufficient supply of an important necessary of life. The old proverb says,—

"If cold wind reach you through a hole,  
Go, make your will, and mind your soul."

And one of our highest authorities on ventilation (Dr. Arnott) writes: "The safe ventilation is that which enters copiously, but almost imperceptibly, like the gently moving air under a tree or an open arch, in a nearly calm summer day."

Let us apply these principles to elucidate the means of improving the state of barracks; and we are glad to be able to state that a commission is now actively at work (in terms of the original recommendation made in the Report of the Royal Commissioners, p. lxxvi.) systematically respecting every barrack, devising and executing works of necessity (and doubtless of mercy also), with such expedition as the available resources of Government permit. When we state that this acting Commission consists of Captain Galton, a distinguished officer of Engineers; Dr. Sutherland, well known as pre-eminently versed in the practical application of sanitary science; with Dr. Burrell, of the Army Medical Department; and having as chief of the Commission, Mr. Sidney Herbert; we are certain that ere long every barrack in its turn will be brought to a healthy and satisfactory condition.

The poisonous emanations necessarily discharged from the bodies of living beings, issue warm from the body, and are specifically lighter than air; and finding no opening for escape higher than the throat of the chimney, in places where apertures above that do not exist, they tend to rise and to fill all the upper part of a room. Currents of air passing beneath doorways to fireplaces, or from window to window, or from door to window, carry very little of the poison with them; and it is in this impure atmosphere that men usually breathe, namely, in the upper strata of air, with their heads above the level of the purer currents.

In this country we cannot maintain ventilation by windows, doors, and fireplaces, under all circumstances; and the numerous contrivances to replace these natural means of ventilation fail generally for one or more of the following reasons, namely, they are either inconstant in their action, or they will not act without causing draughts, or while they act in admitting air no provision is made for foul air being carried off; and, perhaps the most usual defect in the aids to natural ventilating arrangements arises from the inlets for air being too small.

It is when doors and windows are closed that ventilation is most of all required. We cannot, in general, in this country, sleep in a room at night with windows and doors open. Doors in general are intended to be kept shut, and so are windows, except on particular occasions.

Many beautiful contrivances have been devised for assisting natural ventilation, and although perhaps few of them realize in every instance so much as sanguine admirers expect of them, yet they all are attended with most beneficial results by simply directing attention to important principles put to practical tests in effecting one of the most important neces-

Sities in sanitary administration, namely, regulating the supply, and providing for the demand of fresh air.

Of the many improved devices for ensuring natural ventilation, we have lately seen one patented by Mr. M'Kinnell, of the Athenæum Club, Glasgow, which more completely fulfils the requirements of perfect ventilation than any with which we are acquainted. It seems to us that in this country it cannot fail to fulfil all the ordinary conditions in which natural ventilation requires to go on. A working model is to be seen at the Society of Arts, to which we direct the attention of our readers, and some account of the plan will be found in another column.

### THE WEEK.

Diphtheria or diphtherite, that is the question! Dr. Farr, for the Registrar-General, says diphtheria, and we think he is right. Bretonneau gave the name to the disease from its most obvious characteristic—the exudation of false membrane on the mucous membrane of the fauces—after the Greek, *διφθέρα*, membrane. But the suffix, *itis*, used to denote inflammation, is clearly objectionable. It leads to the false notion that the disease is of a sthenic or inflammatory type, and is etymologically incorrect, as it implies that the pellicle or membrane—the diphthera—is inflamed; an obvious absurdity. For the future, therefore, the example of Dr. Farr should be followed, and we may use *DIPHTHERIA* until a better word is coined. Our readers may be interested by referring to Fothergill's account of the putrid sore throat, or *Angina Membranacea* of his time, and comparing it with the disease which is, after so long a period of intermission, again becoming epidemic in this country.

Mr. Griffin has requested us to state that he hopes to meet such of the Poor-law Medical Officers as wish to attend as part of the deputation to the Poor-law Board, at the Board, Whitehall, next Friday, May 7, at 12 o'clock, noon, or at a preliminary meeting, 11 o'clock on the same day, at the Ship Hotel, Charing-cross. The day and hour have been fixed by the Board to receive the deputation, and we would urge the following sentences from Mr. Griffin's letter upon the attention of our readers:—"It is very desirable to have the countenance of some of the Members of the House of Commons; I therefore beg all the Medical men who have influence with their representatives will ask them to attend, that by their presence, at least, they may testify their willingness to see the position of the Poor-law Medical Officers improved. I have reason to believe the Poor-law Board are not insensible to the hardships we endure, and that the deputation will pave the way for changes of great importance. I trust those gentlemen who have not already sent in their petitions to the House of Commons and Poor-law Board will do so without further delay."

Considerable interest was excited at the last meeting of the Royal Society by a paper of Dr. Scott Alison on his *Stethophone*, or differential stethoscope. The advantages to be derived from the use of this instrument are the appreciation of slight differences in the character and duration of the pulmonary and heart sounds, normal and abnormal, and the power of distinguishing between synchronous and rapidly succeeding sounds in different parts of the chest. Some curious acoustic phenomena have also been made out—the deprivation of hearing in one ear when the opposite ear receives the same sound in a degree rather more intense—and the division of a composite sound into two parts, one part being heard in one ear and the other part in the opposite ear. Lastly, while

the same sound is heard in the ear in which the sound is received with more intensity, the sound conveyed with lesser intensity to the other ear is not lost. It fails to cause any sensation in the ear to which it is conveyed, but distinctly augments the sound in the more favoured ear. This is a beautiful illustration of the wise provision which has ordained that both ears may serve their purpose, contributing without confusion as to the source of sound to a common result.

Mr. Sands Cox has just received £500 on account, as a part of the testimonial to be presented to him, in acknowledgment of the years of hard labour he has devoted to the Queen's College and Hospital at Birmingham. He has vested the sum in trustees for the purpose of founding two scholarships of £10 each, to be held for two years, to be competed for as a test of the proficiency of students of the College and Hospital in Clinical Medicine and Surgery. This is an act which does honour to our Profession.

The conviction of the Master of Newington Workhouse for illegal disposal of bodies for dissection has been quashed on a point of law. The facts are these:—Notice to attend the funeral of the deceased had been sent to the relatives. They accordingly attended, were shown the body in a coffin, and saw it screwed down. They were then requested to wait in another room, and they afterwards followed a coffin to the grave, believing it to contain the body of their relative, whereas the real body was detained, and afterwards sent to Guy's Hospital for dissection or examination, but to be ultimately buried. The question was whether this came within the Anatomy Act, which provided that the master of a workhouse was justified in sending the body of a pauper dying in the workhouse to any hospital for examination, unless he was prohibited by the nearest relatives of the deceased, who should require the body to be interred without examination. We really do not pretend to understand the judgment of the Chief Baron and Mr. Justice Wightman, but it seems to lead to the conclusion that the fraud which led to the relatives withholding their refusal to allow dissection, instead of increasing the punishment, has led to a reversal of the verdict of the jury. If this be law it is opposed to justice and common sense, and the sooner the law is amended the better.

The annual microscopical *soirée*, given by the master and wardens of the Apothecaries' Society, took place on Tuesday evening last, when a great number of scientific gentlemen, both in and out of the Profession, assembled together to inspect the various objects of interest presented to their notice. As on former occasions, the microscopical illustrations were not the sole feature of the evening, but the walls of the ancient hall were covered with diagrams representing objects of natural history, and with a splendid series of photographs; while the tables exhibited a profuse display of stereoscopes, anatomical and physiological specimens, and living plants, including flowering acacias, rhododendrons, ferns, palms, and grasses. Some magnificent living cycadaceous plants, lent by Mr. Yates, were placed in contrast with a series of fossil remains of the same order, contributed by Dr. Bowerbank. In one of the rooms was exhibited Ruhmkoff's Induction Electrical apparatus, which, by means of a coil of wire four miles long, and a Grove's Battery, exhibited the most striking effects of electricity in its passage through a vacuum, and through different kinds of gases, the electrical current in each case giving rise to a beautiful



display of various colours. The microscopical objects illustrated various departments of natural history, pathology, and crystalization, many of the specimens exhibiting the living actions of plants and animals; and the diagrams on the walls were in many instances magnified representations of the same minute structures. On Wednesday morning, ladies were admitted to the display, which was further enhanced by a copious display of flowers from the Society's gardens, and from private contributors. Among the microscopic exhibitors, besides the various makers of the instruments, the more conspicuous were Dr. Carpenter, Dr. Bowerbank, Dr. Ansell, Dr. Beale, Mr. Ward, and Mr. Woodward. We have frequently expressed our gratification at witnessing these social and scientific *réunions* of the members of our Profession, and we have seldom been more gratified than by the last meeting at Apothecaries Hall.

We deeply regret to announce the sudden death of Dr. Robert Harrison, Professor of Anatomy in the University of Dublin. Dr. Harrison was apparently in his usual health on Thursday, the 22nd ult.; operated at Steevens' Hospital that morning; lectured at the University; and, so late as seven in the evening, met a professional brother in consultation. During the night he was seized with an attack of apoplexy, which proved fatal at eleven o'clock in the forenoon of the 23rd of April. Dr. Harrison was a fellow of the Colleges of Surgeons of London and Dublin, and a M.D. of Trinity College, Dublin, Assistant Surgeon to Steevens' Hospital, Visiting Medical Attendant of the Central Criminal Lunatic Asylum at Dundrum, etc. Having been since 1827 joint Professor (with Dr. Jacob) of Anatomy and Physiology to the Royal College of Surgeons in Ireland, he was in 1844 elected to the Chair of Anatomy and Surgery in Trinity College. In a Prelection, introductory to the Medical Session of 1855-56, delivered before the University of Dublin, and published in our thirty-second volume, Dr. Stokes, the Regius Professor of Physic, observes, "that up to the year 1848 Anatomy and Surgery were taught by the one professor. The advance of knowledge in both branches had been such that it became desirable to separate the chairs of Anatomy and Surgery; and I am proud to say that Professor Harrison was an earnest advocate of the new arrangement, although it entailed a pecuniary loss to himself." Dr. Harrison was a most able lecturer, remarkable for the ease and fluency of his delivery. He was author of the well-known "Dublin Dissector," which has reached a fifth edition, and of the "Surgical Anatomy of the Arteries," which, having passed through four editions, is nearly out of print. Professor Harrison took an active interest in the proceedings of the several bodies with which he was connected, and his loss will be deeply felt in scientific circles in Dublin.

We have heard, through one of the leading Professional men in Edinburgh, that since the following resolution was passed by the College of Surgeons in that city, no Fellow of either College of Physicians or Surgeons has been known to meet a Homœopath in consultation. The resolution was passed in 1851, under the presidency of Mr. Syme. Our Colleges might do well in following such an example. It was resolved unanimously:—

"That the College having considered a series of resolutions transmitted by the Royal College of Physicians in regard to Homœopathy, feel called upon to express their opinion that the system so designated being entirely inconsistent with the principles professed by candidates for the diploma of the College of Surgeons, any Fellow or Licentiate who practises it, or countenances others in doing so, by meeting them in consultation, will justly incur the disapprobation of the College."

A full account of the deputation of the Medical Corporations to Lord Derby will be found below. We have little to say on the subject that we have not said before, except that while Mr. Cowper seems very sanguine as to the success of his bill, the opposition of the Corporations will probably be too strong to be overcome. As Mr. Duncombe obtained leave on Wednesday evening to bring in a Bill "to define the rights of the members of the Medical Profession and to protect the public from the abuses of Medical Corporations," Parliament will have four Bills to deal with. The conversation on the "Sale of Poisons Bill," at the conclusion of the Meeting, is worthy of attention. The Bill of the late Government is abandoned—in our opinion most unfortunately—while the present Government have accepted a Bill prepared by the Pharmaceutical Society. The College of Physicians and the Apothecaries' Society it seems are to give a joint report on this Bill, and we trust they will point out to Lord Derby the impropriety of leaving the sole power of examining and licensing those who sell poisons to a Society who might do something to restrict the Sale of Poisons, but would not be likely to make regulations interfering with their own business. The organ of the Society argues that as suicide and murder by knives and pistols cannot be put down by Act of Parliament, *ergo* it is of no use restricting the Sale of Poisons,—we should only drive people to the cutlers and gun-makers! The Pharmaceutical Chemists form about 2500 out of 16,000 dealers in drugs. They are evidently delighted at the overthrow of the Bill of the late Government, and if they are allowed to frame a Bill, the probability is that the interests of the Chemists will be considered rather than the safety of the public.

#### MEDICAL REFORM.—DEPUTATION TO LORD DERBY.

On Tuesday afternoon a deputation from the various Medical corporations of the metropolis waited on the Earl of Derby, at his official residence, Downing-street, in relation to the bills now before Parliament on Medical Reform. The deputation was accompanied by Sir R. Levinge, M.P., Mr. P. Benet, M.P., Mr. Headlam, M.P., and Dr. O'Connor.

The PREMIER having apologised for the absence of Mr. Walpole, who, but for engagements at the committee on the bill for the Reform of the Corporation, would have been with him,

Dr. MAYO introduced the deputation, and stated that it consisted of himself, the president; Dr. Alderson, the treasurer; Dr. Hawkins, the registrar of the College of Physicians; and Dr. Jeaffreson, senior censor of the College of Physicians; Mr. Stanley, the president, Mr. Lawrance, and Mr. Caesar Hawkins, from the Royal College of Surgeons; Mr. Simoons, Mr. Tegar, and Dr. Ansell, of the Society of Apothecaries. These gentlemen, he said, had met to assure his lordship of the unanimity of the various medical corporations in favour of a bill, the provisions of which would be laid before his lordship. That bill was the last that had been brought forward. The subject which they were about to bring under the notice of the noble lord had been going on for fifteen or sixteen years, and had kept the public in a state of anxious suspense. The subjects, which were of extreme importance, embraced such topics as registration, reciprocity of practice throughout the three kingdoms; a very essential condition, in order that a gentleman might not go into another part of the kingdom, and find the practice wholly different to that in which he had been brought up. The bill of Mr. Headlam, which secured these points, came before the House of Commons last year; and on the second reading obtained a majority of 147. Why it was then dropped was a question into which he would not enter; but he contended that, unless something were done to do away with the uncertainty which now existed, it had been much better that the matter had never been mooted. The gentlemen who were now agitating this question had nothing to gain by it, either their fortune

or their ages precluded that; and it was, therefore, reasonable to suppose, that they had nothing at heart but the interests of the country. He would not further occupy his Lordship's time, but call on Dr. Hawkins, Registrar of the College of Physicians, who had taken a part in the proceedings regarding every bill on the subject of Medical Reform which had been brought forward during the last twenty-four years, to read the communications they had received from the Medical Corporations of Ireland and Scotland.

Dr. HAWKINS, at the call of the last speaker, read letters from various corporations, all of which united in the views of the gentlemen who formed the deputation. They were from Edinburgh, Glasgow, and Dublin. He also read a letter from Dr. Acland, of Oxford, regretting his inability to be present with the deputation, and stated that the council of the University expressed their willingness, should a measure of this description be passed, to relinquish its power of granting licences, on condition that it should only continue to educate, and examine generally, in sciences more immediately preliminary to medicine. There was, he declared, great unanimity in favour of Mr. Headlam's bill, and equal unanimity against the measures of Mr. Cowper and Lord Elcho, which would either fail to cure the evils, or introduce fresh evils by destroying the influence of the Medical corporations of England, Scotland, and Ireland. It was nearly twenty-four years ago since he was examined before the select committee of the House of Commons, obtained by Mr. Warburton, on the subject of Medical education. Since then the Profession had been kept in a state of excitement; those who were qualified to practise in one part of the kingdom were not in another. There were twenty licensing bodies, which undersold one another, and a practitioner who had been passed by the one was not regarded as passed by the other. Even the lawyers themselves did not know who was qualified and who was not.

The Earl of DERBY: Are you speaking of qualifications as Physicians, or as Surgeons and general practitioners?

Dr. HAWKINS: It is doubtful whether one or the other.

The Earl of DERBY wished to know if their object was to found certain qualifications for each branch of the Profession, and separate registration for each.

Dr. HAWKINS said they wished to have a classified registration, such as is proposed in Mr. Headlam's bill. They considered that by such a course the Government would restore to a great Profession its usefulness and its credit, at the same time removing the evils which had so long continued to lower its character in public estimation, and otherwise operate to the prejudice of the whole body of the Profession.

Mr. HEADLAM said he had good ground of complaint against the late ministry, who would neither bring in a bill themselves nor allow any one else to pass one. The late period of the session when the division on the second reading of his bill took place last year, which was carried by a majority of 147, rendered it impossible for him to carry it through, and even if the bill passed the Commons, there was no hope of its getting through the House of Lords. He was, therefore, compelled to abandon the idea of carrying it any further, and hence the failure of any legislation in the last session of Parliament. Although there are great differences of education and qualification among Medical practitioners, still, from the interviews he had with the representatives, not only of the corporations, but of those opposed to the views of those bodies, he found there was an urgent desire to bring the question to a final settlement; and, notwithstanding the opposition of the late Government to his bill of last year, he was successful in obtaining for it the support of a great majority of the House of Commons. He would have introduced the bill this session, but he always thought it was the duty of the Government to take up the question; and he had a communication with the Government on the subject, when on a sudden the bills of Lord Elcho and Mr. Cowper were introduced. Neither of those bills expressed the opinions of the members of the Medical Profession at large, and therefore ought not to become law. The principle of his bill is to recognise all existing corporations, giving to them that influence in promoting the welfare of the public and the Profession to which they are entitled; to establish uniformity of qualification and education throughout the United Kingdom, to establish a registration of all duly-qualified Medical men. He urged on his Lordship the advisability of either taking up the

question as a Government measure, or giving to it such support as would secure its passing. From his knowledge of the feeling of the House of Commons on the subject, he could assure his Lordship that if taken up as a Government measure, that his bill would have the same, if not a greater, amount of support than when last before the House: it would speedily become law.

The Earl of DERBY: That is a very sanguine expectation, considering that it has been before Parliament for the last four-and-twenty years. He was sorry to take up the time of the deputation, but as his attention was not directed to the bills, and as Mr. Walpole was absent, he was desirous of knowing the leading points in which the bill of Mr. Headlam differed from those of Lord Elcho and Mr. Cowper.

Mr. HEADLAM gave in detail the various points in which the three bills differed.

The Earl of DERBY: Mr. Walpole takes a great interest in this question, and I regret he is not able to be here to-day. However, he has sent me a letter in which he very briefly puts forth the principles on which all Medical legislation should be based. They are as follow:—Equality of education and qualification throughout the United Kingdom; registration of all duly qualified practitioners, and a recognition of all existing institutions. He (Lord Derby) believed that to be a very proper view of the question.

Mr. LAWRENCE said that Mr. Headlam, to his mind, had made himself completely master of the subject of Medical legislation, and he thought it a pity that the subject should be taken out of his hands. The bills of Lord Elcho and Mr. Cowper were not such as the corporations required. They were opposed to the interests of the corporations, and, therefore, could not be for the good of the Profession at large. Lord Elcho's bill is a complete farce on legislation. It institutes an inferior grade in the Profession; the examination is "a little go," and it ignores altogether the existing corporations. Under his bill all are to be Licentiates of Medicine and Surgery, while Mr. Cowper's bill does not once recognise the title of Physician, Surgeon, or Apothecary.

The Earl of DERBY: Is there not a great difference between England and Scotland, as far as relates to qualifications?

Mr. LAWRENCE: Persons qualified to practise in Scotland, were not so in England; and, although English practitioners were never desirous of passing the Tweed, Scotch practitioners looked to London as the great field of their ambition. The Scotch qualifications are inferior to those of England. The corporations were conversant with the wants of the Profession, and they were the best judges of what the Profession required; and anything more degrading than the passing of the Bills of Lord Elcho and Mr. Cowper could not be contemplated. On behalf of the Royal College of Surgeons of England, he stood forward to state that its examinations were conducted in the best manner; and as a proof of the superiority of its diplomas, the number examined annually exceeded that of all the other Colleges of Surgeons in the United Kingdom. It has a museum not enjoyed by any other country; its existence is based on a Royal Charter; and although not required by the provisions of that charter to sustain that museum, there were given annually large sums for its support. Lord Elcho and Mr. Cowper by their Bills were seeking to place their unhallowed hands on the Medical Corporations of the country to promote their annihilation. He therefore implored Lord Derby to stand between the Medical Corporations of England, whose fame was for ages untarnished, and those who sought by mischievous legislation their destruction.

After some further conversation,

The Earl of DERBY said, that from what he had heard, the bill of Lord Elcho was very far from the thing, although they must not forget that he had only heard ex-parte statements. He should be much obliged if they would leave in his hands the letters from the corporations and copies of the bills, and he would promise to give the subject his most careful consideration. His Lordship, in conclusion, said he would take the opportunity of asking, seeing so many eminent men present, whether they knew anything of the "Sale of Poisons Bill," and whether it met their approval.

Dr. HAWKINS: We have not considered it part of our duty, and on the part of the gentlemen who accompany me, I beg to inform your Lordship that we know nothing about it.

The Earl of DERBY: It will be in your recollection, that in the last session of Parliament a bill was introduced on the

subject; since my accession to office the attention of the Government has been called to it in the House of Lords, and I felt it my duty to communicate with the Pharmaceutical Society. The Council of that body have drawn up a bill, a copy of which they have placed in my hands; and I shall feel obliged if you will take the two, consider their different clauses, and give me your opinion on them.

After some conversation, during which Dr. O'Connor suggested that the subject was one of as much importance to Apothecaries, coming strictly within their province,

Dr. Hawkins said that, with Lord Derby's permission, the College of Physicians, with the aid of the Apothecaries' Society, would report to his Lordship on the different clauses of the old Bill, and that drawn up by the Council of the Pharmaceutical Society.

The Earl of Derby: The subject is one of great interest, and one on which I am anxious to obtain all the information I can.

The deputation then withdrew.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### CASE OF DEATH FROM CHLOROFORM.

By Dr. BINZ.

Dr. Binz of Bonn having to operate upon a cicatrix situated on the forehead of a strong and healthy student 23 years of age, had him laid on a sofa, the head and chest being propped up erect. For some years past he had been in the habit of drinking eight or ten glasses of beer daily, but had taken only two or three the day prior to the operation. After removing any article of clothing that could have caused compression, and found that the actions of the heart and pulse were normal, the latter beating about 90, chloroform was administered. This soon produced great excitement, the patient starting up, and tossing his arms about, complete collapse, however, rapidly supervening; all this happening within ten or twelve seconds. Water was dashed in his face, the soles of his feet were brushed, and a finger was passed into the mouth so as to ascertain that the tongue and epiglottis were in their normal positions. Artificial respiration was now instituted, and continued for a full hour, the friction of the soles being persisted in. Dropping melted sealing-wax on the chest and electricity were also resorted to,—all in vain, for the patient was dead. At the autopsy the upper surface of the brain was deficient in blood, but a great abundance of very dark-coloured blood flowed away when the incisions were made for the removal of the brain. The meningeal arteries in different places contained air-bubbles; but the other arteries, which were of a bluish-red colour, did not exhibit this appearance. The pia mater was easily separable; and the bloody points, on making sections of the brain, were numerous, but no extravasation could anywhere be found. The medulla oblongata was also in a normal condition. The heart was, as Casper states it always is in these cases, relaxed, pale, and empty of blood, while both ventricles contained abundant coagula. The valves and substance of the organ were completely normal. At the highest calculation only six drachms of chloroform could have been administered; and an exact chemical examination has proved its purity.—*Deutsche Klinik*, No. 13.

#### EXCERPTA MINORA.

*Penetration of Lumbrici into the Liver during life.*—Professor Mattei furnishes an additional example of the rare case of lumbrici found in the liver. In the body of a man, aged 40, numerous lumbrici were found in the alimentary canal; and on incising two projecting portions of the convex surface of the liver, in each of these a lumbricus was found. The two cavities in which were the worms were but little larger than themselves, and contained a turbid fluid, holding pus globules in suspension, and numerous ova of the worms; the cavities were lined with layers of concreted fibrine; and the surrounding parenchyma was injected and indurated, as if from chronic phlegmasia, evidently proving that the worms had gained access to the organ long prior to death. In the case of one

of the cysts its continuity with the biliary passages was demonstrated by the passage of water. Dr. Senderini also related a case in which he had found a lumbricus, 13 centimetres in length, in the biliary duct.—*Annali Omodei*, vol. clxi. p. 609.

*Plantain in Diarrhœa of Children.*—M. Anciaux states that he has found a mucilage prepared from plantain seeds (*plantago major*) of great use in the catarrhal form of diarrhœa, and also in the mild inflammatory form.—*Presse Belge*, 1857. No. 7.

*Ossification of the Stylo-hyoidean ligament.*—M. Achard exhibited to the Pathological Society of Brussels a very curious specimen, viz: a complete ossification of the cartilaginous prolongation which unites the styloid apophysis to the os hyoides. In the adult, this is replaced by certain fibres known as the stylo-hyoidean ligament; but, in this specimen there is not the slightest trace of ligamentous fibres, the ossification being complete. The specimen was met with in a man, aged 45, in whom probably the primary cartilaginous condition had never been replaced by the ligamentous tissue.—*Ibid.* 1858, No. 13.

*Reunion of the separated Pavilion of the Ear.*—Dr. Linoli relates the case of an old woman, aged 70, who, falling down stairs, separated the entire pavilion of the ear, which only hung by a small thin strip of skin. The author, called to her immediately, resolved to try and obtain union by keeping the bleeding parts in contact. After encouraging the discharge of blood from the parts by tepid water, he exactly adapted the surfaces according to their natural relations, and kept them *in situ* by means of strapping and bandages. These were removed in part on the fourth day, the strapping not being taken off until the sixth, when adhesion was found to have become completely established. The dressing was replaced, and in less than a month the cure was completed, excepting that the sensibility of the pavilion continued impaired.—*Omodei Annali*, vol. clxi. p. 42.

*Hydrocele treated by Electricity.*—Dr. Rodolfi, of Milan, has applied electricity for the cure of hydrocele in four cases, and reports very favourably concerning its effects, not only the fluid disappearing in all, but its reproduction being prevented in three of the cases. Bumsen's or better still Daniel's pile should be employed.—*Presse Belge*, 1857, No. 52.

*Red Colour of the Valves of the Heart in Alcohol Poisoning.*—Dr. Voltolini, after enumerating the not very certain signs of alcohol poisoning that are known, describes an appearance he has met with, in order that attention may in future be directed to the point. It consists in the cinnabar red colour of the pulmonary and aortic valves. The colour cannot be wiped off, and gives to the valves a very beautiful appearance. A remarkable quantity of dark thin blood was found also in the vena cava ascendens and the subclavian vein. Dr. Santius met with a similar appearance of the valves in 1856. It remains to be seen whether this appearance is characteristic of alcohol poison alone, or is found in other affections inducing fluidity of blood. The author found no mention of it on the perusal of a great number of accounts of autopsies, in which such fluidity prevailed.—*Berlin Med. Zeitung*, 1857, No. 12.

*New Local application in Erysipelas.*—M. Anciaux speaks in high terms of the following application for erysipelas and some other cutaneous affections. Alum reduced to impalpable powder, 30 parts; white precipitate, 1 part. Rub up well together, and place the powder in a bottle, and then add from 90 to 100 parts of glycerine. Shake the bottle until the mixture assumes a creamy consistence, and repeat the shaking whenever the application is about to be employed.—*Presse Belge*, 1857, No. 19.

*Sulphur and Nux Vomica in Hæmorrhoids.*—M. Van Holsbeek recommends the following formula as being rapidly beneficial. R. Sulphur. loti, sacchar. alb.; aa, ʒj.; ext. strych. nuc. vomic. gr. vj.; mucil. gum. tragacanth. sufficient to form twenty-four lozenges. The patient is to take two the first day, increasing the dose by one daily until six a-day are taken. He now rests a few days, and then diminishes the dose in the same proportion, until he gets to the two again. If the cure is not complete, he must begin again; but it is rare to find the treatment required for more than a week. During its continuance alcoholic drinks and a too stimulating diet are interdicted. The treatment is applicable to all stages of uncomplicated hæmorrhoids.—*Ibid.* No. 22.

*Columba in Vomiting.*—M. Lami observes that while we are thankful for any new therapeutical agent, we must not

forget the value of those we possess. Among these, fresh-powdered calumba has always in his hands proved a most efficacious remedy in nervous, spasmodic, or atonic vomiting, as in that of pregnant women. He gives 15 grains with a few spoonfuls of wine, an hour before meals, three times a-day.—*Ibid.* No. 26.

*New Hemostatic.*—After prolonged experience, M. Lami strongly recommends the following hæmostatic: *B.* Decoct. rhataniæ, 300 parts; alum, 60 parts. If the mixture is to be given internally, 70 parts of syrup are to be added. When given internally, 10 drachms may be taken three times daily; while for external use it may be employed as injection or lotion. Its action is prompt and efficacious in almost any variety of hæmorrhage.—*Ibid.* No. 32.

## GENERAL CORRESPONDENCE.

### ENCOURAGEMENT OF HOMŒOPATHY.

LETTER FROM SIR CHARLES LOCOCK, BART.

[To the Editor of the Medical Times and Gazette.]

SIR,—By the tenor of a letter in your number for April 24, it might be assumed that I was in the habit of meeting and consulting with Homœopaths. I beg to assure you, that, except on a few occasions taking a patient direct from a Homœopath back to the orthodox mode of practice, I have never done anything of the sort, and have never consulted with any one of them.

I am, &c.

C. LOCOCK.

Hertford-street, April 27.

### LETTER FROM DR. SIEVEKING.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have observed with the greatest satisfaction that you have not hesitated to attack the practice which, if report is to be believed, prevails extensively, of Medical men meeting Homœopaths in consultation. There can be no middle course between utter repudiation or adoption of the Hahnemannian doctrines. He who coquettes with them, ceases to belong to the legitimate school of medicine, and the Medical man, who for the sake of pandering to public ignorance, does not shrink from meeting the Homœopathist in consultation, proves that he has not the honour and dignity of the Profession at heart. Have we devoted years of toil and anxious labour to a fallacy, or are we to be in doubt as to whether we are following the call of true science, when we seek to afford relief to our suffering patients by the light of physiology, pathology, and therapeutics? No one is more ready to admit the imperfections that yet surround our knowledge, than I am; and I hesitate the less to do so because it is only by a recognition of our own faults that we can hope to mend them; but he only can know himself and correctly estimate his powers, who stands upon the firm basis of inductive science or of revealed religion. The latter has no bearing upon the question at issue; but if medicine has not a firm basis in the former, the sooner we all abandon it entirely the better. Knowing that we have that basis, knowing that in spite of many imperfections, we are daily approaching nearer to truth in our most beneficent Profession; and knowing, moreover, the readiness with which the general public seize upon any excuse to accuse medicine of inconsistency and vagueness; it behoves us all, high and low, to show that we have an assurance of the reality of our science, that we believe in what we have learnt and what we are daily practising. I feel conscious, Sir, that I will and do grant to others that freedom of thought and action which I claim for myself; but, as liberty may not be confounded with license, legitimate science cannot without degradation associate or identify itself with its bastard offspring. I say, then, Sir, without any hesitation, that the line beyond which our self-respect as honourable men and members of the noblest of all professions, should forbid us to go, is easily drawn. We do not wish to persecute or prosecute the Homœopathist. If he can conscientiously pursue his calling, so much the better for him; if he does so without the support of his conscience, it need be no concern of ours. But it does closely concern us whether we shall directly or indi-

rectly sanction what we know to be, if not a wilful deception, yet a deplorable fallacy. It nearly affects us whether we will, by meeting Homœopathists in consultation, avow to the public that Medicine and Homœopathy are convertible terms,—that it matters not whether we follow the one or the other.

I have no intention to enter upon a controversy. In what I have written I have simply wished to maintain a principle. Circumstances appear to me to demand that the Medical Profession should clearly enunciate their decision; and, as a member of that Profession, I venture to express the opinion which I hold, and the creed by which I am governed. I do not wish to be accused of pusillanimity, and therefore, perhaps more candidly than wisely, beg to subscribe myself,

Sir, your very obedient servant,

EDWARD H. SIEVEKING, M.D.

Fellow of the Royal College of Physicians,  
and Physician to St. Mary's Hospital.

17, Manchester-square, W.

April 24, 1858.

### LETTER FROM DR. RANKING.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have observed with much satisfaction the resolutions of the Reading and neighbouring practitioners in reference to Homœopathy. They have set an example which should be universally followed. The events of the past few weeks, in which we have had the melancholy spectacle of a London surgeon of repute linking himself to this imposture, and the senior surgeon of a provincial hospital "acting under" one of its apostles, prove forcibly that the time has arrived when those members of our Profession who would preserve their character for honesty of principle must no longer forbear to speak out, and must, moreover, by their practice, show that they make no distinction, in the point of Professional and moral rectitude, between the avowed practisers of quackery and those who, by meeting such at the bedside, tacitly countenance them, and are equally deserving of the scorn of honourable minds.

I am, &c.

W. H. RANKING.

Norwich, April 18, 1858.

### LETTER FROM DR. SEMPLE.

[To the Editor of the Medical Times and Gazette.]

SIR,—The two writers who have addressed you, under the signatures of "Vox Populi" and "Justa aut Nihil," and who rather seek information on the subject of Homœopathy than write in defence of that so-called system, deserve rather more attention than the professed followers of the Homœopathic doctrines. As those two writers evidently desire to be instructed in the principles of the globulistic system, their wishes will without doubt be gratified by the perusal of your admirable leading article of last week; and if they really desire to see a more detailed and very masterly exposition of the principles and practice of Hahnemann, they cannot do better than peruse the work written by Dr. Simpson, entitled, "Homœopathy, its Tenets and Tendencies," in which the whole subject is most fairly, ably, learnedly, and temperately set forth. If, after the perusal of that work, they should still lean to Homœopathy, they are beyond the influence of legitimate reasoning, and may be safely left to indulge in their own fancies.

But, on the supposition that your two correspondents really know nothing at all about Homœopathy, and that their judgment has only been partly swayed by some cunning, or foolish, or dishonest people, I think that they deserve a reply to some of the hypothetical questions which they propose.

I should remark, however, in the first place, that "Vox Populi" seems to have been rather hardly used, by his own account, at the hands of some of our Profession. A Medical man in the present day, who makes depletion and calomel his principal agents, and "employs in turn almost every drug in the Pharmacopœia, using one as antidote to another," must be a *rara avis in terris*, and I sincerely sympathise with your correspondent in having had his constitution so victimized. It is only charitable to inform "Vox Populi," that the system of which he not unjustly complains is by no means in accord-

ance with the principles of modern Medical science; and I am almost inclined to believe that he must have fallen into the hands of some irregular practitioner, combining the ancient principles of Dr. Sangrado with the more modern ones of the illustrious Morison and the no less distinguished Holloway.

If the alternative, therefore, were to be bled, and starved, and purged, for all and every disease, on the one hand, or to be allowed to be left to the unaided efforts of nature on the other, I really believe that I myself should agree with "Vox Populi" in preferring the latter course; because the cases requiring bleeding and depletion are comparatively very few, while the trivial cases which may, and often do, get well without medicine are very numerous; and therefore, by leaving my ailments to get well of themselves, I should stand a better chance, on the whole, of getting well, than if I allowed myself to be bled and starved under all circumstances.

But, among the very first principles of rational medicine, we are taught that the diseases of mankind, like their constitutions, are of a very different, and often of an opposite character, and that they therefore require very various, and often opposite, methods of treatment; and I am sure that it will afford consolation to "Vox Populi" to be told that the prevailing tendency of the Medical Profession in the present day is to administer tonics and stimulants, in place of depressing agents, although I do not pretend that this course is indiscriminately adopted in every case.

Again, the members of the Medical Profession endeavour to acquire a knowledge of the human frame, of the diseases to which it is liable, and of the remedies likely to be serviceable in treatment, by a careful inquiry into the structure and functions of the human body, and into the nature of the various chemical and mechanical agents by which its powers are improved or impaired; and this kind of knowledge requires several years for its acquisition. But the system of Hahnemann discards all such knowledge as useless, and relies solely on the symptoms felt, or supposed to be felt, by the patients; and the medicinal agents are sought for among substances many of which are known to be inert, and all of which are used in doses so minute as to be utterly useless. Hahnemann himself was a mere visionary, and his "system" is a mere compound of folly and indecency, as any one will discover who will take the trouble to study it.

But "Vox Populi" is, I think, entirely mistaken in supposing that the members of the Medical Profession have any objection to his treating himself upon the Homeopathic system, if he choose to do so, or to his calling to his assistance a Homeopathic practitioner, if he prefer him. He has as much right to take the Homeopathic globules as he has to take Morison's pills, or to use Holloway's ointment, or any other quack preparation which he may please to patronise.

But now comes the important question. He has undoubtedly no right whatever to expect me, or any other respectable man, to meet the quack vendor of Morison's pills in consultation; neither can he in justice expect me to meet in consultation another quack, who pretends to cure all diseases by the administration of infinitesimal globules, which are known to possess no chemical properties whatever. My presence at any such consultation would imply that I gave a certain countenance to the quackery, and I should be justly involved in the moral guilt attending any evil consequences that might ensue.

With regard to Mr. Fergusson, I should be very sorry indeed to condemn him for setting a broken leg, whether the patient were a Homeopath or not; but such a charitable and necessary act is very different from a deliberate and systematic practice of meeting and consulting with Homeopathic quacks, with whose principles Mr. Fergusson, as an educated Surgeon, can have no feeling whatever in common.

It is quite true that the globulists assume the titles which belong to the Profession, and not a few of them, as is well known, assume these titles surreptitiously and dishonestly; but this is only the old story of vice arraying itself in the garb of virtue. The Profession entirely disowns them, as it disowns Dr. Morison, Dr. Holloway, Dr. Coffin, and many others, who are, nevertheless, at full and perfect liberty to gull the British public, if John Bull likes to submit to it.

I am, &c. ROBERT H. SEMPLE.

[To the Editor of the Medical Times and Gazette.]

SIR,—“A Junior Hospital Physician” has wasted a good deal of excellent passion on the man of straw which his own indignation has created; he has expended a deal of energetic treatment on a disease of his own making. Who but he ever proposed “to shake the hand of fellowship with the practitioners of this Homeopathic subtlety,” or to do otherwise than clearly declare his disapprobation of it? To do this is quite compatible with the course of conduct which I advocate, and I only wish that your correspondent and others of his class could see that it is their violent abuse and unreasonable opposition under the appearance of a high tone of honour (I give them credit for a mistaken sincerity), which gives its main importance to Homeopathy.

Does a “Junior Hospital Physician” think he will aid the judgment of any one by the use of such terms as these,—“tricks, villainies, cheats, swindlers, knavery, lies, arrogance, craft, impostors, boasters, and cheaters;” all of which, with many others, occur in his one letter. It is this which, while it makes the unskilful (the public) laugh, makes the judicious (the thinking part of the Profession) grieve. To my mind, the one word “delusion” is more applicable, and goes much further than all this abuse. Admit this as the basis and mainspring of Homeopathy, and our conduct in relation to it is very simple: we want no passion, no excitement, no abuse. I am, &c.

“JUSTA AUT NIHIL.”

P.S. I fear your correspondent is in the habit of taking a partial view of things. He must, if he pleases, understand “negotia” after the “justa” in my motto. Will he forgive my asking him to understand? Or, if he prefers it, “justa” may be translated—“due rate, proportion, or allowance.” I am sorry to deprive him of his point, but I cannot admit his exclusively feminine view of the word.

[To the Editor of the Medical Times and Gazette.]

SIR,—The Profession has already gained something in searching out the sources of the muddy Homeopathic streams, which are tainting the pure waters of Medicine. The high-placed Physicians and Surgeons, whoever they be (and fame says that their number is not few), who entertain professional relationship with the globulists, preserve an ominous silence. They are evidently not proud of their friends. They will meet the gentry, it seems, in consultation; they will, in the silence and the darkness of the sick man's room, pocket the *honorarium*—an honourable recompense, truly!—thrown in their way; but they do not care to acknowledge the dubious connexion in the face of the professional world. They desire that the whole transaction should be a *sub-rosa* one; and there is, we will suppose, still a blush of shame tingling on the cheek when the dishonest gains touch the hand. The fact that no one of them has yet come forward to publicly defend the practice which he indulges in and profits by, is, at all events, an acknowledgment of respect paid to the virtue of our Profession. The money is grateful to the touch; but the source from whence it is obtained is tacitly admitted to be of questionable respectability. But what will their Homeopathic patrons think of them? It is not pleasant to be cut dead in the morning before all your acquaintance by an aristocratic friend, into whose pocket a considerable number of your guineas found their way on the preceding evening!

But, Sir, you will not permit the wise silence of these men to be a stifling of the subject. You will not be contented with mere expressions of indignation—that the words should quietly pass away, and that the practices they describe should still run their course. I trust you will arouse, and have already aroused, the sense of honour in our Profession; and that the Profession, who has the power, will insist on having satisfaction from those who have injured its honour.

It has come to this, as I see the matter: either our Profession must be purged of the disgraceful dalliance with quackery, or it sinks to the level of the lowest trade. It sinks lower than a trade—it is converted into a downright imposture. Talk of quacks, and vile deceptions, and robberies of the public!—why! what quackery can exceed, what deception be viler, and what robbery greater, than the quackery, and the deception, and the robbery which are practised by the man who, professing to be a Physician,

stands by the bedside of his patient—his victim rather—and confers with an Homœopath concerning the treatment of the disease? We have honoured the martyrs who sealed their faith with their blood, and we have pitied those whose courage failed them in the trial; but I doubt whether history, excepting in the case of him who sold his birthright for a mess of pottage, has many tales like this to tell—where men, who stand before the world the illustrations of a noble Profession—who hold, as it were, its honour in their hands—have abjured their faith for a guinea.

I appeal to the common sense of men, whether there is any position more utterly degrading than that which the Physician holds when he stands in consultation with a Homœopath? He acts towards the patient the part of a swindler, for he sanctions, if only by his presence, a method of treatment which he knows to be a cheat. He is untrue to himself, for he must have stifled the prickings of conscience before he could have brought himself to this pass. He is false to his Profession, for he betrays the honour of it, which he once solemnly swore to uphold, and assists in dragging it in the mire. He does his best to elevate fraud and deceit in the treatment of disease, by caressing the vilest of quackeries. These words may be strong, but I solemnly declare that I believe the accusation they convey to be literally true; and I fervently trust, that no glitter of high professional position will prevent their application by the members of our body, to those who have rendered themselves amenable to the accusation.

They are wisely silent, these men. They well know that every attempted word of justification would be their condemnation, that every palliative argument they could suggest for their conduct would be a weapon for their conviction. Let us, however, cut the ground from under their feet, and explain away, by anticipation, every excuse which they might possibly offer for their conduct. Let us hear their excuses, and see if they gain exemption thereby from the serious charges imputed to them. I, says one, go merely to diagnose the disease; it is expressly understood that I have nothing to do with the treatment; the diagnosis given, I take my leave. Such a one, by his own admission, becomes in the hands of the Homœopath what the stethoscope is in his own—a mere tool. By his act he degrades himself and his Profession; and by his presence, he fosters and abets what he knows to be a vile deceit. Another may say, that the patient requires no prescription, that regulation of mode of living is his proper treatment, and that, therefore, these harmless globules may as well be administered as not, if the patient has an inclination for them. But this man, also, cruelly betrays his Profession. The globules are taken, a careful mode of living is pursued, the patient recovers; and to what does he, and the world, and the noisy, boasting quack ascribe the cure? Not assuredly to the rational mode of living, which in such case was the true medical treatment, but to the miraculous efficacy of the globule, to the infinitesimal dose. And the Physician's name serves to attest the truth of the quackery. What sort of a conscience must he have who can, in such a case, pocket his fee, and laugh at the credulity of mankind?

It will be said, again, that the faith of the Profession in the efficacy of its remedies over diseases has been of late years rudely shaken; that methods of treatment, which have received the sanction of ages of authority, are now regarded as of dubious worth; that the use of drugs has been grossly abused; that great mischiefs have been done through the indiscriminate doings of honourable members of our art. Let all this be granted; but what sort of an apology does it form for the conduct of those who indirectly and surreptitiously patronise this gross deception? We all well know what a revolution has, of late years, come over the practice of medicine; and we know that this better knowledge is to be ascribed entirely to the immense progress which has been made in the pathology, the diagnosis, and the study of diseased processes. All this advance, too, has been made through the ardent labours of the legitimate sons of Medicine. We may well boast that all the great deeds of medicine were done by her true sons. Let the patrons of Homœopathy search history, and tell us what good thing ever came out of the mental degradation implied in the practice of quackeries. I see the names of Harvey and Jenner, and a host of such like worthies, indelibly inscribed on the Edifice of Medicine, but I look in vain for a single name that sparkles brightly in the dead seas of quackery. Let men ponder on this fact.

While the practice of Medicine is undergoing modifications, naturally induced by the advances made in our knowledge, we may well suppose that impostures would flourish and grow apace; but such a moment is not one in which, one would have anticipated, that men could have been found to desert their calling, and basely hold out a hand to catch fruit from the most flourishing trickery of the day.

And is the Surgical patron of Homœopathy less free from blame? He may say, that those on whom he operates need no physic, that he often brings his patients successfully through most serious operations, without administering one grain of physic. This he may truly say. But he cannot affirm beforehand, that even the simplest of his operations will not be followed by symptoms which require the most prompt and energetic remedies; he knows, on the contrary, that they frequently are so followed. Called in to attend to a compound fracture, will he permit his Homœopathic friend to trifle the patient's life away with his globules, when a raving delirium has supervened and is tearing the patient to death? Called in to attend an urethral stricture, will he suffer the Homœopathic patient to undergo the incidental torments of inflamed bladder and kidneys thence resulting, without demanding the administration of remedies which he knows in his conscience will assuredly bring ease and repose to the patient? Will he tacitly suffer the globulistic farce to be played out in such a case? If a sore look ill, or if a testicle be inflamed and the patient hot and feverish, will he not purge with calomel and black draught? Or is it come to this, that he regards a knowledge of the practice of Medicine as a mere expletive in the Surgical art?

This, I take it, is the position he assumes in the face of Homœopathy, because it suits his purposes to do so. Then, let me tell him, that he holds a position in relation to his master Homœopath, ten times more degrading than ever the Barber-Surgeon of ancient days held towards the Physician. The Barber-Surgeon was a mere tool in the hands of the Physician, to do his work; but he was at all events an honest implement; he acted after his knowledge and his conscience. I will leave the Profession to decide what is the term which fits the conduct of an educated Surgeon of this day, who exercises his chirurgical art upon a human being, and leaves the Medical treatment of the case in the hands of an Homœopath. I have used strong terms in this letter, but the one which alone befits him I cannot bring my pen to write.

But whether he be Surgeon or Physician who consorts in this wise with the Homœopath, let him make his choice for the future. Let our Profession plainly tell him that he who is not with us is against us; and show that its voice can reach even to the highest placed amongst us. Time, indeed, is it for the Profession to assert its rights, when some of the leading members of it are found ready to carry out in private what certain of the smallest members of it have been known to offer to do through public advertisement, viz. the treatment of disease by Allopathy or Homœopathy.

This quackery I speak of, like the thousand others which have lived their day, and for the day have disfigured the growth of Medicine, will pass away. What vigour of growth the parasite possesses, it draws not from its own intrinsic powers of vitality. It clings for support around, and sucks its nourishment from, the stately stem of an art which still flourishes after thousands of years of growth. Rent away from that stem, the parasite would perish to-morrow. Stripped of the degree which he dishonestly clings to, the Homœopath would stand forth before the world a simple trickster; while backed by an untrue title, and supported and fostered by members of the Profession itself, he may become the most successful impostor of the day.

I am, &c.

JUNIOR HOSPITAL PHYSICIAN.

London, April 26, 1858.

[To the Editor of the Medical Times and Gazette.]

Sir,—The question raised concerning Homœopathic practitioners is interesting; investigation is needful, and it is well that you have opened your columns with such freedom.

Every question must be treated on its own merits. The public accepts Homœopathy, gulled or not gulled; they like it, and from royalty to pauperism seem rather enamoured of its globules, and nothing-like potions. No doubt this is to be mourned over, but how shall it be helped?

It is an old tale that when there is no case it is good to abuse



the plaintiff's attorney; but the eyes of people are getting open. The public knows something itself. The *Medical Times* abuses the practitioners of Homœopathy. It says they are usually ignorant and illiterate, but the public know a large number of highly-educated and industrious men who have taken up with Hahnemann's dogmas. The *Medical Times* says they are men who have failed in the legitimate practice of their profession; but the public knows many who have been eminently successful before embracing Homœopathy, and have made large sacrifices in changing their mode of practice. (a)

Abuse will not stay the progress of Homœopathy.

But then the *Medical Times* says: "Let us not meet the practitioners of Homœopathy in consultation." I know a case in which a third-rate Apothecary refused to meet a Fellow and late Vice President of the College of Physicians. Such an incident, which may probably recur any day, is simply ridiculous. If Homœopathy had a secret mode of treatment, if its practitioners were men without legal title to practice, the case would be altered; but if members of the Profession are to be precluded from exercising their own judgment, why then there is an end of all future progress. The Homœopath gives medicines on a certain system, and in certain doses, which are not legitimate, and, therefore, legitimate practitioners will not meet him; but, Sir, if we allow this principle, it will be necessary that we have at once a code of laws to regulate the principles and practice of Physics which shall be unalterable as those of the Medes and Persians.

What shall we do? for the evil grows. Why, Sir, do as you propose to do with the Medical Reform question. Let us have a Royal Commission of men beyond suspicion. Let a certain number of wards in our hospitals be placed under the direction of a staff of Medical men composed equally of Old School and Homœopathic practitioners. Let one half of the patients be treated according to the system of the day, and the other half according to that of the Homœopaths—each being cognisant of the other's prescriptions. The result must, of course, destroy Homœopathy, and satisfy the public.

I am, &c.

VERITAS.

Devizes, April 19, 1858.

[To the Editor of the Medical Times and Gazette.]

SIR,—Your journal of late has given us some heroic displays of Allopathic dignity and denunciation of Homœopathic heresy and schism. I am not a Homœopath; but I wish to ask a few questions and make a few observations. Are we to consider Dr. Quin, Dr. Gregory, Dr. Henderson, Dr. Sheridan Muspratt, and a long list of similar men, known to the world as of education and eminent ability, as rogues or fools, because they practise or admit Homœopathy? Has or has not the fierce and often vulgar depreciation of such persons by medical men, done more to advance Homœopathy with the higher classes than not?

If we, the erudite, the infallible, the humane, conscientious, hereditary disciples of the legitimate schools, assume this deep sympathy for the public good, by which so many sufferers are deprived of our valuable services, should we not first and foremost make an onslaught upon such brigands as the Holloways, Morrisons, and their legion, who defy us, who damage public health, and pick the public pocket ten times more than all the Homœopaths,—indeed, it is well known the self-constituted Dr. Holloway can boast an income far beyond any of our great Physicians or Surgeons. To call men of education and character impostors like common quacks, is at least an angry mistake. Homœopathy may have a visionary foundation; but we can never, in this country, put it down by legislation, although we might deal with the insolence, the defiance, and the reckless imposition of common quackery, by having quack medicines licensed only for what good they really may be trusted. As to the Homœopath and the Allopath meeting or not on a case, the matter is determined for them without any consideration of their own,—their difference of creed puts an impassable barrier. By an accident Mr. Fergusson and Dr. Bell might meet in a train, and find they were both sent for to one noble patient—the surgeon to give an opinion and advice of an outward ailment, and the other to prescribe medical treatment; does it follow that these two illustrious savans should fall out by the way,

heartily abuse each other, and leave him to go to the patient who would? It is not uncommon for Medical men in the country to be asked to report cases for Homœopathic patients being at a distance from their advisers, and I see no harm in doing it. Book Homœopathy is much in the hands of ladies; and really I have felt it no joke to hear stated, "since I have adopted Homœopathy, and given the globules to my children, I have not had to send for a Medical man, although we have had influenza, measles, and scarlatina."

I am, &c.

April 26, 1858.

MODERATOR.

[To the Editor of the Medical Times and Gazette.]

SIR,—It must be clear to the thoughtful members of the Profession, that they cannot meet Homœopaths as Practitioners.

Mr. Fergusson simply discharged a duty; but it is not clear that the presence of the Homœopath was necessary to aid his ready hand and skilful head. Your correspondent, *Justus aut Nihil*, has a peculiar notion of the members of the Profession. There can be no need to rave, but there is still less that they should fraternise with the disciples of a dreamy theorist.

There are no circumstances under which a legitimate practitioner cannot be as readily accessible as a globulist. No physis is required to tie the radial artery, or for the other operative procedures mentioned by your correspondent. When people are really suffering, depend upon it they will take medicine.

A clergyman meets a catholic priest in society, and accords to him the courtesies of his station, but here, professionally, their correspondence ceases. Was the practice of medicine a system of error before Hahnemann's day? Is there anything beyond the dreamy twaddle that is called "The Principles of Homœopathy," are its remedies really original? It is but the obsolete dietetic school of the ancient Greeks.

Whenever practitioners as individuals become trimmers to every vagary of their patients, they will earn their reward—contumely and distrust.

There is one duty which the Council of the College of Surgeons owe to their members, viz. that in future all candidates for their diploma be examined in the practice of medicine. Hundreds of men go forth from that College diplomatised; who never seek or obtain the licence of the Apothecaries' Society. It is not just to the public that men vaunting themselves as legal Surgeons, and practising as Homœopaths, should not have given proof of knowledge of legitimate medicine. Let men who occupy the high places in the Profession do their duty, and it is certain that they will command the co-operation and respect of all who honour their vocation.

I am, &c.

G.H.

March 21, 1858.

[To the Editor of the Medical Times and Gazette.]

SIR,—If the Medical Societies of London, as well as those of provincial towns, would follow the example of the Reading Pathological Society, in the matter of irregular practitioners, we should, at all events, know what the great bulk of the Profession thinks of meeting Homœopaths in consultation; we should also know who has high principle enough to refuse to meet men who profess to treat disease in a totally different manner from the one they themselves profess.

For my own part I cannot at all understand how it is possible for two men holding opposite opinions to come to any agreement as to any plan of proceeding from a consultation, unless, during such consultation, one or other of them alters his opinion; nor how a regular practitioner can derive any assistance from a Homœopath, or *vice versa*; and the effect on the public mind, if the public mind reasons upon it at all, must be most perplexing, and I should imagine the conclusion arrived at, which indeed, must be the true one, would be, that one or other of the gentlemen so consulting must be sacrificing his conscience merely for the sake of his fee.

It is plain that a Homœopath, as such, taking a degree of one of our Colleges or Universities, and afterwards practising Homœopathically, must be dishonest (for obtaining advantages under false pretences), and being so, honourable men may refuse to meet him; whereas, if he remains unqualified, we may refuse to meet him on that account; and it is difficult to understand how Homœopaths writing books as they do, can

[Perhaps our correspondent will name these gentlemen.—Ed.]

have the audacity to put M.D. and M.R.C.S. after their names on the title page, and in the following pages state that their system of medicine is directly in opposition to the system inculcated by those very bodies who have conferred these titles upon them.

As regular practitioners are often expected to meet these men in consultation, and often lose friends and money by refusing to do so, and get the reputation of being illiberal and inhuman, I think it will be a great boon to the Profession if you will still agitate the matter until we know what is expected of us under such circumstances, by the heads of the Profession. If some stringent rule, or rather if some understanding was arrived at on this question, there would be more unity among those who follow the truth, and there would certainly be no fear of humanity suffering in any one instance, because every man of common sense would know that he would not be breaking such rule if he relieved a patient really requiring immediate relief, even though a Homœopath was present at the time, if he protested against all interference on the part of the Homœopath, and resolutely refused any consultation with him.

I am, &c.

"QUOD ERRE VIDEOR."

Reading, April 26.

### SPINAL HÆMORRHAGE.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have forwarded you the account of a case which appears to me of considerable interest in a Pathological as well as Medico-legal point of view; if you consider it worthy of a place in your Journal it is at your service.

I was requested by my friend Mr. Barrett to examine the body of a boy, of whose death he gave me the following account:—

On Friday, March 26th, at about half-past two in the afternoon, he was sent for to the Reformatory to James Cowen, aged 15, who had been pushed by a playmate against another boy, who held a shoemaker's awl in his hand. This implement had inflicted a small punctured wound on the left side of the chest, between the seventh and eighth ribs, about three inches behind the nipple. As there were no symptoms present, the directors of the institution thought lightly of the case, especially as it was quite uncertain whether or not the awl had penetrated more than skin-deep. Mr. Barrett, however, wished to be on the safe side, and advised rest and a purgative.

On Saturday morning, when he called, the boy came to him, appearing, to use his own expression, "as gay as a lark." He had spit no blood; felt no pain in the chest; pulse and respiratory murmurs quite natural. In fact, he appeared so well that Mr. Barrett congratulated him on his escape. In the evening his bowels were much relaxed, and he seemed not quite so well. This was attributed to the vigorous action of the purgative. He still complained of no pain in the chest or abdomen. The purging continued all Saturday night, and on Sunday morning he appeared weak, and, looking faint, was recommended to return to bed, which he would not do. He spent an hour in the chapel of the institution, from eight to nine, and some time after this vomited, while sitting by the fire with other boys. He entered into conversation with them, and nothing unusual was noticed in his manner till he fell from his chair, at about eleven. Being then quite insensible and unable to walk, he was carried up to bed, and Mr. Barrett was sent for; but as he was in church, the messenger, unwilling to disturb him, waited till the service was over; so that when he reached the house it was more than half-past one.

The patient was then quite insensible; pulse very quick and feeble; respiration slow; pupils unacted upon by light. After continuing in this state for about three-quarters of an hour, he expired, about forty-eight hours after the injury.

The post-mortem examination, at 8 p.m., on Tuesday 30th, revealed a punctured wound penetrating into the cavity of the chest, and wounding the lower part of the upper lobe of the left lung. This was indicated on the surface of the organ by a purple spot, about the size of a silver penny. In the centre of this was a small puncture, into which a probe penetrated about a quarter of an inch. On cutting into the lung at this part it appeared condensed, and of a deep purple

colour, resembling the coagulum of blood, but only to the extent of a small walnut. The rest of both lungs was perfectly healthy. At the seventh intercostal space, on the surface of the costal pleura, was a small quantity of transparent coagulated lymph, easily separable under what appeared the wound. This was a small puncture midway between the seventh and eighth ribs, and did not injure the intercostal vessels or nerve. The left pleural cavity contained four or five ounces of serum tinged with blood. The diaphragm, as also the pericardium, which contained about a drachm of fluid, were uninjured. With the exception of the lower part of the large intestine, which was slightly congested, the organs of both thorax and abdomen were quite healthy. The brain was somewhat moister than usual, and the lateral ventricles each contain about half a drachm of serum; it, however, presented no other trace of disease. The inquiry which, up to this point, was not most satisfactory in its results, became much more so on opening the spinal canal, for as soon as the first arch was removed a quantity of effused and partially coagulated blood appeared, and on opening the canal further was seen to extend from the third to about the seventh dorsal vertebra. The posterior rachidian plexus of veins was gorged with blood for about the same extent, but no rupture could be detected in any of them, though there was every reason to believe that they were the source of the effusion. The spinal cord itself was softened to the extent of about two inches, opposite the third and fourth dorsal vertebra. The dura-mater, arachnoid, and pia-mater of the cord, as also the medulla itself, were in other respects unaffected.

The rarity of diseases of the spine, or at least the rarity of its detection, renders this case of more than usual interest, more especially when we consider the youth of the patient. Its coincidence with a wound is, moreover, of Medico-legal importance, for had the injury been inflicted with felonious intent, it might have endangered a human life.

Not wishing to encroach too much upon your space by any further remarks on this case,  
I am, &c.  
Brook-green, April 7, 1858.

JAMES KEEN.

### REPORTS OF SOCIETIES.

#### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 13, 1858.

Sir C. Locock, Bart., President, in the Chair.

(Concluded from p. 438.)

A paper by Dr. GREENHALGH was read on

#### EXTENSIVE DISEASE OF THE OSSEOUS SYSTEM NECESSITATING THE PERFORMANCE OF THE CÆSAREAN SECTION.

The subject of the paper was a patient in her 31st year, who during her eighth pregnancy, was attacked with symptoms simulating rheumatism, for which she had been treated. During the sixth month of utero-gestation, when she was first seen by the author, she was greatly emaciated and very decrepid, moving about her room with extreme difficulty, and by the aid of surrounding objects. From being five feet one or two inches in height, she was reduced, in the space of a few months, to four feet two inches and three-quarters. Her urine was found to be loaded with neutral triple phosphates, which a variety of remedies failed to arrest. The nature of the case being suspected, a vaginal examination was instituted, which revealed a large amount of pelvic distortion, so great as to render delivery impracticable by any other means than the Cæsarean operation. At the full period of pregnancy, labour spontaneously set in; and notwithstanding every attempt was made to reach the os uteri by three of the eminent accoucheurs who favoured the author with their counsel and assistance, their endeavours proved futile; consequently the operation was performed by the author in the ordinary manner, and a living child extracted. Although the patient was alarmingly reduced in health and strength, and a considerable

amount of blood was suddenly lost, owing chiefly to the placenta being situated immediately under the line of incision through the uterus, still she continued to progress more or less satisfactorily for fourteen days, when rupture of the transverse colon took place, attended with alarming prostration, from which, however, she rallied. Through this opening faeces continued to escape into the abdominal cavity up to the time of her death, which occurred nineteen days after the operation. The author then detailed the results of the post-mortem examination, which showed extensive atrophy of the whole osseous system, besides far advanced fatty degeneration of the numerous tissues submitted to microscopic and chemical investigation. Especial attention was directed to the dried pelvis, the dimensions of which were detailed, and which with the uterus were placed before the Society. The author then referred to the circumstances under which the disease developed itself, the rapidity of the progress, and the insufficiency of remedies to arrest the malady; the form of bones affected, and their peculiar distortion; the state of the urine, as shown by Dr. Beale's analysis; the period of utero-gestation and labour at which the operation was undertaken; the condition of the patient previous, during, and subsequently to its performance; the mode and seat of the incisions; the hæmorrhage and its sources; the position and firm attachment of the placenta in relation to the wound; the presentation of the child; the extraction of the placenta; the propriety of partial or complete closure of the abdominal wound. He then drew attention to the patient's state during the nearly three weeks she lived after the operation, especially to the rapidity of the pulse during the absence of other symptoms indicative of inflammatory action; the rupture of the transverse colon, and the attendant prostration and subsequent rally; and lastly, under the head of treatment, referred to the exhibition of large and frequently repeated doses of opium, to generous diet, and to the effects of ice and stimulants.

Dr. MERRYMAN said he had lately attended a patient in labour under somewhat similar circumstances, who had become gradually (though not so rapidly as in the case described) affected with mollities ossium. He had had doubts as to how the labour would terminate, and he asked Dr. Tyler Smith to see the patient with him. By his advice he (Dr. Merryman) introduced the air-ball, and endeavoured to widen the passage. He was convinced that on that occasion there was a distension of the bones of the pelvis, during the period that the bag was fully distended with air. He was afterwards able to pass his finger more readily than before; the aperture, however, was very small, and he could not ascertain how the labour was going on. He brought on the labour artificially by injecting hot water. They tried to alter the position of the child, so as to bring out the feet first. With great difficulty the child was turned; but, in consequence of the length of the labour, its life was not saved.

The PRESIDENT asked whether the patient had been in bad health.

Dr. MERRYMAN replied, that she had been in bad health for several years, and the bones of the pelvis had been gradually drawing closer together. Dr. Smith had examined the water passed, and found it to contain large quantities of phosphates.

Dr. TYLER SMITH said, the important point was, whether delivery could be effected by any safer means than the Cæsarian section. No doubt there was great deformity existing, but it was difficult to say, from the preparation that had been handed round, whether any other means could have been adopted. It appeared to him that compression had taken place in the bones since the death of the patient; that a process of shrinking, and drying, and diminution had taken place, as indicated by the crackings to be observed in various places. Even now the bones were movable, and when they contained the gelatinous matter, which they must have had in life, he imagined they were still more movable. His impression was, the deformity was not at all greater than that in the case adverted to by Dr. Merryman, in which case they managed to get away the head of the child. It was compressed to a very great extent at the coronal suture, and the child did not survive; but the life of the woman was saved, and she was not exposed to any great danger. The os uteri could not be reached; but they were able, the bones being soft, to introduce the hand, get down the leg, and extract the child, without exposing the woman to the dangers of Cæsarian section. He had had some other cases, though not so severe,

and had found that in all of them it was possible, by pressure, to dilate the pelvic bones to some extent. They were elastic and yielding, as compared with the bones of the healthy pelvis. He should like to ask the President whether he had found that in mollities ossium he could produce any extension of the pelvis during the time of labour. His own impression was that they might, before the labour came on, by air or fluid pressure, dilate the pelvis to some extent in such cases. He should like the President to examine the pelvis, and say whether he did not think there had been some amount of shrinking since death, so that the preparation scarcely gave a fair representation of what had existed in life.

The PRESIDENT said the symphysis pubis was made to lap over, which most probably was not the case during life; and that would make a very material difference in the diameter above, a difference of at least half an inch. Possibly, as the preparation had been handed round, the bones might have been bent more closely together. He had no hesitation in saying that he had delivered cases, not by turning, but by craniotomy, where there was as much difficulty as there appeared to be in the present case, supposing the bones to be expanded to the fullest apparent extent without dislocation. The awkward gait of the patient in the early months of pregnancy, to which reference had been made, must have been caused by the fracture of the neck of the thigh-bone.

Dr. WEBSTER said he should have liked to ask the author, had he been present, why premature delivery was not brought on.

Dr. MACKENZIE said that question appeared to have been fully discussed, and the Cæsarian section having been determined upon, it was thought better to postpone it to the full period of gestation.

Dr. BARCLAY said it should be borne in mind that the author stated distinctly that, when he made his examination, he could only pass the fore-finger of the right hand as far as the first joint on one side, and that he could barely insert the tip of the finger on the other. If that were a true account of the state during life, it exactly corresponded to the condition of the bones as exhibited.

Mr. TAYLOR confirmed the statement of the author as to the smallness of the passage during the life of the patient.

Dr. SMITH asked Mr. Taylor if his hand was passed, or only the finger, into the vagina.

Mr. TAYLOR replied that he introduced only two fingers.

Dr. SMITH said it was impossible to ascertain accurately the state of the pelvis with the finger only. His observations referred merely to the fact of the Cæsarian operation having been performed at the full time, with a pelvis of that character. All accoucheurs would consider the propriety of inducing premature labour in such a case; and, of course, the earlier the operation was performed, the more chance there would be of the passage of the child. He spoke of the operation as having been undertaken at the full time. For himself, he should have no hesitation in undertaking delivery in such a case.

## THE PATHOLOGICAL SOCIETY,

TUESDAY, APRIL 6.

Dr. WATSON, President, in the Chair.

Mr. HUTCHINSON gave the conclusion of a case formerly brought before the Society, of

### CANCER OF THE TESTIS IN A YOUNG CHILD.

Enlargement of the gland had first been noticed when the boy was a year and five months old. Excision was performed on March 3, 1857, when he was two years and a quarter old. The testis, which was then about the size of an adult's fist, was a good specimen of medullary cancer, and was brought before the Society during the former session. The boy regained perfect health after the operation, and remained well for eight months. Symptoms of cancer in the lungs then showed themselves, and progressed very rapidly. Death took place on February 7, eleven months after the operation. At the autopsy both lungs were found most extensively infiltrated with medullary cancer. One small nodule, the size of a small pea, was noticed in the liver, but with that exception there was no disease of the abdominal organs. No return of the

disease had taken place either in the cord or the lumbar lymphatics. It was an interesting fact in respect to the hereditary transmission doctrines that two paternal uncles of the patient had died of cancer of the breast.

**Mr. HUTCHINSON also showed specimens from a case of HYDROCEPHALUS, AND ENLARGED MESENTERIC GLANDS IN CONNEXION WITH HEREDITARY SYPHILIS.**

The patient, a male infant, aged five months, had died of hydrocephalus, which had commenced when one month old. The head was enlarged to thrice its natural size, and the lateral ventricles were found at the autopsy distended with clear serum, their septum being broken down. No evidence of inflammation, or of the deposit of tubercle, could be found within the skull. The specimen brought before the Society consisted of the entire mesentery, the glands of which were almost universally enlarged. None of them were very large, and none contained tubercle. The infant had during life presented most undoubted symptoms of hereditary syphilis, which had disappeared under mercurial treatment. The history of syphilis in its parents, and of the death of their preceding infants from the same disease, was also clear. Mr. Hutchinson remarked that the existence of disease of the mesenteric glands was of interest in connexion with the emaciation so commonly observed in cases of infantile syphilis. As to the hydrocephalus, he could not help suspecting that when it occurred under such circumstances it had more than an accidental relation to the diathesis. He had at present under care a second case of hydrocephalus in a syphilitic infant.

Dr. MARKHAM read a paper on a case of

**RUPTURE OF THE COLON, PRODUCED BY DISTENSION OF THE GASES WITHIN IT.—MALIGNANT DISEASE OF THE SIGMOID FLEXURE OF THE COLON.**

E. C., aged 63, a hard-working woman, who had always enjoyed good health up to about six months ago. She then suffered from swelling of the left side of the belly, from pain, which she referred to the region of the uterus, from flatulence and constipation. When the pain was bad she also felt a numbness and weakness, and twitchings of the legs, which came on with increase of the swelling of the belly. These symptoms continued up to the time of her death, which took place rather suddenly about seven months from the beginning of her illness. Charcoal and pressure carefully applied to the abdomen seemed to give her great temporary relief.

*Post-mortem.*—The abdominal walls were most tensely distended with air. When the cavity was opened air gushed out with extraordinary violence, the walls falling at once down quite flaccid. Six quarts of dark, greenish-looking matter, of the consistence of gruel, were found in the cavity, and two or three more quarts in the lower part of the intestines. In the upper part of the sigmoid flexure of the colon was found a cancerous thickening and contraction of the gut. This part had been forced down into the pelvis, and had formed an adhesion with the upper part of the rectum, giving to the intestine a curve, which must have assisted in impeding the passage of feces. At the upper part of the descending colon a rupture was found, about an inch long, passing across the intestine; the inner and outer coats alone were torn, the muscular fibres being pushed aside. There was not the slightest appearance of ulceration at the part, and merely a flush of redness around the border of the rent, which was clear and well defined. The feces were inodorous; a fact which was explained by the quantity of charcoal which the patient had taken. The muscular coat of the colon was exceedingly thickened, no doubt in consequence of the obstruction in its sigmoid flexure. This rupture of the gut was manifestly caused by the forcible distension of the air within it. No doubt the thickened muscular coat of the colon must have caused unusual pressure upon its contents; and it is possible also that the strychnia, which the patient had taken for some time, might have aided in producing a spasmodic contraction of the muscular coat of the colon.

Dr. MARKHAM also read a paper on

**AFFECTION OF THE HEART, WITH ENLARGED THYROID AND THYMUS GLANDS, AND PROMINENCE OF THE EYES.**

The subject of this affection was a female, aged 26. Nine

years ago she suffered from acute rheumatism, and had been subject to rheumatism ever since. The thyroid gland began to enlarge six years ago. For the last six months she had been under treatment for severe palpitations, and on account of these she came into St. Mary's Hospital in March, 1858. Her eyes were so prominent that she could not close her eyelids; but she never suffered from conjunctivitis. The least exertion or mental emotion brought on violent palpitations of the heart, which were always attended with severe "dull, wearing pains." The beat was like that of the heart of an hysterical person. She was highly nervous. A slight systolic bruit was heard over the whole præcordial region. In the second left intercostal space, close to the sternum, a long rough prolonged systolic bruit was heard, and a thrill felt by the finger; the murmur, though loud, was very limited. This murmur was constantly present. The pulse was always small. Treatment gave only temporary relief. Latterly her breathing became affected, and she died somewhat suddenly, about two months after her admission into the Hospital. The pupils were equal in size; and no throbbing was observed of the thyroid gland.

*Post-mortem.*—The body was very anæmic; the gums were blanched. The thyroid gland was large and firm, embracing, but not compressing, the larynx and trachea; but it compressed the carotid arteries and internal jugular veins. The thymus gland exceedingly large, but healthy in structure, weighing 2½ ounces, passed down in the anterior mediastinum, ending in two lobes; one of these, broader and larger than the other, passed across the pulmonary artery, and apparently pressed upon it. The heart's valves were thickened, but competent; its muscular structure much altered, there being numerous small dots of fibrinous matter scattered here and there in it. The papillary muscles were particularly affected, being partially converted into hard fibrinous matter. Some slight atheromatous spots were observed in the coronary arteries, and a few in the aorta. The lungs posteriorly were in the first stage of pneumonia. The other organs and the vessels of the brain were healthy. The bruit heard evidently arose in the pulmonary artery: it must have been anæmic, or caused by the pressure of the thymus gland upon the pulmonary artery.

Dr. VAN DER BYL exhibited several specimens, and made some

**REMARKS ON SEVENTY CASES OF HYPERTROPHY OF THE HEART.**

The first specimen weighed 30 oz., and occurred in a man aged 33. The aortic valves were covered with vegetations, but the aorta was healthy. The cavity of the left ventricle was 4 inches in length; and about three times its usual size; its walls measured 7 lines near the middle. The second specimen also weighed 30 oz., and occurred in a man aged 62, who had suffered from chronic bronchitis, &c. The cavity of the left ventricle was 4 inches in length; and its wall measured 9 lines near the middle. The valves were not much diseased; the arch of the aorta was dilated to about double its natural size, and involved in advanced atheromatous disease; the pulmonary artery contained distinct patches of atheromatous deposit. The third specimen weighed 36 oz., and occurred in a man aged 28, who had had rheumatism five years before, and had been troubled with dyspnoea and palpitation ever since. The cavity of the left ventricle was 5½ inches in length; its wall measured 9 lines near the middle (15 lines opposite the papilla of the mitral valve); the aortic valves were shortened and thickened, and proved incompetent; the mitral valves were slightly diseased. In the right auricle there was a slender fibrous band, about an inch and a quarter long, one extremity of which was fixed at the so-called tuberculum Loweri, and the other at the Eustachian valve. The fourth specimen weighed 14½ ounces, and occurred in a man aged 42, who had been subject to palpitation since childhood. The mitral orifice was very much constricted, and presented only a crescentic slit; the valves were thickened and calcified; the aortic valves also were shortened, thickened and calcified. In this case there was comparatively little hypertrophy, with extensive disease of the aortic and mitral valves; whereas in the third specimen, which weighed 36 oz., there was scarcely any valvular disease. With regard to the fibrous band in the right auricle of the third specimen, it appears doubtful whether this is a relic of foetal life, or the result of disease. In the Middlesex Hospital Museum is a preparation which

exhibits a similar band; the left extremity of which, however, is fixed to the free margin of one of the tricuspid valves. It occurred in a boy, aged 16, and produced a 'tricuspid murmur.' A third specimen of this kind was exhibited, in which the band was about 2 inches long, and gave off numerous tendrils, which formed a kind of floating network. Hypertrophy of the heart occurred in 70 cases out of 380 post-mortem examinations; that is, in 18.4 per cent. of patients dying from various diseases. In all the cases the heart weighed upwards of 14 oz. in the adult male, and upwards of 12 oz. in the females. Of these 70 cases, 46 were males and 24 females. The average age of the males was 43.3 years; the average weight of their hearts was 19.3 oz. The average age of the females was 41.6 years; the average weight of their hearts 15.6 oz. Some of the principal morbid appearances associated with hypertrophy of the heart in these 70 cases, were: Disease of the aortic valves in 36, of the mitral in 32; in 22 of these, aortic and mitral disease co-existed; vegetations on the aortic valves in 9, on mitral in 5; adherent pericardium in 9; atheroma of aorta in 13, of pulmonary artery in 1; cerebral hemorrhage in 4; bronchitis in 10; phthisis in 7; granular disease of kidneys in 46; cirrhosis of liver in 21, &c. The eight volumes of the "Transactions of the Pathological Society," contain accounts of 40 cases of hypertrophy of the heart, in which the weights are given. Of these 34 were males, and only 6 females. The average age of 31 of the males was 44 years; the average weight of the heart of the 34 males was 22.1 oz., the heaviest weighed 40 oz. The average age of the females was 37.5 years; the average weight of their hearts was 17.5 oz. Disease of the aortic valves occurred in 28, of the mitral in 17; in 14 cases aortic and mitral disease co-existed. From this analysis of Dr. Van der Byl's observations, and of the cases recorded in the "Transactions," it appears: 1. That hypertrophy of the heart occurs in nearly 18½ per cent. of patients dying from various diseases. 2. That it is about twice as frequent in males as in females; or, exactly as 8 to 3. 3. That the average age of males and females is nearly the same; that of the males being 43½ years, and of the females 39½. 4. That in hypertrophy of the heart disease of the aortic valves is more frequent than disease of the mitral; as 8 to 6. 5. That in hypertrophy vegetations are more frequently situated on the aortic than on the mitral valves. 6. That adherent pericardium exists in about one-eighth of the cases; and 7. That granular disease of the kidneys occurs in about two-thirds of the cases.

Dr. PRACOCK brought forward specimens from a case of  
**TYPHOID FEVER FATAL FROM RELAPSE.**

The feature of most interest in the case was that fresh ulceration was shown in the intestines, having evidently occurred during the relapse. A female, aged 19, a servant, residing in Camden-town, was admitted into St. Thomas's Hospital on the 30th of November, 1857. She then stated that she had been ill three weeks. She was taken with cough and pains in the limbs, and general febrile symptoms; but she was too weak and her intelligence too much impaired, for this report to be depended upon. At the time of admission she presented characteristic symptoms of typhoid fever; there was much torpor of mind, delirium, and tremor of the extremities; the tongue was dry and brown; there were sordes on the teeth, a quick pulse, diarrhoea, and an eruption of rose-coloured spots, fading on pressure, on the abdomen and back. On the 19th of December the bowels became much relaxed, and there was blood in the stools, and this continued for three days. On the 12th she began to improve, and on the sixteenth or seventeenth day from admission, and the thirty-eighth from reported seizure, she was convalescent. The pulse had fallen to 92, the bowels were regular, she took her food well, was quite intelligent, and had gained strength. She continued to improve till the 23rd, and then was taken worse, without any assignable cause. The tongue again became dry and brown, the teeth were covered with sordes, and the pulse quick (116) and weak. There was a return of torpor of mind, tremor, and delirium, with vomiting and diarrhoea. On the 29th she had again rallied considerably, but during the evening she passed a large quantity of blood from the bowels, and became collapsed, and died the following morning. There was no fresh eruption on the skin during the relapse. On examining the body the organs were found generally healthy, except the spleen, which was large, the

mesenteric glands, which were large and soft, and the mucous membrane of the large and small intestines, which displayed evidence of old and recent typhoid disease. In the lower part of the ileum, cæcum, and colon, more especially, there were numerous ulcers, some healing or nearly healed, with depressed edges and shallow cavities, or only marked by very light remains of abrasion and puckering of the adjacent mucous membrane, while others were evidently of quite recent formation, having tumid and abrupt edges, and the usual yellow eschars, either still attached or only imperfectly separated.

Dr. Ogle showed a specimen of  
**SPONTANEOUSLY HEALED ANEURISM OF THE INNOMINATE ARTERY.**

The aneurism was of the size of a moderate sized orange and was very firmly adherent to the posterior aspect of the right sterno-clavicular articulation; the sternal extremity of the clavicle being pushed forwards and upwards, and being very greatly enlarged by deposit of new bone. The aneurism, of which a section had been made, was seen to be filled by old standing, partially discoloured coagula, arranged in concentric layers, excepting one very small portion in the centre of about the size of a large pea, where the fibrin was much softened and pulpy. The right carotid artery was filled and obliterated by firm old standing fibrin. The specimen was removed from the body of a man, aged 44, who died of phthisis with vomicae, in St. George's Hospital, under Dr. B. Jones. He was originally a sailor, and on one occasion whilst using great efforts as steersman, during a violent storm, the right arm became, as he thought, frozen, and in a few days after intense pain came on, extending from the right side of the head to the finger ends. He was subsequently treated in various London hospitals for rheumatism of the right arm and shoulder, and was the subject of every conceivable method of treatment. After being in St. George's Hospital a time, pulsation was found on deep pressure at the right sterno-clavicular joint, and dyspnoea followed, the pain being most extreme. He went out of the hospital somewhat better, but returned once more. During his stay in St. George's, the right carotid was found to have become obliterated. Severe head symptoms and insensibility followed, and these gave way to great freedom from pain and uneasiness, so much so that he went out of the hospital again, and learnt a new trade, which for five years he followed. He finally came into St. George's Hospital with symptoms of consumption, and died. There was never any inequality in the pulse of the two wrists, and the heart's sounds were always natural; but up to the last pulsation was felt about an inch to the right of the sternum beneath the second rib.

Dr. OGLE also exhibited a  
**LARGE CYST BENEATH THE VISCERAL LAYER OF PERICARDIUM, COVERING THE POSTERIOR SURFACE OF THE RIGHT VENTRICLE, AND FILLED WITH LAMINATED BLOOD COAGULUM OF OLD STANDING.**

The cyst was flattened in shape and about three inches in length, extending as high as the separation between the auricle and ventricle. To its outer surface at the lower part the parietal layer of pericardium was very adherent, as also was the diaphragm, and on very slight traction being exerted at one portion, the outer wall of the cyst readily gave way. The walls of the cyst were very firm, and thick in most parts. There was no communication between this cyst and any of the heart's cavities, and it appeared as if the blood had been extravasated from some branch of one of the coronary arteries, which in other parts were found somewhat atheromatous. Moreover, in the lower part of the right pleural cavity a large quantity of old standing coagulated blood was found, which had apparently found its way thither from the cyst beneath the pericardium through the parts before mentioned, where the walls were so easily torn through on removal of the adherent parietal pericardium and diaphragm. The specimen was removed from a person of middle age, who had pneumonia of the lower part of the lungs, and who died within a few days of admission into St. George's Hospital.

Dr. MARKHAM read a paper on a case of  
**CYSTIC DISEASE OF KIDNEY.**

A man, aged 48, was brought into St. Mary's Hospital, insensible, having suddenly fallen down in a fit; and died



about two hours afterwards. His wife stated that he had always previously been a healthy man.

*Post-mortem examination.*—His body was that of a fine muscular man, and presented externally no signs of disease. The cause of his death was found to be a large extravasation of blood into one of the cerebral hemispheres, which evidently resulted from rupture of a bloodvessel, the cerebral arteries being all of them highly atheromatous. The heart weighed 21 ounces; its valves were all competent. Both kidneys were studded with innumerable cysts—some of the most minute size, some as large as a walnut—a considerable amount of healthy-looking renal substance intervening between them. The left kidney weighed 21 ounces, the right 16 ounces. The urine found in the bladder when heated became solid through coagulation of albumen in it. The other organs of the body were healthy in appearance. The kidneys were carefully examined by Dr. George Johnson and myself. The tissue was generally healthy; some few of the tubes were denuded of epithelium, some few were shrunk, and some dilated and thickened. The albuminous condition of the urine is not satisfactorily explained by the state of the kidneys.

The case is interesting as showing that serious organic diseases, and that albuminuria, may exist in a person who, to all appearance, is in a vigorous state of health. The hypertrophy of the heart was no doubt caused by the atheromatous state of the arteries at the periphery of the body.

## EPIDEMIOLOGICAL SOCIETY.

MONDAY, APRIL 5, 1858.

Dr. BABINGTON President in the Chair.

The Annual Report of the Council was read by Dr. McWILLIAM.

A paper was read by Dr. MILROY on

### THE SICKNESS AND MORTALITY IN THE FRENCH ARMY IN THE EAST FROM 1854-6.

The first French troops, 8000 in number, landed in Gallipoli on the European side of the Dardanelles, at the end of March 1854. They were camped out a few miles beyond the town, which, like all Turkish towns, abounds in fifth and unwholesomeness. Two or three buildings within the walls were at first occupied for a Hospital, but they had soon to be abandoned. This was invariably the case throughout the whole campaign, whenever native buildings were made use of, without previous thorough purification. By the beginning of June, the force assembled was from forty to fifty thousand strong. The sick rate did not exceed 15 per 1000 of strength. In consequence of the threatened fall of Silistria the greater part of the troops were sent on to Varna, to be near the seat of war. With the increased heats of summer, the sick-list had gone up rapidly, and bowel complaints had become very prevalent, and began to assume a choleraic character. Sporadic cases of malignant cholera occurred in the last week of June both at Varna, and Gallipoli, and Constantinople. The disease became more prevalent and severe in July at every station. Many of the crowded transports from France and Algeria had cases on board during the voyage out. The disease seems to have manifested itself in the south of France that year about the same that it did in Turkey. M. Scrive, the principal Medical officer of the French army, (from whose instructive "Relation Medico-Chirurgicale de la Campagne d'orient," most of the details of the present paper are drawn,) was satisfied that the cholera was not imported by the arrival of troops from France, as has been alleged, but that it developed itself on the spot, although the frequent disembarkation of predisposed and infected troops aggravated the mischief. At the end of July, while the choleraic influence was prevalent everywhere, the unfortunate expedition to the Dobrudscha, the notorious malarial district on the south side of the Danube, was undertaken. The Medical staff was not consulted upon the occasion, and no special hygienic precautions were thought of by the military authorities in command. The results were most disastrous. Within a week from leaving Varna, the most advanced division had been more than decimated by a terrible explosion of the pestilence, its deadly power being aggravated by the fatigue and privations to which the troops had been subjected. The loss of life was

immense. On its return to Varna, death and sickness had reduced the effective force of the division by one-third of its number. The mortality from cholera alone, during the months of July and August, amounted to between five and six thousand, and this, too, before a shot had been fired. There had been also much sickness from other diseases at the same time. The sites of many of the camps were bad, the tents were crowded, and much of the food was unsuitable for the then condition of the troops. When the army sailed on the 7th September for the Crimea, its health was considered tolerably good. Cholera had nearly ceased; there were but few cases during the voyage, or for several days after landing at Eupatoria. The battle of Alma was fought on the 20th; the French, 23,000 strong on the occasion, had 300 killed, and 900 wounded. Cholera increased immediately after the battle, in consequence, it was believed, of the armies halting for a couple of days on the field, strewn with the putrid carcasses of hundreds of horses, and polluted with other abominations. Excessive fatigue and indifferent food had also something to do with the increase. The officers on this occasion suffered as much as the privates; the food of both was the same, and they were exposed to the same privations. In October, the first month of the siege, cholera occasioned a fourth part of the entire sickness in the camp, and two-thirds of the whole mortality. The newly-arrived troops invariably suffered most. This was uniformly the case during the whole campaign. Between a seventh and an eighth part of the entire force, now 46,000 strong, was sent into hospital during the month by sickness alone. Scurvy had begun to appear. Complaints were made of the food. Hitherto the weather had been favourable. In November things became worse in every respect. After the terrible storm on the 14th the weather was much more inclement. Cholera had subsided, but scorbutic diarrhoea and dysentery had much increased. The death-rate to cases rapidly went up. Wounds did not now heal favourably. A good many cases of severe frostbite occurred. The shelter and clothing of the men were quite insufficient; they had only *tentes d'abri* to cover them. Throughout December and January the sufferings of the men were terribly aggravated. They were still without proper tents or suitable clothing, and the supplies of food, such as it was, were scanty. Many were frozen to death, and several thousands were sent into hospital from severe frostbites. A third of the cases proved fatal. Scorbutic disease prevailed throughout the camp. In January, out of a nominal force of 78,000, upwards of 15,000 were either sent into the ambulances on the field, or shipped off to the hospitals at Constantinople. In February the state of things was even more dreadful. Besides scorbutic diseases, utterly intractable, typhus and hospital gangrene were frequent in the hospitals, and the medical officers could do nothing to prevent their spreading. The more favourable weather in March and April gave the opportunity of effecting various improvements in the condition of the troops, both sick and well, and with these the health of the men became somewhat better; but the continuing want of fresh vegetables kept up a scorbutic taint among all the old troops. The cholera, which had been in abeyance during the winter, began to reappear in April, and it advanced with the advancing season. The great increase in May was doubtless owing, in a great measure, to the large reinforcements which arrived this month, as new comers were always more liable to being attacked than others. Hence the necessity for special precautions under such circumstances, an important point in military hygiene. The erratic movements of the disease in the camp were quite inconsistent with the idea of their being dependent upon transmission by contagion. Notwithstanding the constant arrivals of vessels with cases on board at Kamiesch, it never spread to the population there. June was a very sickly as well as a very sanguinary month. Nearly a sixth part of the army, then 122,000 strong, was sent into Hospital by disease and wounds. The proportion of admissions from the latter cause was as one to between three and four from the former. Cholera reached its acme this month. Besides an increase of bowel diseases and malarial fever, scurvy was again on the increase. For the previous two or three months the men had collected a good deal of the wild "*taraxacum*," of which they made a salad. The summer heats had now withered it up, and they were left without a substitute. So prevalent was the disease in July, that M. Scrive says, that "all our old soldiers are at this time more or less scorbutic." In August the number of



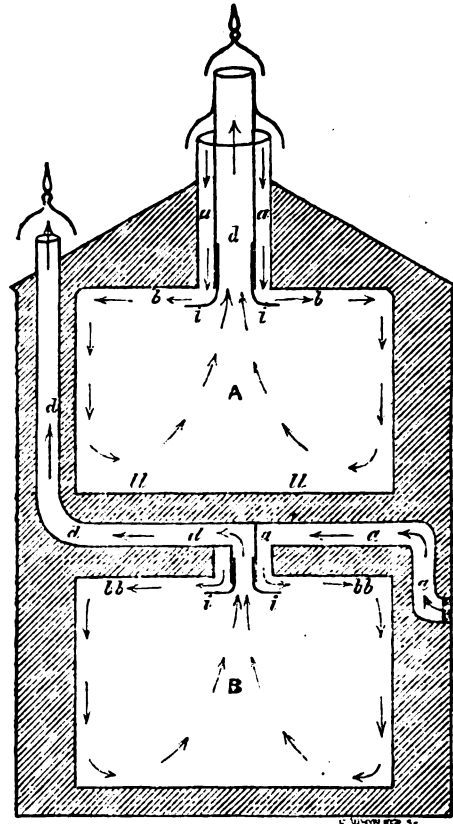
fresh cases of scurvy taken into Hospital was double that in July. Cholera had declined, but there was still an enormous amount of sickness, chiefly from bowel complaints and fevers. Nearly 11,000 sick were shipped off this month to Constantinople, and between 15,000 and 16,000 admissions into the ambulances took place. In the battle of the Tchernaya on the 16th, the French had about 300 killed, and 800 wounded. Sebastopol fell on the 8th of September. Five thousand wounded were sent into the field hospitals on that memorable day. There were as many in the ambulances at the time, so that Hospital accommodation for at least 10,000 patients was required. The huts and tents were crowded, and, ere long, hospital-gangrene became very prevalent. Scurvy all the while continued to add a large quota to the sick-list, and cholera had not ceased to attack the fresh arrivals. The first rude weather in November found the French army as unprepared for another year on the bleak heights of the Crimea, as on the preceding year; and as winter advanced, and no adequate preparations for the shelter and proper clothing of the men were made, the Medical officers dreaded a renewal of all the horrors then experienced. Their fears were doomed to be realized. In consequence of the enormous crowding together of the men, both sick and well, under their miserable tents, or in their subterranean hovels, typhus fever acquired this season a power of intensity which hitherto it had not displayed, and added terribly to the amount of sickness and death, from scurvy, bowel diseases, hospital-gangrene, and other disorders, aggravated, if not induced, by the sufferings and destitution to which the men were exposed from want of proper shelter and food. Thousands after thousands were every month sent off to Constantinople, and still there was never room enough in the camp hospitals for the thousands that were continually thrust into them. Within three months typhus alone caused 20,000 admissions, and 10,000 deaths. The medical men could do nothing but to look on and despair. Many of them fell victims to the pestilence. When peace was concluded, at the end of March, there is good reason to believe that the French army could not muster more effective troops than half its nominal number; such were the enormous deductions which typhus and scorbutic disease occasioned. But it was not in the camp alone the fever caused such dreadful losses to the service. The hospitals around Constantinople had been allowed to become crowded to overflowing, and this too without any due precautions having been taken to secure a corresponding increase of ventilation, so as to maintain anything like purity of air for the inmates. They became in consequence perfect pest-houses, where not only the sick and wounded did not recover, but where disease was engendered, and where hundreds and thousands admitted for other maladies, perished from typhus generated within the wards. Far better, said Dr. Milroy (who had inspected the French hospitals both in the camp and at Constantinople), that the sick, and especially the sick from fever, should be scattered about in large courtyards, or on any open clean and dry ground, and be put under canvas or any shelter, however imperfect, than that they should be accumulated together in buildings where there is not an adequate amount of space for each inmate, and where a pure atmosphere cannot be maintained by the constant renewal of unpolluted air by night and by day. Without this simple and essential measure, every other precaution will be of no avail. The total losses by death of the French army, during the campaign, may be estimated at little if at all short of 80,000. Of this number 16,000, or a fifth part, were caused by the direct casualties of war; 7,500 men and officers having been slain in action, 8,500 having died of gunshot wounds and other injuries. Four-fifths of the deaths were, therefore, occasioned by diseases chiefly of the zymotic class, which are all capable of being mitigated and controlled, if not entirely prevented, by a wise hygiene. Besides the losses by death, 65,000 more were invalided from the effects of sickness or of wounds.

A discussion followed, in which Mr. Chadwick, Dr. Greenhow, and Dr. Waller Lewis took part.

**MENTAL PATHOLOGY.**—Prince Alexander Torlonia has offered to found at his own expense a Chair of Mental Pathology in the University of Rome, with the sole stipulation that Dr. Monti, director of the Asylum at Ancona, should be the first Professor.

## M'KINNELL'S SYSTEM OF VENTILATION.

It is a device by which ventilation appears to be reduced to a system, more perfectly than it has ever been before, so that the arrangements necessary to effect it can be easily introduced at a small cost into old houses, and into lower stories as easily as into apartments near the roof. At a still less cost also it may be provided for in houses which are being built. To understand the current about to be noticed, it is to be observed as a law in relation to tubes and circular orifices leading into a confined space that air tends naturally to flow inwards by the tops of the orifice or along the sides of the tube, and that the outgoing air goes up the centre, and when there is a difference of temperature between the air passing out and that passing in, the outgoing and ingoing currents become proportionably more strong and decided.



DESCRIPTION OF THE PLATE.

A represents the upper storey of a house, with the Ventilating Apparatus carried vertically through the roof. A tube of zinc, *aa*, or other suitable material, is fixed in the ceiling of the apartment, *bb*. Inside this tube, and concentric with it, is placed a smaller tube *d*. These tubes communicate with the external atmosphere at different levels, the vitiated air rising up the central tube and passing off at the higher level; while the fresh air enters the annular passage, between the inner and outer tubes, at the lower level, and descends into the apartment below. Both passages are defended from rain, soot, &c., by perforated zinc or wire gauze, and provided with suitable valvular mechanism for moderating the currents—that of the outer passage, in the form of a projecting flange—*ii*, serving to deflect the downward current of fresh air, and spread it out horizontally, so as to render its action imperceptible, while the ascending current may be regulated by a simple throttle valve. These valves are acted upon by cords passed over pulleys, and taken to any convenient point.

B shows the mode in which lower apartments are ventilated. The arrangements are similar, except that the fresh air enters the annular space horizontally by *aa*, and the vitiated air is discharged by *d*, which is connected with the centre tube of the Ventilator. The horizontal part of tubes *a* and *d* may embrace any portion or the whole of the space between two joists and the floor (*ll*) and ceiling (*bb*). The vertical portions may consist of flues in the walls. In both cases, the arrows readily indicate the direction of the ingoing and outgoing currents.

The above description may serve to give a general idea of this system of ventilation: but various modifications are made to adapt it to different buildings; to all kinds of which it will be found applicable, as well as to ships, railway and private carriages, &c.

In the extremely simple contrivance we have just seen, advantage has been taken of these laws; and the action has been facilitated by artificially relieving the currents ascending and descending from mutual contact. This has been done by a concentric arrangement of two tubes, one tube being placed within the other, thus separating the inner from the outer current. In the practical application of this to a room, a circular hole is made in the ceiling, of dimensions proportioned to the size of the apartment to be ventilated. This aperture in the ceiling is the end of a tube opening outwards to the external air. Another tube is introduced into the centre of this one, also opening into the external air and into the room; and this concentric arrangement of the two tubes is so devised that the capacity of the central tube shall be equal to the annular space enclosed between its outer circumference and the inner aspect of the external concentric tube. Simple, efficient, and natural channels are thus provided for the influx of fresh air, and for the removal of contaminated air. The simple action is determined in a certain definite direction, and which is always constant; namely, the ingoing current of fresh air passed by the outer concentric annular space, while the noxious emanation produced by respiration and other processes of life are simultaneously carried off by the inner tube. To avoid currents of air blowing down by the annular space, the end of the inner tube is turned outwards in the form of a flange, and the portion of the end bearing this flange is made to slide up and down within certain limits, so that when pushed close up to the ceiling, the orifice or inlet for the air is completely shut if desired, or modulated accordingly. The immediate effect of this flange is to break the force of the current of air, which impinges against it, whence it is reflected to the ceiling. Upon the ceiling it is scattered and broken, and having thus swept across the roof, it gradually descends to the floor in broad and imperceptible currents. Towards the inner tube a stream of air is constantly rising from the interior of the apartment, carrying off the vitiated air. The slightest possible elevation of temperature within a room immediately institutes the flow of the currents in and out. The action is thus almost automatic, the supply of fresh air being regulated by the demand caused by the outgoing currents. Under ordinary circumstances this arrangement appears to furnish a simple and very efficient system of ventilation, for it is exceedingly rare in this country that the temperature of the air outside a building approximates with sufficient closeness to the temperature within as to counteract the influence of the natural law on which the action of this beautiful system is based. We consider this system as well worthy of extensive trial. It is simple, it appears to be of universal application, its action is consistent with natural laws, and with its good properties it seems to blend no evil ones, which, in the words of a cotemporary, "is saying an immense deal for a ventilator."

A model of four school-rooms, ventilated by McKinnell's system, may be seen in the Museum of the Society of Arts, John-street, Adelphi.

## PARLIAMENTARY INTELLIGENCE.

### HOUSE OF LORDS.

#### SALE OF POISONS.

Lord CAMPBELL asked whether it was the intention of the ministry to introduce a bill this session to regulate the sale of poisons?—Earl Derby said the Home-Secretary had put himself into communication with the Pharmaceutical Society with a view to learn their views on the subject. The introduction of a bill would depend upon the nature of the communication, which had not yet been received. On Monday next he hoped to be in a position to give a definitive answer to the question.

### HOUSE OF COMMONS.

#### THE PUBLIC HEALTH ACT.

Mr. ADDERLEY moved for leave to introduce a bill to amend the Public Health Act of 1848. Several continuance acts had been passed, under the operation of the last of which the General Board of Health would cease to exist in the month of September next. He had under those circumstances felt

it to be his duty to introduce a bill upon the subject, and in doing so he had done his best to deal with it upon a permanent footing. The general principle of the measure which he was about to ask the House for leave to introduce was one, the object of which was to decentralize the whole system; to allow the General Board of Health to expire in September, and to enable all those towns which desired to possess the power of self-administration to constitute local boards through the medium of meetings of owners and ratepayers, two-thirds of whom must consent to the adoption of such a course; it being open to town councils or commissioners, who fairly represented the inhabitants of large towns, to exercise similar powers in that respect as the owners and ratepayers to whom he had just adverted. He also proposed that the Boards which might be constituted under the act, as well as all the local Boards now in existence, should have the amplest powers of self-administration extended to them, and should be no longer subjected to the necessity of referring to a central Board in London. Those powers of self-administration would, however, be placed under proper check by granting to individuals who might feel themselves aggrieved by the action of those local Boards a power of appeal, and also by rendering it necessary that they should annually undergo re-election. The appeal would be made to the Secretary for the Home Department. The general Medical functions of the Board of Health, as contrasted with its towns' improvement functions, he proposed to deal with in a separate measure, the former being distinctly central and Governmental functions, the latter essentially local.

The motion was agreed to.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 19th inst. :—

DEARDEN, JOHN, Accrington, Lancashire.  
EATON, JAMES, Grantham, Lincolnshire.  
GARNER, JOHN, Birmingham.  
GRACE, HENRY, Kingswood-hill, Bristol.  
HAYWARD, H. H., Queen Anne-street, Cavendish-square.  
MOULD, GEORGE WILLIAM, Sudbury.  
SADLER, HENRY GEORGE, Wandsworth.  
STOKES, PAUL HENRY, Peckham-rye.  
TURBER, G. H., Torriano-avenue, Camden-road-villas.  
VAUDREY, JOHN COSHAM, St. Agnes, Cornwall.  
WEAVER, FREDERICK POYNTON, Chester.  
WILLEY, JOSIAH, Bristol.

Also on the 23rd instant :—

BRAITHWAITE, ROBERT, Whitby, Yorkshire.  
BURLAND, BENJAMIN, Fairfield, near Liverpool.  
BURY, JOHN WALTER, Wandsworth.  
EASTON, JOHN, Russell-square.  
HOWITT, FRANCIS, Newcastle.  
HUGHES, JAMES, Middlewich, Cheshire.  
JENVEY, JOHN H., Mortimer-street, Cavendish-square.  
LEACH, HENRY, Wisbeach, Cambridgeshire.  
M'COULL, GEORGE, Newcastle-on-Tyne.  
OLDMAN, JOHN, Gainsborough, Lincolnshire.  
RIDING, WILLIAM STEER, Euston-square.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 22, 1858 :—

BURLAND, BENJAMIN, Fairfield, Liverpool.  
GRAVES, FREDERICK GEORGE, Southam, Warwickshire.  
HARLEY, JOHN, Ludlow, Shropshire.  
PRATT, THOMAS OCTAVIUS.  
TOLLER, EBENEZER, Great Wilbraham, Cambridgeshire.  
WATSON, WILLIAM S., Southampton-street, Bloomsbury.

#### DEATHS.

ASSHETON.—On the 17th instant, at the residence of his daughter, Mrs. Ingram, Queen-street, Chester, T. H. Assheton, late of Liverpool, aged 83.

**BARNETT.**—On 3rd March, at Colusa, in California, Robert Augustus Barnett, M.D. Coroner and Physician to the County of Colusa, aged 36.

**BULMAN.**—On Tuesday last, at Bishop Wearmouth, William Bulman, M.R.C.S. and L.S.A. 1849; of Villiers-street, Cumberland, aged 39.

**DUCHESNE.**—On the 28th instant, in Lime-street, Spital-square, Clarke Duchesne, M.D. aged 59.

**GREGORY.**—Professor William Gregory, of Edinburgh University, died on Saturday evening, after a protracted illness. He was one of a race of distinguished Scottish Professors, his father having been the celebrated James Gregory, Professor of Medicine in the same University, and several of his ancestors having held a high place in the academic literature and science of Scotland. William Gregory was a very able and accomplished chymist. He was a favourite pupil of Liebig, and was the translator of some of his master's works from German into English, besides being the author of several treatises of great merit. He successively filled the chairs of Chymistry in the Andersonian Institution, Glasgow; King's College, Aberdeen; and Edinburgh University, having been appointed to the latter in 1843. He was very little past the prime of life, but had been long in a state of ill health, and during part of last season was unable to fulfil his duties personally. He leaves a widow, and a son named after his great master.

**JONES.**—On the 8th instant, at Glen Helen, Carnarvon, William Jones, M.D. aged 81; late of the 1st, or King's Dragoon Guards.

**MILNER.**—On the 10th January, at Turawong, New South Wales, Robert H. Milner.

**DR. RHUDERS,** Physician, has set to music the palpitations and irregular beatings of the heart of a female who is a patient in the Hospital at Upsal. "This disease, written in musical notes, with quavers and semi-quavers, forms a kind of waltz, and is one of the greatest curiosities of pathological science."—*Swedish Paper.*

**GENERAL BOARD OF HEALTH.**—The total expense of printing the weekly returns of the Board of Health ("Health, etc. of the Metropolis"), from the first number to the 26th of March last, amounts to £399 5s. 1d., in addition to the postage of 250 copies circulated weekly. Salaries to the amount of £8680 were payable to the officers of the Board of Health for 1857, including one of £1450 to the president (up to the 24th of September), £1500 to the Medical officer (Mr. Simon), £1000 to the secretary, and £1000 to the chief inspector superintending.

**FIVE CHILDREN AT ONE BIRTH.**—On the morning of Monday last, a woman, named Elspet Gordon, residing in Rothes, gave birth to three male and two female children. The three boys were born alive, and lived till the following morning, but the two girls were stillborn. The births were premature, being in the sixth month; but, what is very extraordinary, all were full grown for the period of gestation; nor is this the most surprising circumstance in the case, one of the boys having actually two front teeth when he came into the world. Dr. Dawson, Rothes, attended the woman, who, we are happy to say, is doing wonderfully well.—*Elgin Courant.*

**CLIMATE OF SILLOTH.**—It is probable that few persons are aware of the advantages which Silloth affords in respect of climate to the invalid, or indeed to any person who values an equal temperature. It appears from the weekly "weather table" in the *Times*, that the range of temperature at Silloth in the preceding week was less than any other place mentioned, with the solitary exception of Helston, a town in the south-west of Cornwall, and the difference in favour of Helston is only 1.9 deg. The *Times'* report states that "the range of temperature was only 21 deg. at Helston, and 22.9 at Silloth, while it was 37.9 at Tottenham, 38 at Leicester and High Field House (Nottingham), and 38.5 at Manchester." This is far from being an unusual occurrence, and the fact is of importance.

**THE SEX OF EGGS.**—The Académie des Sciences publishes in its "Comptes Rendus" the title only of a note addressed to it by M. Génin, who thinks he has discovered the

clue to the secret whether the contents of an egg be male or female. M. Génin sums up his proposition thus:—"There are two classes of poultry traders; first, those who want female eggs only, to rear hens for the sake of their eggs; and secondly, those who want male eggs only, to produce cocks and capons to eat. Now, if these eggs are not, *a priori*, distinguishable, the natural results of hatching must be accepted as a matter of necessity, whence there arises a dead loss for each of these classes of poultry breeders. Without any view to trading profit, I have long attempted the solution of a problem, which professional poulterers pronounce insoluble. Long have I remained in incertitude. At last I discovered my way, by starting from the fact that the bones of women are smoother and cleaner in their texture than those of men, as may be seen from a comparative examination of the skeletons of the two sexes. Applying at the outset this point of comparison, I am able, after three years' study, to state with assurance, that all eggs containing the germs of males have wrinkles on their smaller end, while female eggs are equally smooth at both extremities." Such is M. Génin's conclusion. At this season of the year it would be very easy to ascertain by experiment whether the test has any foundation in fact or no.

**MEETING OF THE MEDICAL REFORM COMMITTEE OF THE BRITISH MEDICAL ASSOCIATION.**—A meeting of the Medical Reform Committee was held at 3, Waterloo-place, Pall-mall, on Friday, April 23rd; Sir Charles Hastings, M.D., in the chair. There were also present:—G. Bottomley, Esq.; Sir John Forbes, M.D.; G. W. Hastings, Esq.; A. Henry, M.D.; B. W. Richardson, M.D.; F. Sibson, M.D.; G. Southam, Esq.; J. Stedman, Esq.; and G. Webster, M.D. The minutes of the last meeting were read and confirmed. Mr. Cowper's Medical Bill was again taken into consideration; and the following amendment, in addition to those already proposed, was unanimously agreed upon; its object being to guard against the institution of a third grade in the profession. "That any person, who has passed the examination to be instituted by the Council for general practice, shall be allowed to assume the title of 'surgeon.'" The Committee subsequently had a long interview with the Right Honourable W. Cowper, at which there were present:—Sir Charles Hastings, M.D.; G. Bottomley, Esq.; A. Henry, M.D.; E. Lankester, M.D.; G. Southam, Esq.; J. Stedman, Esq.; and G. Webster, M.D. The various amendments proposed were fully discussed and explained to Mr. Cowper, who expressed his readiness to have such alterations made in his Bill when in Committee of the House as would meet all the wishes of the Medical Reform Committee already mentioned; as well as to provide that the examination for general practice should in all cases include medicine, surgery, and midwifery. The following resolutions were thereupon passed unanimously:—"That, the interview with Mr. Cowper having been highly satisfactory, and he having expressed his desire to carry out the alterations proposed by the Committee, a petition, signed by the Chairman on behalf of the Committee, be presented to the House of Commons in favour of Mr. Cowper's Bill." "That the Secretary be desired to write at once to the Secretaries of the Branches, urging them to call meetings, and to petition in support of Mr. Cowper's Bill."—Alexander Henry, M.D., Secretary.

**THE ATTEMPT ON NAPOLEON III.**—M. Tardieu sums up an elaborate article in the April No. of the *Annales d'Hygiène*, with the following conclusions:—1. The victims of the attempt, known to exist, and whom he has officially visited, amount to 156—a number certainly below the reality. Of these 9 have died, 6 were very severely wounded, 18 were severely wounded, 56 had wounds of a medium gravity, and in 67 the wounds were slight. 2. The totality of the wounds amount to 511, many of the persons having more than 10, and 2 of them more than 20. 3. With the exception of 5 or 6, which were the result of accidental contusions, or lacerations produced by the breaking of windows, they were all produced by the innumerable fragments scattered on every side by the explosion. 4. Most of the wounds penetrated deeply into the organs, and in spite of their slight apparent extent gave rise to the production of considerable lacerations and injuries. 5. These wounds, in consequence of the irregular and heated condition of the projectiles which gave rise to them, and of their depth and narrowness, were complicated with effusion of blood, phlegmon,

and neuralgic pains, which added much to their gravity. 6. Nine persons have succumbed, and 6 others have been, or still are, in danger of life. 7. The incapacity for personal labour, resulting from the wounds produced by this explosion, will in general be prolonged; and some of the wounded will certainly remain the subjects of incurable infirmities.

**THE GENERAL HOSPITAL, VIENNA.**—The official report of this institution for 1886 has been recently published. The whole number of patients treated within the Hospital during that year amounted to 25,403, viz. 15,233 males and 10,170 females; and of these there were—

	Males.	Females.	Total.
Dismissed cured . . .	10,233	6,339	16,572
„ improved . .	1,224	754	1,978
„ incurable . .	383	389	772
There died . . . .	2,162	1,791	3,953
Remained under treatment	1,231	897	2,128
	15,233	10,170	25,403

Enumerating some of the diseases in the order of their respective frequency, we find the following numbers:—Syphilis, 2090 cases (878 m., 1212 f.); typhus, 1824 (1231 m., 593 f.); gastro-intestinal catarrh, 1821 (1071 m., 750 f.); tuberculosis of the lungs, 1616 (1006 m., 610 f.); itch, 1346 (1148 m., 198 f.); catarrh of respiratory organs, 1246 (842 m., 404 f.); rheumatism, 686 (435 m., 251 f.); cholera, 665 (320 m., 345 f.); inflammation of the lungs, 584 (390 m., 194 f.); small-pox, 511 (270 m., 241 f.); ague, 500 (386 m., 114 f.); ophthalmia, 476 (286 m., 190 f.); pleurisy, 405 (270 m., 135 f.); congestion of the brain, 321 (195 m., 126 f.); peritonitis, 273 (55 m., 218 f.); disease of joints, 228 (137 m., 91 f.); caries and necrosis, 207 (140 m., 67 f.); emphysema of the lungs, 186 (132 m., 54 f.); the puerperal process, 175; disease of the heart, 164 (87 m., 77 f.); hæmoptysis, 145 (106 m., 39 f.); neuralgia, 145 (76 m., 69 f.); paralysis, 136 (75 m., 61 f.); congelation, 133 (120 m., 13 f.); “degenerations of female genital organs,” 128; gout, 117 (55 m., 62 f.); scorbutus, 106 (90 m., 16 f.)

## VITAL STATISTICS OF LONDON.

Week ending Saturday, April 24, 1888.

### BIRTHS.

Births of Boys, 894; Girls, 916; Total, 1810.  
Average of 10 corresponding weeks, 1848-57, 1598.

### DEATHS.

	Males.	Females.	Total.
Deaths during the week . . . . .	575	569	1144
Average of the ten years 1848-57 . . . . .	547.9	505.6	1053
Average corrected to increased population . . . . .	...	..	1159
Deaths of people above 90 . . . . .	...	6	6
Deaths in 15 General Hospitals . . . . .	26	18	44

### DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population, 1851.	Small-pox.	Measles.	Scarlatina.	Whooping-Cough.	Diphtheria.	Typhus.
West . . . .	876,427	..	5	5	10	1	2
North . . . .	490,896	..	6	7	19	2	7
Central . . . .	893,256	..	9	8	13	..	5
East . . . .	485,522	..	9	9	12	2	11
South . . . .	616,685	..	12	16	27	4	8
Total..	2,862,286	..	41	40	81	9	33

## TO CORRESPONDENTS.

*Dr. Hamilton Roe's* paper on the treatment of Pleural Effusion is in type, but is unavoidably postponed.

Papers are in type by *Dr. Elliottson* and *Mr. Newman*, and letters by *Dr. Whitehead*, *Mr. Byrne*, *Mr. Keem*, etc. Several anonymous letters on the Encouragement of Homeopathy have been set aside, as the writers have not sent their real names. We never insert letters in this Journal without having the name of the writer in confidence.

*Cæsus*.—Chomel has left three millions of francs, about £120,000.

*M.D.*—It would be very premature to speculate upon the probable successor to *Professor Gregory*.

*A Physiologist*.—It is said that *Dr. Pavey* has recently discovered that the liver is not a sugar-forming organ. A paper by him is about to be presented to the Royal Society, which may probably alter materially the conclusions drawn by *Bernard*.

*Mr. H.*—The charge is one so evidently trumped up, that it has been dismissed by the magistrates. We think it better not to notice it further than to give a word of caution to our readers, never to examine women of disreputable character in the absence of some other person.

### CHLORODYNE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—*Mr. Davenport* has exhibited less hardihood of assertion in his last letter than in any of the previous ones. He formerly proclaimed that *Dr. Collis Browne* had discovered a new alkaloid, which, in combination with perchloric acid, formed chlorodyne. Now he says that it contains “an alkaloid new to therapeutics.” Mark the qualification, not new to science, but new to therapeutics. I now wish to make a suggestion to those members of the Profession who have conscientiously given testimonials in favour of chlorodyne. Let them compare the effects produced by chlorodyne and those resulting from the exhibition of the preparation made according to the following formula:—Dissolve 8 grains of the hydrochlorate of morphia and 20 grains of gingerine in half-an-ounce of alcohol, and the same quantity of chloroform. This formula is not intended to produce a preparation similar in its physical properties to chlorodyne, for it contains neither peppermint nor sugar in any form. The object of the addition of these substances to chlorodyne is merely to disguise its true composition. But while disguising, the addition renders the chlorodyne an ingredient, if not dangerous remedy, by reason of the separation of its components into distinct strata. In the formula which I have suggested, on the contrary, the combination is perfect, and the resulting comparison is a clear homogeneous liquid.

If any of your readers will try the above experiment, it will do more to prove the real nature of chlorodyne, so far as its therapeutic action is concerned, than a thousand assertions of *Mr. Davenport*, and a thousand counter-statements of one who still deems it wise to subscribe himself,  
CHENEVE.

April 26, 1888.

COMMUNICATIONS have been received from  
*Dr. Bence Jones*; *Professor A. von Graefe*, Berlin; *Sir Charles Lockett*; *Dr. Sieveking*; *Chancellor*, Vice Chancellor, and Fellows, University of London; *Dr. Remak*, Berlin; *Dr. Symonds*, Clifton; *Master and Wardens*, Society of Apothecaries; *Mr. Prescott Hewitt*; *Dr. Hamilton Roe*; *Dr. Hærold*, Birmingham; *Mr. Field*, Brighton; *Mr. Stokes*; *Mr. Rivers*; *Mr. Dryland*; *Mr. Brenner*; *Dr. Andrew Clark*; *Dr. Henry*; *Mr. Rogers*; *Dr. Camps*; *Mr. Hughes*; *Mr. Barlow*; *Dr. Austen*; *Mr. Prettly*; *Mr. Weedon Cooke*; *Mr. Wood*; *Mr. H. Landon*; *Dr. H. Downes*; *Mr. T. Windsor*; *Mr. Grey*; *Mr. J. Pritchard*; *Dr. Granger*; *Dr. R. Aldridge*; *Mr. Crawshaw*; *Mr. Dillon*; *Mr. Price*; *Mr. Coxeter*; *Mr. Gill*; *Mr. Haviland*; *Juvenis*; *Dr. McWilliam*; *Mr. Penny*; *Mr. Reed*; *Dr. Camps*; *Mr. Smith*, Southampton.

## APPOINTMENTS FOR THE WEEK.

May 1. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.  
ROYAL COLLEGE OF SURGEONS, 4 p.m.: *Professor Quekett*, “On the Vertebrata.”

MEDICAL SOCIETY OF LONDON, 8 p.m.

ROYAL INSTITUTION, 2 p.m. (Anniversary).

### 3. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopedic Hospital, 2 p.m.  
EPIDEMIOLOGICAL SOCIETY, 8 p.m.: *Dr. Camps*, “On Diphtheria, or Pseudo-membranous Sore Throat.”  
ROYAL INSTITUTION, 2 p.m.: (General Monthly Meeting).

### 4. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.  
ROYAL COLLEGE OF SURGEONS, 4 p.m.: *Professor Hewett*, “On Tumour of the Head.”  
PATHOLOGICAL SOCIETY, 8 p.m.  
ROYAL INSTITUTION, 3 p.m.: *J. P. Lacaita, Esq.*, “On the History of Italy during the Middle Ages.”

### 5. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopedic Hospital, 2 p.m.

### 6. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.  
ROYAL SOCIETY, 8½ p.m.  
ROYAL COLLEGE OF SURGEONS, 4 p.m.: *Professor Hewett*, “On Tumours of the Head.”  
LINNEAN SOCIETY, 8 p.m.  
CHEMICAL SOCIETY, 8 p.m.  
HARVEIAN SOCIETY, 8 p.m.: *Mr. Weedon Cooke*, “On Scrofulous Disease of the Testicle.”

### 7. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.  
MEDICAL SOCIETY OF LONDON, 8 p.m.: (Council Meeting).  
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON: Council Meeting, 7 p.m.; Annual Meeting and Conversations at 8 p.m.  
ROYAL INSTITUTION, 8½ p.m.: *J. P. Lacaita, Esq.*, “On the late Earthquakes in Southern Italy.”

## ORIGINAL LECTURES.

## GULSTONIAN LECTURES FOR 1858.

AT THE

Royal College of Physicians.

By JOHN ADDINGTON SYMONDS, M.D. F.R.S.E.

Consulting Physician to the Bristol General Hospital, &amp;c.

## ON HEADACHE.

## LECT. III.

THE Treatment of Headache may be discussed under the same heads as those under which I have endeavoured to describe the disorder.

1. *Of the Treatment of Headache as the accompaniment of organic Disease.*—Although this kind of headache might seem from the permanency of its cause to be susceptible of but little relief, this does not always hold good. If pain is by no means a necessary attendant on organic lesions, and if even when it does occur it is far from being constant, and is, at all events, liable to periodical exacerbations, it is plain that there is an element independent of the structural disease, which element may be amenable to treatment. It may be that in addition to structural disease there is congestion or inflammation, which causes the pain, and requires local depletion; or it may be only neurotic irritation, which comes and goes, and which may be benefited by a special anti-neuralgic treatment. Long ago Dr. Bright detailed cases which, by periodicity of pain, had assumed a neuralgic character to so great a degree as to excite hopes of recovery, and which were greatly relieved by full doses of quinine.

Indeed, there is no reason why the treatment of structural lesions of the brain should be exceptional to the treatment of organic disease in general, which is most productive of alleviation when the remedies administered are such as would be successful were the disease of a functional nature only. The same anodynes which quell the pain of gastralgia are resorted to for the relief of carcinoma ventriculi. And as the palpitation caused by nervous disturbance is quieted by digitalis, ether, prussic acid, and aconite, we find the same agents available in the palpitation which attends upon hypertrophia cordis. At the same time it is not to be denied that structural disease may suggest a speciality of treatment for the pain which depends upon it. A permanent pain confined to one spot, and believed to be dependent on chronic disease in a limited part of the encephalon or its membranes, will often be best met by counter-irritation, such as that of an issue, or a permanent blister.

2. *The Treatment of Hyperæmic Headache.*—In former times the first and leading idea in the treatment of active hyperæmia would have been the management of bloodletting. As to the modern reserve in the use of this remedy in the treatment even of the pure phlegmasiæ, I am one of those who think that the change of practice has been determined more by the altered type of disease, than by altered views of pathology and therapeutics. Doubtless we had learned to economise the expenditure of blood since that heroic age of which Gregory was the representative; we had learned to economise it by a more vigorous and skilful employment of various auxiliary remedies, especially of antimony, mercury, and opium. Between the period when it was no uncommon thing to bleed six or seven times in the course of an inflammatory attack, and these days when patients under like disorder often escape even a single venesection, there was a transition period when one or two bleedings, with a leeching or a cupping, followed or accompanied by calomel, opium, and antimony, were found sufficient for the cure. This degree of change was, it seems to me, fairly traceable to an improvement of our art. It resulted from a better knowledge of the precise nature, and especially of the stage of the disease under treatment, of the influence of remedies according to the stage of the disease, and also of the physiological operation of medicines. But with regard to the present minimum use, if not abstinence from what used to be considered indispensable, I think it has resulted mainly from the more æsthetic character of disease. Even allowing that some

expectancy of method has been engendered by observing that certain heretical methods have been somewhat less dangerous and disastrous than might have been anticipated (though they carry with them, Heaven knows, enough of peril and mischief), I feel confident that were phlegmasiæ to present themselves in the same force as that which belonged to them in former times, we should attack them with the same weapon, though I also believe that our thrusts, being delivered with more dexterity, and directed by a better knowledge of the vulnerable points of our antagonists, would need to be fewer than in the energetic warfare of our somewhat truculent ancestors.

But though such is my opinion, shared with many of my brethren, as to the cause of the present treatment of inflammations, I hold a different view as to the change of practice in many other diseases. The expectant treatment of fevers, and the treatment of chronic disease, and, indeed, of all disease not acutely phlogistic, may be said to have been changed by the improvement of our pathological knowledge.

The limitation of bleeding in diseases of the brain, even when the character is inflammatory, has been for many years made matter of warning by some of the wisest and ablest of the pathologists of the day. An increased or a lessened degree of pressure is equally injurious to the organ; the former, not only by interference with the function, but also by the risk of extravasation and exudation; the latter is more suddenly dangerous, because the effect on the brain itself is extended to the heart, the enfeeblement of whose action at such a time may bring instant death. The experiments which I related in the first lecture, show that in the animals operated upon, the diminution of blood in the brain was far more deleterious than the excess.

But it is not my province to discuss the treatment of inflammation of the brain, nor yet of simple hyperæmia. Were I considering the latter in its relations to apoplexy, the case would be very different. But I have to deal only with hyperæmia, as a prominent fact in certain kinds of headache.

Now in that form which we first surveyed, and in which blood has been too often and too urgently attracted to the brain, in its overwrought activity, under the influence of intellectual excitement or of passionate emotion, it is obvious that before all things, and without which all other means can avail but little, there must be rest. An easy thing to recommend, but how hard to be obtained! For this is not a case of pressing anxiety, in which the appropriate treatment, whatever it may be, is eagerly adopted. But to convince statesmen, or those who are engaged in the toils and competitions of professional and commercial life, that they must lie by, in order to escape the occasional headache, which comes from over-excitement, is not so easy. What course then is to be adopted, when the natural cure by repose and recreation cannot be obtained?

These are the cases in which remedies, that might otherwise be dispensed with, become almost inevitable. The effect of cooling applications to the scalp, of frictions along the spine, of pediluvia, of active purgatives, should be tried first; but if they do not avail, blood may be drawn from the vicinity of the head by leeches or cupping. I am very much in the habit of directing in such cases the application of leeches to the anus, not only because a smaller amount of loss is sufficient, but also because we thus obtain a revulsive effect, and lessen the portal plethora, which is often an aggravation of the cerebral congestion, and thus imitate one of the compensations of nature, by which the disorder of one part removes that of another. Is it a confession of weakness that one cannot produce relief without shedding blood? If it be, it is a weakness which belongs to nature, among whose sanatory processes, epistaxis and hæmorrhoids take conspicuous places.

The management of position is an obvious point, and of great importance in the treatment of congestion of all kinds. In the busy part of the day the thinker or writer may find advantage in standing at a desk, instead of sitting and leaning over a table. And in the recumbent posture it will be very useful to raise the shoulders and head, and at the same time by means of a sufficiently reverse inclination of that part of the bed on which the pelvis rests, to provide against the tendency to slide downward. Often by this simple arrangement a morning headache, from passive congestion, has been warded off.

But when the immediate congestion has been removed, and

by whatever method, there is the more difficult task of removing or lessening the disposition to a return. This is not the place for discussing hygienic methods, of which we hear quite enough from our hypochondriacal patients, as well as from the philanthropic popularizers of medical science. All the measures resorted to for maintaining an equilibrium of circulation operate by inducing an equable or proportionate amount of the various functions, or by causing a preponderance of some particular function. The latter is the most common. How often are we tempted to smile at the self-deception, set going in the first instance by some fashionable jugglery, the self-deception of the energetic hygienic seeker of health, and prosecutor of what he calls natural methods of cure. Suggest a dinner-pill or a seidlitz powder, and his face is convulsed with a fanatical pharmacophobia! His soul abhors the doing of such profane violence to the processes of nature! No—he has been brought to the knowledge of more excellent ways. He traverses hill and dale with the utmost speed of pedestrianism, panting, palpitating, perspiring at every pore, emitting clouds of vapour from his lungs, consuming incredible amounts of nerve-force and muscular tissue, and he thinks that all that he has done is pure gain, and no loss; or he every morning and night spends precious time in scouring his skin with every new modification of the ancient *strigil*, till he has left scarcely an epithelial cell older than yesterday's growth, and forced such an exhalation from the tegumentary surface as was never contemplated in the normal physiology of his system; or he spends as much time in his baths as if he had been born a Batrachian; or he walks about, curiously padded with humid envelopes, which are, by a textural necessity, gradually converting large portions of his skin into mucous membrane; or he is in his cold foot-bath or sitz-bath, sedulously reducing the capillary circulation of the parts subjected to this treatment, to a state of passive hyperæmia; or, with intemperate draughts of cold water, he soaks his tissues, and dilutes his liquor sanguinis, till half his blood-cells are burst by endosmotic distention (according to a process ably explained by Dr. Owen Rees), and he becomes pale and sodden in aspect, because anæmic. In all these various actions, some of them of indubitable value, he is sustained by the fond delusion that he is only helping nature, and manifesting how he rejoices in the liberty of that faith which eschews drugs and doctors. In his simplicity, he is ignorant that he has been tampering with his organization far more actively and extensively than if he had swallowed a minute portion of a substance which has the effect of slightly increasing the discharges from those organs which are the readiest outlets of the system.

Headache from acute hyperæmia of the brain, without inflammation or fever, is by no means so often met with as that passive and chronic form which is left by long-continued over-exertion of thought, or strain of feeling. In this form the treatment is more complicated than in the other, and it may need to have mixed with it one or more of those remedies, which we shall speak of directly as applicable to nervous headache; but, in so far as the vascular element is concerned, the chief object is to restore the lost tonicity. It may be requisite first to produce some diversion by a few leeches to the neck, or behind the ears; or to the temples, the operation of which remedy, as we endeavoured to point out in a former lecture, seems to be effected through the medium of the nervous connexions of the vessels. But in some subjects of this headache it may be desirable to spare even a few drops of red blood. Few, however, are too weak to bear the discharge of a small blister on the back of the neck, which scarcely ever fails to afford relief for a time to this species of headache. Either tepid sedative lotions or cold applications may be administered to the scalp, according to the state of the nerves. And I may here venture to remark, that as a derivative process for relieving congestive states of the brain, I do not think it easy to over-estimate the value of counter-irritants applied to the epigastrum, and, indeed, to the whole abdominal surface. For such affections as we are now treating of, it has long been my custom to order sinapisms, and lotions containing turpentine and pyroligneous acid, and sometimes blisters, to be applied to this region. I have observed the efficacy of counter-irritation thus applied, in the comatose affections of children, and not unfrequently with an agreeable surprise. But the great point is to help the surcharged vessels to relieve themselves by their own contractility—and it is for this purpose that wine, and ammonia, and camphor are so serviceable;

or even decided tonics, such as zinc and iron. The use of such medicines, I need not say to this audience, requires tact and watchfulness, for we have to deal with an organ, whose nerves are put too quick to take offence at remedies of this class.

The headache dependent on congestion of venous origin, while it is chiefly to be met by such treatment as abates the congestion, whether by position of the body or by relief to cardiac or pulmonary obstruction, may, like the other kinds of congestive headache, require a specially anodyne treatment, partaking of that which I shall speak of directly as suitable to the nervous headache. For as such venous delay as occurs in these cases is in a large number of instances unattended with pain in the head, it is clear that when pain does occur there must be a nervous element calling for special treatment. In the use of anodynes in such cases, we have chiefly to be on our guard against increasing by their operation some of those very states which produce the venous congestion.

3. *Treatment of Nervous Headache.*—I hasten now to the consideration of the treatment of nervous headache, that kind of which I have adopted the popular appellation, and which I have described as consisting of a painful affection of the nerves of the brain. And first, as to the removal or alleviation of the immediate attack. It is rare for us to succeed in cutting short an attack, that is, stopping it in mid career, or at the very onset; but we are not without means of greatly abating its violence.

The case is one for a skilful use of anodynes; and I know of no form of pain which offers wider scope for the exercise of ingenuity in the combination of these remedies, and in the mode of administering them, as well as of patience in varying them, till the form and dose have been ascertained which suit the individuality of the case. I need not say that nothing marks the sagacious physician more surely than his faculty of quickly discerning the specialty of the patient submitted to him, so that he may see how the operation of a general therapeutic law must be limited in its application to a particular instance. But in the sufferer from headache it is all but impossible to divine the particular susceptibility of anodynes. And the physician who might very quickly perceive how far his patient's special organism might be likely to tolerate strong antiphlogistic or actively stimulating treatment, might be quite at fault in guessing whether a headache would be relieved or increased by a dose of opium.

The difficulty in administering opiates for the relief of headache is partly explained by what ensues after taking them for mitigation of pain in other organs. We do not doubt our ability to quell the pain of gastrodynia, enterodynia, or toothache, at least for a time, by an adequate dose of opium; but we know the reproach which is often thrown upon us by the patient, who with an aching head and sick stomach, assures us that he has only exchanged one kind of misery for another. This effect of opiates is worthy of a moment's discussion, not only because it is a headache, and therefore within our subject, but also because it is obviously related with the sedative treatment of headache in general.

After a dose of opium sufficient to induce sleep for several hours, the patient may feel upon waking a frontal headache, dull or sharp, accompanied with nausea and vomiting. It closely resembles what is called "a sick headache," and it may last for several hours. It is somewhat like what is complained of after intoxication, excepting that in the latter instance thirst is more prominent. Though there is probably more or less of cerebral congestion consequent on narcotism, the pain can scarcely depend upon that state. We have seen how any excitement of the brain, whether emotional or intellectual, is capable of inducing a painful state of the nerves of the brain. Therefore it is not surprising that anything which so seriously interferes with the sensory ganglia as to compel them to sleep for a certain time, should occasion pain, when the soporific effect has passed off. That there may be some sympathetic influence from the abdominal organs, which have also been tampered with, is very possible, since in some persons the disagreeable consequences are averted by combining an aperient, especially a mercurial dose, with the opiate. But this does not always answer; and I believe that the disagreeable and painful symptoms result from the action of the opiate on the nervous centres. Some persons are so constituted that within an hour or two after taking the narcotic, instead of being sent to sleep, they suffer the same



symptoms of distress, with the addition in some instances of extreme faintness.

It is a problem yet to be solved why narcotics should affect persons so differently. Few constitutional infirmities demand our pity more than the incapability of taking opium without detriment. With many no inconvenience whatever ensues. The paroxysm of pain has been subdued, sleep induced, and no discomfort of any kind is experienced. But seeing that such is the fact, however explained, we cannot be surprised that it should be difficult to administer narcotics for the alleviation of headache.

In many persons the attacks are too frequent to admit of such frequent recourse to doses of sufficient strength for the reduction of the pain. In others they occur in the daytime, and though capable of causing great discomfort they hardly warrant a withdrawal from the avocations of the day, in order that the subjects of them may submit to anodyne operation. But when the case is either severe enough to lay the patient aside, or when it comes on in the later part of the day, there is no reason why the opiate should not be resorted to. My belief is, that we are over-cautious in the use of these remedies for nervous headache. From an exaggerated fear of inducing congestion, we resort to the feeble agents, which are seldom found to be of much avail, and discourage the patient for the trial of more efficient medicines. I confess that for acute pain, I place very little confidence in henbane, hemlock, and lettuce, and hops. If the attack is to be met by narcotics, we should try first one or two grains of opium, or an equivalent of morphia combined or not with calomel or blue pill. In some persons the opium acts more kindly in conjunction with camphor; in others, with a saline draught. But if opium or its alkaloid cannot be resorted to, there are other efficient anodynes which may be appealed to; such are aconite, belladonna, and cannabis indica. Of these, aconite has been in my hands that which may be most relied on: the difficulty is really in its power. There must be enough, but it is more easy to pass from what is sufficient to what is excessive, and therefore dangerous, than in the case of any other narcotic. A little too much opium, we know the worst of. Even with belladonna it is only temporary delirium, or blindness that we have to dread; but a very slight excess of aconite puts the patient in peril by the depression of the heart's action. It may not be amiss to relate an example of the caution requisite in the use of this powerful drug. For a lady who had for many years suffered intensely from attacks of headache, I prescribed the alcoholic extract. The remarkable relief which she derived from this medicine made her anxious to have it always at hand. The dose to which she had become accustomed was half a grain in a pill, and she was allowed to repeat the dose once after two hours if the pain persisted. She took a supply of such pills with her into the country, and she was in the habit of resorting to them as occasion required, with great benefit. But one day, when she was engaged to a dinner party, at some distance, she was attacked with her usual headache a few hours before the time of going out. She hoped to be enabled, by the use of the pills, to keep her engagement. Not finding so much relief as usual, she took a second pill, and was much better; but just before stepping into her carriage she determined to make quite sure of a pleasant evening, and therefore swallowed a third pill. Before she could arrive at her friend's house, she was taken frightfully ill; the carriage was stopped at a cottage by the road-side, and for many hours she was in great danger, with all the symptoms of aconite poisoning.

I usually direct a certain dose of Fleming's tincture (from one to two minims), to be repeated after two or three hours if needful; or one-eighth or one-sixth of Morson's alcoholic extract. In some cases the effect is marvellous. The instances, however, in which I have seen most good result from aconite have been those in which there has been a more chronic species of pain—a constant soreness or disposition to ache. In these a small dose administered thrice daily has been found very salutary, whether combined with tonics or taken singly.

In these cases, again, I have known very great comfort ensue from the use at bedtime of a combination of salines, nervines, and ether. Thus in one of my patients whose brain seems to be always on the verge of aching, such a mixture is always at hand, and rarely fails to avert a threatened fit of pain, though it would be inadequate to the sup-

pression of it when fully formed. Chloroform inhaled will relieve or remove a headache; but its effect is too transient to be of much avail. I have given it by the stomach in its pure form, or as it exists in chloric ether, and sometimes with immediate dissipation of the pain; but the direct anodyne operation is uncertain, and I have sometimes doubted whether the good effects might not be due quite as much to the rubefacient action on the mucous membrane of the stomach, as to the narcotic influence on the sensorium.

The external use of anodynes might be oftener appealed to than it is. When discussing sympathy in relation to the production of pain, I adverted briefly to impressions of temperature on the scalp, and indirectly to anodyne applications, and I expressed a strong opinion that the media of communication are the vascular nerves. I know not in what other way to explain the relief afforded to an aching brain by the application of a pad, soaked in a mixture of warm water and laudanum, to the forehead and temples. This measure is preferable to the employment of stimulating liniments, which, besides the inconvenience attending their use, may do harm by exciting the capillary circulation of the scalp, and by sympathy that of the interior.

In some cases great alleviation is derived from the use of sinapiams or other rubefacients applied to the spine; but it will be generally found when this is the case, that a certain amount of vascular disorder is added to the nervous pain, either as an effect of this, or as the concomitant result of a common cause. But when the pain is more purely nervous, and occurs in a person of high neurotic sensibility, the irritation of the cutaneous nerves may add to the distress instead of lessening it.

But, in addition to the decided narcotics, we have a useful class of agents conveniently grouped under the term nervines. Thus, there are, in the first place, the dietetic nervines, tea and coffee, which are invaluable in the minor degrees of nervous headache, especially when it has been the result of fatigue, either mental or bodily. There is, however, some danger in their use, for they not only dispel the pain in question, but they also recruit the nervous power in the brain so thoroughly as to tempt the patient to return too quickly to the very exertions which have done the mischief. But I am not acquainted with any agents which equal these substances in the power of removing the headache, without leaving inconvenient results. And as their physiological operation is so purely cerebral, restoring the intellectual faculties, and ministering to the sensation of personal well-being, as well as lessening any sad emotions, we have here an additional presumption, were any required, that this headache is seated in the nerves which are immediately related with the molecular action of the brain.

The medicinal nervines are also of use, and chiefly valerian, camphor, castor, and the fetid gums. Of these valerian is at once the most efficient, and the most easily taken, whether as an infusion, or in the form of volatile tincture. But these substances are less beneficial as remedies for an attack of pain than as correctives of the neurotic sensibility which gives rise to them.

This latter treatment may be said to be prophylactic to the attacks, and curative of the diathesis, and it is of far greater importance than that which merely contemplates the removal of the present pain. It is superfluous for me to talk to this assembly of the methods of correcting this diathesis by air, diet, and exercise, or by removing those faults in the digestive organs, or in the uterine system, which have induced it. Nor shall I discuss all the various tonic and other medicines conducive to this end which have been recommended. I shall confine myself to those of which I have had most experience, and which have best prospered in my hands.

There are two which stand far in advance of the rest—Quinine and Arsenic. Iron will do much when there is an obvious deficiency of the red corpuscles of the blood, in conjunction with the diathesis in question, but its value is not so specific as that of the remedies which I have named.

The *modus operandi* of quinine in the cure of ague and of nervous pain, is not without mystery. Were it only a remedy for the cure of that remarkable series of phenomena comprehended under the name "intermittent fever," a comparatively simple hypothesis might present an adequate key. One might begin with presuming that the malarious poison in the blood induces a certain change in the fluid, analogous to the process of fermentation, and that after the eliminative action of the skin, the blood returns to its former condition, with reten-

tion of enough of the poison for producing in a definite period a like process, the very poison being, in all probability, capable of multiplication in the blood; for were it not so, how could the disease remain for months after removal from the malarious source? Admitting such a theory of the disease, it would not be difficult to append to it the hypothesis, that quinine destroys the poison, or prevents it from developing that change in the composition of the blood which eventuates in periodical fever. But quinine is as certain a remedy to the neuralgia which follows a catarrhal attack, or that which is the consequence to a slight blow on the head; cases in which there is no reason for presuming a chemical vitiation of the blood. If the former hypothesis would fit the facts or the philosophy of *ague*, it will not account for the cure of neuralgia.

The operation of this substance, indeed, is so unequivocally exerted on the functions of nervous substance, and with no direct proof of its affecting the composition of the blood, that one would be rather tempted to frame an hypothesis which should bring the cure of *ague* within the scope of a neurotic process.

In an admirably reasoned argument by Mr. Paget, in a lecture on the rhythmical action of the heart, strong grounds were offered by that eminent physiologist for the belief that rhythmical actions depend on processes of molecular growth, occupying definite periods of time. If this be true of physiological phenomena, is it not likely to be applicable to pathology? In those neurotic affections of periodical recurrence, neuralgia, asthma, epilepsy, etc., may it not be that a portion of the nervous substance in some central part suffers an error of growth, which occupies a certain period, perturbs the natural function of the part for a certain time, and ceases, till a new growth has been developed, and runs its course in like manner. I have a patient who every day is the subject of the following attack, and has been so for the last eleven years, without one day's intermission. At 4 p.m. she is seized with clonic spasms of the left arm and the left side of the neck, which last for three hours, and then subside. No mental impression, no opiates, no tonics, no baths, no diet, no change of air, no galvanic currents, no chloroform inhalation, nor whatever the wit of any doctor has hitherto devised, has succeeded in preventing the attack. Once by chloroform inhalation I succeeded in cutting short the paroxysm; but the remedy was worse than the disease. The only remedy which has lessened the violence and duration of the fits is quinine in large doses taken every day. Great hopes were built on arsenic; but the mucous membranes were intolerant of this agent.

Now the periodicity of such an attack is perhaps no greater a mystery than the periodical evolution of nerve-force in the nerves of the heart, if we presume the growth in an abnormal form of a portion of the nervous centre related with the motor nerves in the subject of this singular excitement. Tendency to recurrence of like action is a well-marked attribute of nervous substance, and implies the ready establishment of new forms of growth and action; and it lies at the root of habit in sensation, motion, and thought. Whether in health or in disease, new changes of life and action in the nervous system easily become permanent. Were it not so, what would become of progress and education?—A morbid habit is the continuation of a casual abnormal action. A strong impression is made on the nerves of the heart, and the rhythm of the pulsations is changed: from that time the change may continue. The nervous structure retains its new mode of growth and action: it is an excess of that tendency which belongs to nervous substance in general. An infinitesimal molecule of brain undergoes a change in the production of a thought; and from that time forth, so long as its life endures—in other words, as long as memory is intact—the molecule grows in the same form, undergoing an everlasting series of births and deaths, but maintaining its identity by its perfect similarity of reproduction. And so, as I have said, a new phase of being and action may be impressed on a portion of the nerve centres connected with sensation and motion, and may become permanent. When this occurs easily—when new modes of action are more easily impressed on some than on other individuals, such persons have a neurotic diathesis, a liability to nervous disorder.

A morbid habit is the perpetuation of what should be a temporary state and action; and it argues a diseased tendency to assume so readily a new condition.

A medicine which breaks the habit may be a substance that

nips the new growth, compelling the part to return to its former development. It is like a new element introduced into a soil, destructive of particular organisms. Such may be the operation of quinine, arsenic, zinc, copper, and the vegetable nervines.

I am not so ambitious as to endeavour to construct a new theory of intermittent fever, but I strongly surmise that in the progress of discovery there will be another reaction from the modern excess of humoralism towards a modified and improved neurological pathology, and that new forms of molecular growth in nervous tissues, evolving abnormalities of nerve-force, or new forms of nutrition in secretory tissues, will be discovered, deriving, perhaps, their pabulum from altered blood, but which altered blood will be only one of the series of changes.

Allowing, however, that intermittent fever consists mainly in toxæmia, it is not difficult to understand how in the districts where the poison is rife, there have been noticed in different seasons alternations of that disorder with purely neurotic affections. What, after all, is blood disease? Is it a mere chemical change, such as is effected in an inorganic fluid by the introduction of a new element? Chemical change there may be, but there must be far more of change in the growth and life of those organic cells which form so large a part of the fluid. A poison which may at one time act on sanguineous cells, and interfere with or modify elimination, so as to produce the phenomena of fever, may at another time have a modification which affects vesicular neurine, and occasions neuralgia and strange spasms. Those who are familiar with the history of epidemics must be well aware how interchangeable are fevers and nervous diseases. Wild maniacal dances have followed close upon black pestilences, neuralgia upon *agues*, etc.

Whether tonic medicines, which act chemically, are restorative or catalytic, it is probable they must enter into and take part in the cell-life, whether of the blood or the tissues.

Modern researches, especially those of M. Briquet, into the physiological operation of quinine, go to prove that its special influence is exerted on the nervous system, and that in large doses it depresses rather than excites the principal functions of that system. It is therefore conceivable that if a new form of life has been produced in that system by the operation of a malarious poison, or by any other cause, such an agent as quinine may alter and destroy it. At a certain hour in the day certain nerves begin to ache, and the pain continues for several hours, and then subsides. There must be either in the periphery or in the central termination of those nerves, some new development of nerve-life. Large doses of quinine are swallowed, and the pain appears with diminished force, and in time departs.

Without pursuing any further speculation on the *modus operandi* of these medicines, which are at once tonic, anti-periodic, and anti-neuralgic, I now proceed to observe that quinine appears to me to be of all remedies that which is most extensively and constantly serviceable in headaches, whether strictly nervous, or neuralgic. It at one time helps to remove that irritable condition of the nerves, which makes them take offence at anything unusual in the degree or kind of cerebral action, or at what is occurring in distant organs, and at another time it proves subversive of that very condition of nerves in which the paroxysm of pain consists. It would be less frequently productive of disappointment were it given more liberally and more unflinchingly. Small doses will not avail. And we must be prepared to set aside, or to pacify the fears of our patients, who from the peculiar sensations in the auditory nerves are beset with phantoms of plethora and apoplexy.

If the case has been of recent origin, three grains of quinine thrice daily will usually be a sufficient dose. But if it has been of long standing we must double this quantity, and in some instances ten grain doses must be administered thrice in the day.

Many substances may be advantageously combined with the quinine in order to render it more agreeable to the stomach, especially sedatives, such as extract of hemlock and of hops. I generally administer it in the form of pills, as being more convenient, and less disturbing to the stomach. When the liquid form is used we may add hydrocyanic acid if needful.

Other combined substances may be auxiliary to the specific influence of the quinine, as in the well-known formula of quinine, compound galbanum pill, and hemlock.

Every one to whom I am speaking is familiar with that peculiar affection of the hearing which is complained of by those who take quinine in large doses. It is often, as I have hinted, so troublesome as to deter the patient from persevering with the remedy, especially when, as is common with those who suffer headache, there is an impression on the mind that the vessels of the head are disposed to fulness. It may be a reason for moderating, but not for withdrawing, the remedy.

We have seen when considering the probable seat of the pain in headache, that the ganglionic nerves which accompany the blood-vessels, and are distributed over the membranes and the substance of the encephalon, are the nerves affected. Now if one thing be more distinctly proved by observation than any other, as to the action of quinine, it is that this substance lowers the frequency of the heart's pulsations. This must be effected through the nerves which determine the rate and rhythm of those pulsations, and which are ganglionic. There is here therefore an analogical reason for expecting that quinine may exert a special influence on those nerves which accompany the cerebral vessels.

Next in importance to quinine as a remedy for headache, comes Arsenic. It is not surprising in endeavouring to account for its medicinal action, whether as a remedy for ague or for neuralgia, we should think of its poisonous power, and therefore presume it to be catalytic, or destructive to some *materies morbi*. Whether its action is so purely catalytic, or whether it consists in disturbing and overcoming abnormal forms of growth in the tissues, is difficult to determine. But while we know that in the normal state of the body it produces only too appreciable effects on the mucous membranes, the skin, and the nervous system, we need not look further for the wonderful control which it exercises over diseases of the skin, and over obstinate neuralgic affections. The very extent of its power is an inconvenience in the employment of this substance.

The form of headache in which I have found it most efficacious, has been not so much that which springs from an excessive irritability of the cerebral nerves, as that which comes in distinct paroxysms, and at regular intervals. These are cases in which, after the termination of a paroxysm, the nervous matter grows gradually again into that form which eventuates in a paroxysm. This growth is destroyed by the arsenic. If the hypothesis of a toxic agent be preferred, an agent requiring a certain time for its elaboration, and then for its destruction in the paroxysm which it has induced, we may say that the arsenic has in some way prevented the formation of the agent, perhaps by a quasi-chemical process.

In the administration of this medicine I have preferred small doses—three or four minims, largely diluted, taken thrice daily, and continued for periods of time varying from two to four months.

A long interval separates the degree of value possessed by these two remedies for headache, from that which belongs to any other agents. Still there are other remedies, not without importance, to which we may be driven by the idiosyncrasies of our patients. According to my own experience, the first in this class is Zinc. The oxide and the sulphate have to be given for a long time before they produce any decided effect, but the patience of the physician and of the sufferer will generally be rewarded, especially if a steady and well-graduated augmentation of the dose be enforced, as the stomach becomes more tolerant of it. To eke out the time, to gain temporary advantages satisfactory to the feelings, and confirmatory to the confidence of the patients, until the more permanent good has been effected, it is well to combine the zinc with some neurotic cordial. Camphor avails in one, galbanum or castor in another, or musk, or sumbul, and the rest of these singular nervines. But none of these combinations can compete in convenience and efficacy with that invaluable salt, the valerianate of zinc. Many years before this substance was introduced, I had been in the habit of prescribing a well-known combination of oxide of zinc, extract of valerian, and extract of hyoscyamus, with a degree of benefit which had often far exceeded my expectations. And I remember the eager interest with which I first observed in one of the foreign journals the announcement of this new combination of zinc and valerianic acid. If I may venture on such a remark, I should say that, judging from the prescriptions which I have met with, this medicine is usually given in doses far too small. My own knowledge of the larger doses was, in the first instance accidental. For a lady, suffering a singular laryngeal

spasm after influenza, I had prescribed a grain of valerianate of zinc in a powder (as she was unable to swallow a pill), to be taken every three hours. Six grains had been directed to be distributed into six powders, but the dispenser had sent six powders, each containing six grains. In the morning I found that the powders had been taken with marvellous benefit, and no distress to the stomach. I need not say that this accidental lesson was not lost upon me, and that I have since prescribed the medicine in bolder doses than previously.

Iron may perhaps be classed next to zinc in value. Some practitioners would place it higher. When neurotic susceptibility is conjoined with poverty of colouring matter in the blood, its value can scarcely be over-praised. But even without this conjunction there are cases in which ferruginous preparations have great efficacy; but we are oftener checked in the use of this metal when we administer it in other diseases, by complaints of the pain or distress which it excites in the head, than by any other symptoms attendant upon its use. Still every practitioner must have remarked its signal utility in cases of headache with great debility, especially when the constitution has been worn down by previous disease. The carbonate has been used more frequently than any other form for the cure of strictly neuralgic headache. It is difficult to find a reason for the preference which many have given to this preparation, unless it be, that as it is very partially soluble, and is therefore given in large doses, it enters the system in very minute quantities at a time. Perhaps, as it is applied to so extensive a surface in the gradual travel of its large quantity through the tube, more may eventually enter the blood than when a small dose of a more soluble salt has been taken.

Of copper I have very little experience as a remedy for cephalalgia. I have used it in the form of ammoniacet, as in epilepsy, but with no very decided results. Were I pressed for a new agent, or a new combination in some very refractory case, I should try small doses of the sulphate of copper, in combination with quinine, as in Sir Henry Hallford's favourite combination for epilepsy.

Nickel was first brought before the notice of the profession by Dr. Simpson. He one day introduced me to a gentleman who had been a sufferer in an unusual degree, and for a long time from headache, and in whom sulphate of nickel had been of more avail than other remedies, but I did not learn what those other remedies had been. I have since then employed it in several cases, and I think always with some benefit; the dose has been a grain thrice daily.

It is highly probable that all the metals have more or less control over those new forms of neurotic life in which nervous diseases consist, and we may yet add some shafts to our quiver, tipped with selenium, cerium, and cadmium, to which Dr. Simpson has directed the attention of the profession.

When speaking of quinine, I ought to have remarked that beeberrine in large doses, has seemed to me to act in a manner very similar to that of quinine.

(To be continued.)

## ORIGINAL COMMUNICATIONS.

### ON THE INDUCTION OF PREMATURE LABOUR BEFORE THE SEVENTH MONTH OF PREGNANCY (a).

By ROBERT LEE, M.D. F.R.S.

Physician to the British Lying-in-Hospital, and Obstetric Physician to St. George's Hospital.

On the 7th January, 1812, a paper by Dr. Merriman was read to the Medical and Chirurgical Society, entitled, "Cases of Premature labour artificially induced in women with distorted Pelvis: to which are subjoined some Observations on this Method of Practice." This important practical communication was published in the third volume of the Transactions of this Society, upwards of forty years ago; but in the

(a) Read before the Royal Medical and Chirurgical Society in 1812.

thirty-two volumes which have since appeared, there is not contained the history of a single case in which premature labour was induced, though in these volumes the histories of ten cases of Cæsarean operation have been reported. As the safety, efficacy, and morality of the practice of inducing premature labour are still questioned by many foreign and English practitioners, I have thought the history of the following case, which has recently occurred, not unworthy of being presented to this Society, through whose influence Dr. Merriman was first enabled to bring the subject in the grave form it merited under the consideration of the whole Medical Profession.

On the 27th October, 1849, Mr. Booth, of Great Queen-street, Westminster, requested me to see Mrs. S., who had been in labour forty-eight hours, and whose pelvis was greatly distorted with malacosteon. After perforating the head, I succeeded in extracting it with the crotchet, after great exertions, continued for more than two hours. The patient recovered in the most favourable manner. Her lameness, which commenced four years before, gradually increased after this confinement. At the beginning of December, 1852, I was informed by Mr. Booth that this patient was in the fifth month of pregnancy, and I made an attempt to induce premature labour, but the os uteri was so high up and so small that the attempt to pass the probe-pointed stiletted catheter into the uterus was speedily abandoned, and it was determined to allow the pregnancy, about the existence of which even there was some doubt, to go on without interruption for another month. On the 6th January, 1853, I again saw the patient, and made a careful examination of the pelvis, which was found distorted in the highest possible degree, even more than the pelvis now placed upon the table of the Society. The tuberosities of the ischia were almost in contact, and the sacrum projecting forward so as to be not more than one inch distant from the bones of the pubis. The impression made upon my mind by this examination was, that I had never before encountered in practice so formidable a case of difficulty from distortion of the bones of the pelvis. It appeared highly probable if premature labour could not be induced, that the patient would either die undelivered or be subjected to the Cæsarean operation. I found some difficulty in passing the fore and middle finger of the left hand into the vagina, but after a time succeeded, and by pressing the anterior wall forward with the middle finger I succeeded at last in touching the anterior lip with my forefinger, and guided by this passed the point of the instrument through the os and cervix uteri into the cavity, and punctured the membranes. The liquor amnii immediately began to escape, and continued flowing till the morning of Friday, the 7th January, at 4 o'clock, when labour pains commenced. At 2 the os uteri was so much dilated, that the points of two fingers could be introduced, and the fact distinctly ascertained that the presentation was prenatural. At 7 p.m. the right arm was hanging out of the external parts, and the shoulder and thorax were forced down partially through the brim of the pelvis, and we were greatly pleased to find that the short diameter of the outlet was much increased by the tuberosities of the ischia having been pressed asunder. The operation of turning being considered wholly inadvisable and impracticable in this case, after carefully ascertaining the position of the fœtus, I resolved to eviscerate the fœtus, and afterwards with the crotchet fixed on the spine, as near as possible to the pelvis, to extract the nates and lower extremities. This was successfully done in a quarter of an hour, and in less than five minutes more the head was delivered without the employment of much force, and without the use of the perforator and crotchet. The patient recovered most favourably, and is still alive. The settled conviction left upon my mind by this case is, that a higher degree of distortion of the pelvis will never again be met with, and that if such a case should occur it would be possible to induce premature labour, and that it would be the duty of the practitioner to do so even before the sixth month of gestation.

Dr. Merriman was of opinion that the induction of premature labour by art "ought to be strictly confined to those melancholy cases of distorted pelvis, for which it was originally recommended," and the operation "should never," he says, "be undertaken, till seven complete months of utero-gestation have elapsed;" "that the practice should never be adopted till experience has decidedly proved that the mother is incapable of bearing a full-grown fœtus alive;" and that

"the operation ought not to be performed where the patient is labouring under any dangerous disease." These rules, laid down by Dr. Merriman forty years ago, "in order to guard against any abuse of this method of practice," may now, I believe, with safety and advantage, be greatly modified and extended.

It has been proved, by the results of extensive observation, that the induction of premature labour, which I regard as the most important improvement ever introduced into the practice of midwifery, is not only efficacious in all forms and degrees of distortion of the pelvis, but in cases where ovarian, uterine, and bony tumours obstruct delivery; in cicatrices of the vagina; malignant diseases of the os and cervix uteri; in organic diseases of the heart and lungs; in dropsy of the amnion, and general dropsy; in renal and vesical diseases; in cases where the death of the fœtus in utero repeatedly occurs from morbid alterations in the structure of the placenta, and other causes; in mania during pregnancy; and especially in cases where obstinate and incurable vomiting occurs in the early months of gestation.

ON THE

## TREATMENT OF SEROUS EFFUSION INTO THE PLEURA.

By HAMILTON ROE, M.D.

Senior Physician to the Brompton Hospital, and late Senior Physician to the Westminster Hospital.

THE difference of opinion which is known to prevail among the most eminent members of the Medical Profession, as to the best mode of treating several grave diseases, is productive of so much evil, that it ought, if possible, to be removed. It induces the belief that Medicine is a conjectural art merely, and not a fixed science; it weakens the confidence of the public in their Medical advisers, and is supposed to justify sensible men in giving heed to the dishonest boasting of empirics—that they are able to cure every disease.

That different remedies have been found efficacious in the treatment of the same disease, the high position of many of those who have advocated their employment, forbids us to doubt; for we cannot believe that those men could have either misstated, or been mistaken as to their effects; but the action of some of them is so opposite to that of others, that we can only understand how benefit could be derived from all of them, by supposing that such disease consists of varieties, which differ so much from each other as to require different remedies. We are all aware that many diseases have varieties, which are distinguished from each other by their constitutional as well as pathological peculiarities, and if a Medical author, instead of carefully describing the characteristics of the variety for which he has found a particular remedy useful, recommend that remedy for the treatment of the generic disease, those who employ it in other varieties for which it is not suitable, must find it useless, possibly injurious, and other remedies much more efficacious; and thus a difference of opinion is produced as to the best treatment of that disease. This difference of opinion, however, is more apparent than real; for, correctly speaking, it is not on the same but on different diseased states it is entertained; but it never can be removed, until a careful examination is made of all the varieties of such disease, giving a description of the characteristics of that for which each remedy has been found suitable. We are really in want of a nosological arrangement, in which distinction shall be made between all the forms of disease that do not admit of the same treatment, however they may resemble each other even in their pathological conditions. The same disease in different constitutions cannot be successfully treated by the same remedy: and therefore, a classification which groups together diseases merely because they are either similar in their nature, or seated in the same organ or structure, may afford us little or no assistance in the practice of our Profession. Early experience shows us how fallacious the conclusions may be which are drawn from statistical tables of the results of every kind of treatment of diseases which bear the same name, for the very same remedy appears, according to one observer, to have been successful, and according to another unsuccessful. And if these diseases have

varieties which require different remedial measures, the numerical results must vary according to the proportion which the number of those for whom any particular remedy is suitable, bear to the whole number of those to whom it is given.

Effusion of serum into the pleura is a disease respecting the treatment of which there is a considerable difference of opinion. Some Physicians advise mercurialization, and think it ought to be repeated from time to time till the fluid has been absorbed. Others recommend iodide of potassium and tonics, as iron combined with alteratives. Others, again, recommend tonics only; and a fourth class of Medical practitioners believe that the withdrawal of the fluid by tapping is very frequently the best mode of treatment.

The cause of this difference of opinion appears to be, that the disease in question has several varieties, for some of which each of the remedial measures just enumerated is the most appropriate; and that what had been found useful in one variety, has been declared to be useful in all. That this disease consists of varieties to be distinguished from each other by marked constitutional, as well as pathological differences, is well known to us all. The fluid found in the pleura is sometimes limpid and straw-coloured, with comparatively little albumen; at other times it is opaque, loaded with albumen, and contains flakes of coagulable lymph. These differences are not easily detected during life, and therefore cannot serve as the basis of a classification. But not so the constitutional peculiarities of those who are attacked by this disease, some of whom may be robust and vigorous, others feeble and depressed; these with the greater or lesser degree of intensity of the symptoms present, characterise varieties for which peculiar treatment is indicated.

Every one who has had many patients under his care is aware that fluid is effused into the pleura of strong robust persons, and into those of weak or enfeebled subjects; that in the former class it is effused much more rapidly, and is attended with much more marked symptoms than in the latter. Thus we have strongly marked symptoms of pleurisy with rapid effusion, constituting one variety; and obscurely marked, and often unperceived symptoms of pleurisy, with slowly effused fluid, constituting another. This latter variety also admits of subdivision according as the quantity of fluid in the pleura is great or small. Sometimes it fills, or nearly so, the whole cavity of the pleura, at other times it is very inconsiderable in amount, occupying only the lower third, or even less, of that cavity. The first variety I propose to consider is the effusion that takes place rapidly, and in considerable quantity, accompanied by strongly marked inflammatory symptoms.

When pleurisy attacks a robust and healthy person, there is generally more or less acute pain, and therefore the patient endeavours to keep the affected side motionless; there is, also, a sharp quick pulse, hot skin, and all the symptoms of inflammatory fever. The fluid is secreted so rapidly that in a short time a great portion of the chest sounds perfectly dull on percussion, ægophony is distinctly heard, and the breathing becomes much oppressed: in a little more time the whole chest sounds dull, ægophony is no longer heard, and suffocation seems imminent. For such cases, which in London are of rare occurrence, bleeding from the arm, sometimes more than once if the fever be not sufficiently reduced by it, followed by calomel and opium, with sedatives, administered so as to produce salivation in the shortest possible time, are remedial measures which are generally effectual, not only in curing the inflammation, but in removing the fluid. There is no difference of opinion, that I am aware of, as to the treatment of this form of affection, and therefore I will give but one instance of it:—

*Case 1.*—Mrs. E. Loudon, aged 28, a strong-built, healthy-looking woman, a nurse in the Westminster Hospital, was seized on Friday, April, 1832, with sharp pain of the left side, which was greatly increased by making a full inspiration, short cough, difficulty of breathing, considerable heat of skin, quickness of pulse, and all the other symptoms of sharp inflammatory fever. The lower part of that side was dull on percussion, and the breathing was indistinctly heard. Twenty ounces of blood were taken from the arm, two grains of calomel and half a grain of opium were given every four hours. Next day the breathing was more difficult, and she could not lie down. The dullness extended up to the clavicle, and no ægophony could be heard; the respiration was bronchial, and the heat of skin and symptoms of fever continued. She was

bled again to sixteen ounces, one grain of digitalis, and a quarter grain of tartarised antimony, were added to the pills already ordered of calomel and opium, and they were directed to be given every two hours until salivation came on. Finding the fluid increasing so rapidly and the symptoms so urgent, I appointed next day at 2 o'clock for tapping her chest, desiring that I should be sent for in the interim if she became worse. But when we arrived, salivation had taken place, the fever had subsided, ægophony could be heard, the dullness did not extend nearly so high on the chest as it had done the day before, and the urgent necessity for tapping no longer existed. The same pills were continued every eight hours for a few days longer, and in less than fourteen days, all symptoms of fluid had disappeared, and the woman was convalescent, and soon resumed her duties.

The second variety is characterised by a large quantity of fluid, slowly and often imperceptibly effused into the pleura, without symptoms of inflammation sufficiently great to attract attention. In such cases, the great object is to remove the fluid, and to prevent it from being again secreted, the symptoms of inflammation requiring little attention. For the removal of the fluid two remedial measures are relied upon, mercurialization and paracentesis thoracis, and each of them has its advocates. Those who advise the former, argue that it will not only remove the fluid, but by subduing the inflammation on which it depends will prevent it from returning, and thus render paracentesis unnecessary, and that this operation should never be performed till the breathing becomes depressed. Those who advise the latter mode of treatment maintain that when the pleura is much distended with fluid, salivation will not effect the removal of it; that it often fails to do so when the quantity of fluid is much less; that even in those cases where it does effect its removal, it takes so long a time to do so that the lung becomes compressed by the fluid; and even if it should ultimately effect a cure, it must be by the agglutination of the pleural and costal membranes, the obliteration of the pleural cavity, and the falling in of the thoracic parietes, and therefore deformity must be produced; further, that the administration of mercury to persons of weak constitutions is always dangerous and sometimes fatal; whereas, tapping the chest is a perfectly safe, effectual, and almost painless way of evacuating the fluid. We now know little from personal experience of the fearful ravages which mercury made in the last century, the deformities it occasioned, and the irremediable injury it did to the human constitution; but the cranial and other bones perforated with holes, as if worm-eaten, the skulls from which half of the face had decayed away, and the other illustrations of the injurious action of mercury which our museums furnish, show us that it is a dangerous remedy, and afford such proofs of the effects it sometimes produces, as to warn us against the unnecessary or incautious use of that medicine, and to induce us to prefer any other which, with less risk of doing mischief, promised to effect the same amount of good. But the objection to the use of mercury pushed to salivation in such cases is not merely that it is a dangerous remedy, but also, as I have said, that it is one which often fails in effecting the removal of the fluid. Every one must have observed that salivation does not promote the absorption of serum from any cavity which is much distended by it; it cannot, therefore, be expected to do so from the pleura. That it will sometimes fail of doing so, even when the cavity is not filled, is shown by the following case:—

*Case 2.*—Mr. C., aged 26, a surgeon practising in the country, not many miles from London, was seized early in the spring of 1846 with symptoms of acute pleurisy of the left side, after having been in a cold bath. He was of middle size, not slightly made, but pallid, and his circulation was feeble. His brother had died of consumption, and he himself had had hæmoptysis some year or two before. He consulted Mr. Bullock of Great Cumberland-street, who was his friend, and by his advice he was bled twice from the arm, had leeches applied to the chest, and took calomel and opium every four hours till he was salivated. Under this treatment he recovered sufficiently to attend to his business; but he looked pallid and delicate. Three or four months afterwards, he began to feel pain in the side formerly affected: a short cough and some difficulty of breathing. On examination, fluid was found in the pleura. By the advice of a Physician, whose pupil he had formerly been, he again took mercury, and was salivated, but the fluid was not removed. In July it reached the



posterior and inferior angle of the scapula. In that month I saw him, in consultation with Mr. Phillips and Mr. Bullock, and advised tapping. Four pints of clear straw-coloured fluid were drawn off by Mr. Phillips, and he was again advised to take mercury, contrary to my wish, by the physician who first attended him. In about six weeks the fluid had again accumulated in his chest, and at his own desire he was again tapped, and was again salivated. He was then so much debilitated that he was obliged to keep his room when the weather became cold. Every six or seven weeks the fluid reaccumulated in his chest, and was removed by tapping, after which mercury was given him. He lingered about eighteen months from the date of his first attack, and during this period he was tapped about seven times, and was salivated four or five; and he died at last of acute pleurisy, complicated, as I believe, with phthisis. Here was one case in which salivation neither removed the fluid, nor prevented it from being re-secreted; and in which it allowed acute pleurisy to supervene in a constitution debilitated by its use. This one case shows that in persons whose constitutions are similar to this gentleman's, we cannot feel confident that mercury will effect the removal of serum effused into the chest, and that there is much reason to fear that its exhibition to any extent will produce constitutional injury. On the other hand, it is objected to tapping, that it is attended with some degree of risk from the admission of air, and that, inasmuch as it only removes the fluid, and does not remove the condition of pleura which gives rise to the secretion, it cannot be an effectual remedy. I should be occupying the time of the Society unprofitably if I were to reply to the first objection otherwise than by appealing to facts. What cases are there upon record in which the admission of air, during the operation, produced any serious, even temporary inconvenience? I am not acquainted with any. In the paper which I read before the Royal Medico-Chirurgical Society in the year 1844, I stated, that in all the cases which had fallen under my observation, and they were many, air had entered, and in some of them in considerable quantity, and in not one had it produced any permanently evil effect; there is in reality no foundation but theory for this objection. To the second objection I reply by asking the question, Does the fluid always reaccumulate when it has been withdrawn by tapping? The cases which I recorded in 1844, and those which I have had under treatment since that year, prove that it does not; it has reaccumulated in some cases, certainly, but I believe these were cases in which either the inflammation was not subdued previously to the performance of the operation, or in which the operation had been too long delayed. If the operation be deferred, as it is advised to be, till great difficulty of breathing imperatively calls for its performance, it is almost certain that fluid will be again secreted, for it is clear that the lungs have then been so altered in their structure as to have lost the power of expanding as the fluid is being withdrawn, and that air must enter to supply its place. Under such circumstances experience has taught us that the resection soon commences. A lung cannot remain many weeks compressed by fluid without becoming carnified, and thus rendered incapable of ever regaining its natural vesicular and elastic structure. Tapping to be a remedy must therefore be performed before this change has taken place in the lung; indeed, if it be not, it will be injurious rather than useful. The earlier it is performed, the less likely is the disease to return, provided no inflammation be going on in the pleura. Tapping is the speediest way of removing the fluid; it causes less suffering, and inflicts much less injury upon the constitution than mercury; it is free from danger also; on all these grounds I prefer tapping for this form of effusion to salivation. Even granting for argument's sake that the fluid may always be removed by salivation, a more than doubtful assertion, the anxiety which is manifested by many of my professional brethren to prove that tapping is unnecessary, greatly surprises me, as if it were the most formidable remedy to which they could have recourse; for were I myself the subject of this form of pleuritic effusion, I should infinitely prefer its being performed upon me to being submitted to the pain and protracted suffering of repeated salivation, and the risk of the formidable consequences it sometimes produces. Mercury, largely exhibited to persons of weak constitutions, not unfrequently develops phthisis; and no stronger proof of a weak constitution is needed than the slow and unnoticed effusion of fluid into the pleura. The certainty of being able to remove the fluid by tapping, the absence of all real danger from the

operation, the little probability of fluid reaccumulating after it has thus been drawn off (as proved by the recorded cases), and the urgent necessity of speedily relieving the lung from a degree of pressure, which experience has proved will in no long time effectually prevent the lung from ever recovering its original elasticity, are the strong recommendations of paracentesis. On the other hand, experience has shown that salivation is not certain of effecting its object, and that in debilitated subjects it is a much more dangerous remedy. Another very strong argument in favour of tapping is furnished to us by the efforts so frequently made by nature to rid herself of fluid which has remained too long in the chest, by making an opening in one of the intercostal spaces in the lower part of the affected side, through which the fluid may be discharged. Many examples of this kind are daily met with in practice, and one is furnished by a case which I am now about to lay before the Society.

*Case 3.*—On the 14th of March, 1854, I was requested to meet Messrs. Evans, of Hertford, in consultation on the case of a gentleman, aged 19, a student of Haylebury College, who was suffering from fluid in his chest. I found him in bed, looking pallid and very feeble; his breathing short and accelerated, but not difficult or laborious; he could not, however, utter many words without making an inspiration; his left side was rounded and motionless; his pulse was 120, small and weak.—Mr. Evans said it was usually 110; his skin was cool and perspiring; tongue white and coated. His appetite was bad, and his sleep was disturbed. When he sat up, the left side of his chest measured half an inch more than the right; it sounded very dull on percussion, and no respiratory sound was audible in it, either anteriorly or laterally, from the clavicle to the margin of the false ribs; posteriorly, also, it was very dull, but less so in its upper than its lower half, and respiration could be heard feebly in the superior part of it; but it was not tubular or bronchial. Egophony could not be detected. There was no bulging of the intercostal spaces, and the heart was felt beating to the right of the sternum. To make the diagnosis certain, a small grooved needle was next passed into the pleura in the fifth intercostal space, and between the edges of the pectoralis major and latissimus dorsi muscles, where we had previously ascertained no respiration could be heard, and clear straw-coloured serum made its appearance in the groove. This placed the nature of the case beyond doubt. He had no predisposition to phthisis or any other malady. When an infant, he had had measles and whooping-cough. Six years ago he had had scarlet fever severely; but he recovered from it perfectly, and enjoyed good health until within the last three weeks, during which he had suffered from flatulence and uneasiness about his left side, supposed to arise from indigestion; but he had no difficulty of breathing until within the last week. He noticed, however, that he could not run as well as usual, owing, as he thought, to his not being in good training. He now complained chiefly of slight cough, great debility, and nightly perspirations. On being closely questioned, he said that about January last he remembered having pain in his side, which he thought was produced by cramp; but it did not prevent him from riding on horseback, skating, and taking other active exercise. The question we had to consider was, how should this affection be treated? Two remedies suggested themselves, mercurialization and tapping. The former had the sanction of men well thought of by the Medical profession; but I objected to its being employed, on the ground that its acknowledged efficacy in those effusions which were caused by acute pleurisy did not warrant our believing that it would cure one of this sort, resulting either from latent pleurisy or some altered condition of the blood; that a long-continued salivation would be required to promote the absorption of so large a quantity of fluid as was contained in this gentleman's chest; and, after all, it was by no means certain that that would effect it; that it was not probable that effusion, to such an extent as to fill the pleura and displace the heart, could have taken place in the short time which had elapsed since his health began to fail, from any other cause than acute pleurisy, which there was no evidence of his having had; that it was far more probable that effusion commenced in January, increased very slowly at first, and more rapidly of late, as his health gave way; that if it were allowed to remain much longer in the chest, a risk would be incurred of having the lungs cramped by compression; that the slowness with which this disease had come on indicated a



state of constitution that strongly contraindicated the use of mercury, and that the injury likely to be done by its administration was almost certain, whereas the benefit was uncertain. That, on the other hand, tapping was a remedy which I had never known to do injury; that the pain it gave was trifling and the relief immediate; that the respite it would give from suffering would allow time for recruiting health enough to bear up against the effects of medicines; and that after the fluid had been removed mercury might be given (if it appeared desirable), to prevent the recurrence of the effusion, with far more hope of success than could be entertained in giving it now to effect its removal; for these reasons I advised tapping.

(To be continued.)

## ON THE THERAPEUTICAL ACTION OF THE CONSTANT GALVANIC CURRENT.

By Dr. ROBT. REMAK, of Berlin.

AFTER the discovery of the voltaic pile (1800), many experiments were made with a view to the application of the galvanic current, as a means of treatment in diseases of the nerves and muscles. Stimulated by the admonitions of Alexander Humboldt, Loder of Jena and Grassengieser of Berlin were amongst the first to treat various paralytic affections of the limbs and sensorial nerves in this manner (1801). The opinion at that time being, that not the continued action of the current, but the shocks produced by the interruption of the current, are the best means of exciting the normal action of the nerves and muscles. These trials could not result in success, because, as my researches have now proved, such shocks can in very few cases be advantageously employed. Thus for many years the electrical machine formed the only means of producing and applying electricity to the above-named diseased conditions; and the opinion was generally adopted by Physicians, that it signified little from what source electricity for Medical purposes was produced.

Although the discoveries of Becquerel and Wollaston (1820-30) supplied the means of producing a constant and equable galvanic or electric current, Physicians did not avail themselves of these improvements, but preferred using the magneto-electrical and electro-magnetic machines which were constructed after the discovery of the current of induction, made about the same time as Becquerel and Wollaston's, by Oersted and Faraday. In experimenting with these instruments, the fact was overlooked that the current of induction cannot be applied to the living body without producing shocks (i. e. spasmodic contractions of the muscles), and that these shocks have a weakening effect. At last the chief consideration came to be, the easiest method of procuring electricity for Medical purposes. So at last the magneto-electric machine (of Saxton, Stoecher, etc.) gave place to the self-acting electro-magnetic (galvano-magnetic) machine of Faraday, which was recommended by Duchenne, of Paris, and was much approved of in France and Germany. In the work of that Physician (a) it was stated that muscles are made to contract most readily by the current of induction, if certain points on their surface are touched by the electrodes. Having been occupied for many years with physiological researches upon muscular contraction (b), I was not a little curious to know the nature of these mystical points; and, on directing my attention to this subject, I soon found that they corresponded with the points of entrance of the muscular nerves, and that the degree of contraction of a muscle was proportionate exactly to the number of motory nerve-fibres embraced by the current at its point of application.

I stated the result of these physiological investigations in a small pamphlet, published in 1856, and drew attention to their value in a practical point of view. It seemed to me quite obvious that, for the successful therapeutical application of electricity, a better and more extensive physiological basis was required than was afforded by this one fact; so, in continuing my researches on the subject, I was led to examine the effect of the constant galvanic current (as it is produced

by the elements of Daniell, Grove, or Bunsen) on the muscles and nerves of a healthy man. The results of these further observations I noticed in an appendix to the second edition of the pamphlet last quoted, also in a note sent to the Academy of Paris. (c) After having continued such researches, made upon my own person, and upon many healthy men, for about six months, I was induced, in July, 1856, to apply the constant current as a means of treatment of contractions of muscles, in cases of hemiplegia from cerebral apoplexy. The most important result of this application was the fact, that the continued current applied for a few minutes to a contracted muscle had the effect of immediately relaxing it to a certain extent, and rendering it amenable to the influence of volition. (d)

After repeating these trials upon 200 cases of different kinds of nervous diseases, I reported as the result of my further experience that the continued application of the constant current to the nerves and muscles in rheumatism, paralysis, atrophy, neuralgic and spasmodic diseases, had in my hands proved of much greater service in a curative point of view, than any other application of electricity had hitherto done (e). I gave my results in a memoir which I read before the Academy of Sciences at Paris, in *séance* Sept. 22, 1856 (f); and on the 29th of the same month I made some experiments before M. Rayer, who was representative of a commission appointed by the academy for the purpose (g); and on the following day repeated them before a number of Physicians and Naturalists.

From that date to the present, I have spent all my time in continuing these researches, and in endeavouring to develop the methods of application of the constant current. In the Society of Medical Science of Berlin, I stated (Jan. 19, 1857) that the diseases in which the constant galvanic current is of service, are—1. Rheumatism, acute and chronic. 2. Cerebral hemiplegias. 3. Paraplegias. 4. Atrophy of muscles. 5. Chorea. 6. Stammering. 7. Trembling of limbs. 8. Cramps of writers; and I have supported my assertions by presenting cases of these descriptions, which were either cured or improved by this mode of treatment (h). My subsequent publications upon the subject were directed principally to the treatment of atrophy (i) and paralytic diseases (k). This was accounted for by the fact that certain physiological views, dating from the time of Volta, Mariamni and Nobili, gave rise to the opinion that the continued action of the current had only a relaxing or weakening effect, and could do good only in spasmodic diseases (l). I have refuted this idea by showing that the continued current applied in a certain manner, is of use in many cases of paralysis in which the interrupted current of induction is even productive of harm (m).

One of the most curious results of my researches made during the last year is the observation, that the constant galvanic current, by dilating the blood-vessels, and by promoting absorption of exudations can be used with good effect in certain inflammations in which the other antiphlogistic and resorbent remedies are insufficient (n). There is no doubt that the electrolytical power of the constant current (discovered by Nicholson and Carlisle, 1800) is a powerful means of producing these effects. I have already seen most convincing and gratifying proofs of this fact, not only in rheumatic and traumatic inflammations of joints, but also in the inflammatory states of the spinal marrow which sometimes

(c) See Comptes rend. Dec. 1855.

(d) Ueber die Lösung paralytischer Contracturen mittelst const. galv. Ströme—Deutsche Klinik, 1856, No. 28.

(e) Ueber die Heilwirkungen des const. galv. Stromes bei Contracturen, Lähmungen und Atrophien der Muskeln. Deutsche Klinik, 1856, No. 35.

(f) Sur l'effet, phys. et ther. du Cour Galv. constant. Comptes rend. de l'Acad. des Sciences, 1856, 22 Sept.

(g) Note additionnelle; *ibid.* séance du 29 Sept.

(h) Ueber die Heilwirkungen des const. galv. Stromes bei Lähmungen, Schmerzen und Krämpfen, Allg. Med. Central. Zeitung, 1857, No. 12.

(i) Ueber die Verdickung der Muskeln durch const. galv. Ströme. Deutsche Klinik, 1857, No. 45.

(k) Ueber den antiparalytischen Werth verschiedener elektrischer Vorrichtungen. Deutsche Klinik, 1857, No. 50.

(l) Ueber die physiologischen Grundlagen der Anwendung galvanischer Ströme zur Heilung von Lähmungen, Allg. Med. Centr. Zeitung, 1857, No. 30.

(m) Ueber den antiparalytischen Werth inducirter elektrischer Ströme. Deutsche Klinik, 1858, No. 2.

(n) Ueber elektrolytische Heilwirkungen. Deutsche Klinik, 1857, No. 50.

(a) De l'Electrisation localisée, 1856.

(b) Ueber die sammenziehung der Muskel, primitiv bündel, Müller. Archiv für Anatomie, 1843, p. 182-189.

precede atrophy of this organ (?) (o). It may readily be supposed that the mode of applying the current must be very different in order to produce the various actions I have hitherto distinguished—viz. 1st. The catalytic (i.e. electrolytic and antiphlogistic); 2nd. The antiparalytic; 3rd. The antispasmodic. But for information on this subject, I am obliged for the present to refer to my various publications.

In Germany my experiments have not yet been repeated; but in France, after my visit in September, 1856, some Physicians made some trials upon the subject, and, as I am now informed, these were not unattended with success. In England I do not know if anything has been done in this way, but it is the object of this short paper to direct the attention of my English colleagues to this discovery (as I dare to name the methodic application of continued galvanic currents to diseased conditions), and I would feel satisfied if I thought that the methods described by me in a work I am about to publish, would in any way assist them to the successful practice of their art.

Finally, I think it my duty to state distinctly, that all my experiments upon 700 patients have been made only with the constant galvanic current (of Daniell, Grove, and Bunsen), and that there is reason to doubt if these results could have been obtained by the use of other elements less constant.

#### THE LONDON

### PRACTICE OF MEDICINE AND SURGERY.

#### HOSPITAL NOTES.

##### NEW OPERATION FOR ARTIFICIAL PUPIL.

Mr. Critchett has recently adopted at the Moorfields Ophthalmic Hospital a mode of operation, where it is wished to displace the pupil, which is, we believe, novel. Instead of drawing out and snipping off a portion of iris, he draws it out and secures it by a fine ligature from slipping back. It may, perhaps, at the first mention seem that the result must be nearly the same as if the scissors were used, since the portion included in the ligature will slough away. There is, however, another point in Mr. Critchett's proposal which indeed constitutes its main feature. It has long been an aim with Ophthalmic Surgeons to discover some mode of operating by which the natural pupil should be simply displaced to the elected position without laceration of its margin. This was the end sought to be obtained by the ingenious suggestion of a surgeon of Nantes, to remove a small portion of cornea near its circumference, and then allow the iris to bulge and become adherent to the cicatrix. This latter mode of operating has been frequently adopted of late by Mr. Bowman and other English Surgeons, and we have seen some excellent pupils obtained by it. It is of course the substance of the iris near its circumference which bulges into the wound, not its pupillary edge. Now, Mr. Critchett aims to exactly imitate this process, with the advantages that no portion of the cornea is excised, and that the result is much more certain. Having made an incision close to the corneal edge sufficient to admit of Leur's forceps, the iris is seized just within the opening (that is, very near to its attached border), and is gently drawn out until enough is prolapsed to allow of the application of the ligature. The ligature prevents all chance of the return of the iris which might otherwise follow. Mr. Critchett has now performed it in four instances, and last Friday Mr. Bowman also adopted it in a case under his care. It is, of course, best adapted for cases of leucoma, &c. where the iris itself is not diseased. If the pupil have strong adhesions, one or other of the numerous older methods would be better suited.

##### ACCIDENTAL IMPALING ON THE HANDLE OF A PARASOL.

A few days ago, a lady was carried into St. Thomas's Hospital from the London-bridge railway-station, with the state-

ment that she had fallen, and been taken up insensible. She died whilst being carried up the steps, and within ten minutes of her fall. An omnibus driver, who had witnessed the occurrence, stated that whilst walking down the slope of flags from the station, she had appeared to catch her foot or tread upon her dress, and that she then fell heavily forwards. At first, therefore, the conjecture was that either apoplexy or cardiac disease, or possibly a fracture of the base of the skull, had been the cause of death. It was soon found, however, that there was much blood on the upper part of her dress, and on further search a small penetrating wound was discovered, which passed through her mantle and other articles of apparel, and entered the thorax immediately beneath the left clavicle. The cut in the cloth mantle had sharp edges, as if done by a pointed instrument, but the linen articles were torn rather than incised. The wound in the skin was very much what might have been expected from a dagger. The conclusion which now suggested itself was, the case must be one of murder by the stiletto. At a subsequent period, however, a gentleman who had been on the spot, and who had assisted in lifting her up, produced a parasol which he said he had found at the time entangled in her dress, and had withdrawn immediately, without, however, being in the least aware that he was drawing it out of her body. The parasol handle had been broken off, leaving a sharp splintered end, the condition of which left no room for doubt, but that it had been the cause of the fatal injury. The autopsy showed a penetrating wound of the thoracic parietes and of the apex of the left lung, the instrument having then passed obliquely upwards into the root of the neck. The pleural cavity contained a large quantity of blood.

##### USE OF CHLOROFORM IN SOUNDING FOR STONE.

It is always a mortifying occurrence to a Surgeon to miss the finding of a stone in the bladder, and leave the discovery to be made by some one else. We not unfrequently have cases brought under our notice in which a patient submitted to lithotomy at one Hospital, gives the statement that he has been previously sounded at some other institution, and told that he had no stone. These mistakes are especially liable to occur in young subjects, and when the stone is small and light. We believe, however, that the neglect to give chloroform, and to inject the bladder before the use of the sound, is fairly chargeable with many of them, and that the Profession would gain in character, and individuals often be saved much annoyance if these precautions were never omitted. To sound a squalling, struggling child, who in all probability has emptied his bladder at the sight of the instrument, is no easy affair, and not by any means likely to afford trustworthy conclusions. On the other hand, children bear chloroform remarkably well, and we are at a loss to conceive that any inconvenience would result from its habitual employment under such circumstances.

#### THE PROVINCIAL

### PRACTICE OF MEDICINE AND SURGERY.

#### STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE YEAR 1857.

(Continued from p. 451.)

THE subjoined Report comprises the following Hospitals:—Addenbrooke's (Cambridge), the Bristol General, the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Glasgow Royal, the Gloucester, the Hull, the Leeds, the Leicester General, the Liverpool Royal, the Liverpool Southern and Toxteth, the Queen's, Birmingham, the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the Sussex County (Brighton), the West Norfolk and Lynn (Lynn), the York County.

##### EXCISIONS OF BONES AND JOINTS.

Case 1.—The Bradford: Mr. Mead.—A fairly healthy lad, aged 19. Excision of the knee-joint on account of chronic

o) Ueber die Behandlung der Tabes dorsalis mit const. galv. Strömen, in die Protocolle der Sitzung der Hufelandschen gesellschaft, v. 26 März. 1858), Allg. Med. Central Zeitung, 1858, No. 29.

synovial disease. Death from pyæmia on the thirteenth day. *Case 2.*—The Bradford: Mr. Mead.—A man, aged 47, in fair health. Excision of the scapula and head of humerus on account of malignant disease. There was considerable hæmorrhage during the operation. Death from exhaustion two hours afterwards. *Case 3.*—The Leeds: Mr. Smith.—A girl, aged 20, of healthy appearance, for two years the subject of diseased elbow-joint. Several fistulous openings existed. Excision of the entire joint in the usual manner. Recovery. In this case cicatrization was complete within a month. *Case 4.*—The Liverpool: Mr. Bickersteth.—A strumous boy, aged 10, the subject of diseased elbow-joint. There were three or four sinuses around the joint, and the bones were extensively diseased. A free excision was performed, the H-incision being adopted. Recovered well. *Case 5.*—The Liverpool: Mr. Long.—A man, aged 25, in poor health. The subject of disease of the shoulder-joint. The joint was stiff, and several sinuses both in front and behind led into it. After some preparatory treatment, excision of the head of the humerus was performed. In the attempt to displace the head of the bone from the glenoid cavity, the shaft broke through at the insertion of the deltoid. The head of the humerus was found to be firmly ankylosed to the glenoid cavity, and some little trouble was required for its removal. The man did well. The fractured bone united firmly, and a fair amount of motion in the false joint was retained. Two sinuses still existed at the time that he was sent into the country for change of air. *Case 6.*—The Liverpool: Mr. Bickersteth.—A healthy lad, aged 12, the subject of disease of the elbow-joint. Excision of the joint by the H-shaped incision. Recovery, with a fair amount of motion. *Case 7.*—The Royal Berkshire Hospital. A cachectic woman, aged 29, the subject of diseased shoulder-joint. Her strength failing, excision was determined on. The operation was performed in the usual manner; the head of the humerus was found extensively carious. The glenoid cavity was gouged. She suffered for some days from the shock of the operation, but afterwards did well. She was the subject of enlargement of the liver, and there was also a suspicion of lung disease. She left the Hospital on April 24, the operation having been performed on March 12. The wound never ancturely healed; death took place early in June. No autopsy. *Case 8.*—The Royal Berks.—A young woman, aged 23, in good health, but the subject of disease of the hip-joint of two years' standing. The disease had been acute only for three months, and was rapidly undermining her health. A single sinus in the thigh discharged profusely. After various measures of treatment, excision of the head of the femur was performed four months after her admission. The acetabulum was found much diseased and required free gouging. A finger could be passed through it into the cavity of the pelvis. She recovered well from the shock of the operation, but no reparative action was set up, and death took place on the fourth day. *Case 9.*—The Leeds: Mr. Teale.—A lad, aged 19. Excision of the elbow-joint, on account of chronic disease. The soft parts were much infiltrated and swollen, and healing consequently progressed slowly. Passive motion was commenced about a month after the operation. Recovery. *Case 10.*—Addenbrooke's: Mr. Humphry.—A healthy man, aged 31, for three years the subject of diseased ankle-joint. A complete excision was performed, the upper surface of the astragalus, and the lower end of the tibia, with both malleoli, being sawn away. No ill symptoms followed. Seven months afterwards the parts had healed, but the leg was still weak. *Case 11.*—Addenbrooke's: Mr. Humphry.—A girl, aged 5, in delicate health, the subject of acute suppuration of the knee-joint, following old-standing disease of the patella. Excision of the joint. Diarrhœa was set up the next day, and continued to the time of death; death occurred on the twenty-second day, having been preceded by swelling of several of the joints. No autopsy was allowed. *Case 12.*—Addenbrooke's: Mr. Humphry.—A healthy labourer, aged 25, the subject of diseased knee-joint, following the kick of a horse. Excision of the joint. At first the case progressed very well, but subsequently abscesses formed about the bones. Seven months afterwards there were still some discharging sinuses, but the bones had firmly united. *Case 13.*—Addenbrooke's: Mr. Humphry.—A pale, unhealthy-looking man, aged 25, with disease of the knee-joint of three years' standing. Excision of the joint was performed. In the operation commencing ulceration of the cartilages was found, and numerous small polypoid growths from the synovial mem-

brane; the latter were all removed. Erysipelas of the leg followed, and abscesses formed about the seat of the operation. Amputation through the thigh three months after the excision. Recovery. *Case 14.*—Addenbrooke's: Mr. Humphry.—A delicate lad, aged 10, for a year the subject of diseased knee-joint. There was an abscess in the ham, communicating with the joint. Excision of the joint. The edges of the wound separated, exposing a large suppurating surface. His health giving way, amputation through the thigh was performed three months after the excision. He recovered well. *Case 15.*—The Derby: Mr. Fearn.—A feeble lad, aged 18, the subject of diseased wrist. Excision of the diseased articular surfaces. Some sinuses still existed at the time he was made an out-patient. *Case 16.*—The Derby: Mr. Fearn.—A delicate girl, aged 16, the subject of disease of the elbow-joint. Excision of the joint. The disease extended, and amputation through the arm was performed a month afterwards. She recovered well. *Case 17.*—The Liverpool: Mr. Long.—A healthy-looking lad, aged 16, the subject of diseased elbow-joint, resulting from a blow a year ago. The actual cautery had been applied with marked benefit, but the disease still existed. The H-shaped incision was practised, and the ends of the bone removed. He made an excellent recovery, and in less than three weeks could put his hand to his mouth; and in another three weeks could flex and extend the forearm quite freely. *Case 18.*—The Liverpool: Mr. Bickersteth.—A strumous lad, aged 18, the subject of old-standing disease of the elbow-joint. There were three or four sinuses which communicated with the joint. The H-incision was practised, and the ends of the bone removed. The boy did well, and was discharged in much-improved health, and with fair motion in the elbow. *Case 19.*—The Liverpool: Mr. Bickersteth.—A feeble woman, aged 56, the subject of diseased elbow-joint. Excision of the articulation. The parts had nearly healed, when the patient's health failing, her friends removed her from the Hospital. She shortly afterwards died. *Case 20.*—The North Staffordshire: Mr. Ball.—A girl, aged 12. Excision of the elbow-joint. Recovery, with good motion in the joint. *Case 21.*—The Staffordshire General: Dr. Masfen.—A healthy man, aged 37, the subject of diseased knee-joint. Excision of the joint, the patella being left. Death from exhaustion on the twenty-first day.

(To be continued.)

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## Medical Times &amp; Gazette.

SATURDAY, MAY 8.

## MARRIAGES OF CONSANGUINITY AND THEIR RESULTS.

THE fact that intermarriage among blood relations is attended with the risk of unhealthy progeny, is one which the common observation and common sense of mankind have almost universally recorded. In this country, and possibly in all countries, the rudest of the people recognise this occurrence, and point it out as one which should not exist. Yet such is the perversity of minds—such the urgency of that principle which recognises present or temporary benefits, in opposition to disadvantages in prospect which may never happen in the course of the accidental future—that the common knowledge and assent to which we have made reference

are allowed to stand but for little in the way of the mischief foreshadowed. Self-interest, in one or other of its forms, predominates, and perpetuates an evil which tells not on the perpetrators, but on a race proceeding from them, having as yet no existing identity in time or matter.

Of all classes of the community, none know so well the nature of the evil now being discussed, as the Medical fraternity. To the Medical man the evils of intermarriage are the repeated confirmations of his daily experience. Seeking for evidence on which to make a sound diagnosis, he gathers all the information he can in reference to relationships and family ailments, and uses such information to an advantage which none but himself can comprehend. Yet, here, perversity again manifests itself in opposition to even scientific knowledge.

"Physician, heal thyself," is a proverb which has been oftener said than done. We want now, however, to see it done as well as said, and we therefore call professional attention to the subject of intermarriage, with the hope that a more perfect understanding of the importance of the question may be arrived at, and that our lecturers may see the propriety of teaching a great hygienic lesson by example as well as precept.

But little sound statistical information has as yet been collected to guide us towards correct conclusions on the matter in hand. This is from no deficiency of fact, but from deficiency of industry and definite observation. We are now, it is true, emerging from this state of inaction, and a few years will doubtless bring forth numerous labourers in the wide field of research which now lies open.

It is due to our American brethren to intimate, that in the re-opening of this engrossing topic they have taken the initiative. Our attention has been specially directed to a very able production in a late number of the *North American Medico-Chirurgical Review*, by Dr. Bemiss, of Louisville, some points of which are of singular value. Dr. Bemiss for the first time gives us statistical data as the basis of his argument.

The number of marriages of consanguinity, the histories of which were collected by Dr. Bemiss, are 34. Of this number 28 were of the third degree of the civil law, or between first cousins, and 6 were of the fourth degree, or second cousins. Of the total number of marriages, 27 were fruitful, and 7 sterile. The 27 fruitful marriages produced 191 children. In only 13 of these unions was the sex of the offspring reported, giving 49 males to 42 females—a proper proportion, by the way, as regards the division of sex. Of the 28 marriages of the third degree of relationship, first cousins, 23 were fruitful, and 5 sterile. Of the 6 marriages in the fourth degree, 4 were fruitful, and 2 sterile. In both these latter instances of sterility the female was the product of a marriage of consanguinity. The relative proportion of children to the total number of marriages was 1 to 5.6. The average fecundity to each fruitful union was 7, and a slight excess. The average births to each fecund marriage in the third degree of kinship was 6.87 nearly. The average number of births in the fruitful unions of the fourth degree was 8½.

Having so far marshaled his facts, Dr. Bemiss narrates the condition of the children thus propagated.

Of the 192 children born, 58 perished in early life. In 24 of the 58 deaths, the causes are stated as follows:—Of consumption, 16; of spasmodic affections, 8; of hydrocephalus, 1. Of the 134 who arrived at maturity, 46 are reported as healthy; 32 are set down as deteriorated, but without absolute indications of disease; and 9 are returned without any statement as to health or condition. The remaining 47 all possess such abnormalities as render them the subjects of particular observation. These are classed as follows:—23 are scrofulous, 4 are epileptics, 2 are insane, 2 are mutes, 4 are idiots, 2 are blind, 2 are deformed, 5 are albinos, 6 have defective vision, and 1 has chorea.

While in point of fecundity these marriages present nothing very unusual, they exhibit comparatively, as Dr. Bemiss thinks, results more than usually favourable to the offspring. In support of this opinion, he quotes a report on idiocy by Dr. Howe, in which that observer has narrated the history of 17 marriages of blood-relations. These 17 marriages gave birth to 95 children, of whom 44 were idiots, 12 scrofulous and puny, 1 deaf, 1 dwarf—58 in all of low health and imperfect, and only 37 of even tolerable health.

To define still more clearly the absolute influence of the blood-tie on the condition of the offspring, Dr. Bemiss has tabulated his results in the following manner. He divides the productive marriages in his report into three classes:—1. Those where the husband and wife are relations of the fourth degree, or second cousins. 2. Those of the third degree, or first cousins. 3. Those nearer than the third degree, viz. double cousins. The table, so constructed, stands thus:—

Degree.	No. of Marriages.	No. of Children.	Died.	Diseased.	Deteriorated.	Healthy.	Unknown.
4th degree.....	4	34	8	6	10	10	
3 " .....	19	130	37	31	17	36	9
2½ " .....	4	27	13	5	6	3	

The results of this table are sufficiently striking, and as far as they extend are conclusive in favour of the supposition that the mischiefs arising from marriages of consanguinity increase under certain peculiar circumstances in proportion as the ties of relationship grow closer.

We have thus in brief sketched out such data as are at present before the Profession on the question of intermarriage and its results. How this all-important matter may be more fully traced out involves considerations which our space this week does not permit us to discuss.

## THE WEEK.

Dr. Robert Law, one of the Physicians in ordinary to the Lord-Lieutenant of Ireland, has been appointed Visiting Physician to the Central Criminal Lunatic Asylum at Dundrum, in the room of the late lamented Dr. Harrison. Dr. Law's high character and distinguished professional reputation render this a most unexceptionable appointment. The Professorship of Anatomy in the University cannot be filled up for some time, three months' notice of the election in the Dublin and London Gazettes being required by Act of Parliament.

The last quarterly return of the marriages, births, and deaths in England presents an unfavourable aspect. "The marriages of the year 1857 and of the last quarter of that year were below the average number. The weather was severe, the people suffered, and the death-rate in the first quarter of the year 1858 was heavier than it is on an average; but the birth-rate in the same quarter, though lower than in the three previous winters, was above the average. The population of the country is still increasing. 171,001 births and 125,902 deaths were registered in the first ninety days of the year; and the natural increase of population in that period was therefore 45,099, or 501 daily. The natural increase in the winter quarter of 1857 was 687 daily. The falling off in the increase of population is referable to the excessively high rate of mortality during the past winter; for the births exceeded by 7 daily the births in the winter of 1857. The daily natural increase of population in the United Kingdom was probably about 750."

The meeting on Wednesday, for the presentation of degrees of the University of London, was particularly interesting. During the last academical year 224 candidates matriculated; thirty-five passed their first examination for the degree of Bachelor of Medicine, sixty-six passed the examination for the degree of Bachelor of Arts, thirty for Bachelor of Medicine, six for Bachelor of Laws, five for Master of Arts, twelve for Doctor of Medicine, and one for Doctor of Laws. Lord Granville delivered an admirable address, congratulating the University on the recent changes which had led to the infusion of new blood into the council, and defending the liberal plan of throwing open the honours of the University to the students of other than the affiliated Colleges. He exposed the fallacy of those who think lightly of the value of University distinctions; and urged both the successful and unsuccessful candidates for honours, to derive, both from success and failure, the incentive to further exertion.

The *Times* is very angry because the statue of Dr. Jenner is placed in Trafalgar-square beside Sir Charles Napier. Admitting such men as "Harvey, Hunter, and Jenner to be quite as worthy to be held in public honour as any warrior who ever lived," the objection is urged that in the public places of a great town "it cannot be desirable to group together inconsistent figures." There is something in this; but the answer is that the figures of great men who have merited well of their country are not "inconsistent," however different their services may have been. Still we should have been quite as well pleased to see Jenner's statue at the north-west angle of the square, opposite the College of Physicians. Jenner has nothing to gain by any reflected glory from Sir Charles Napier.

The *Globe* concludes an article on the Anatomy Act, in which the view we took of the reversal of the sentence on the master of the Newington workhouse is supported, by the following observations, which are well worthy of the attention of the educated classes: "Perhaps no study can more strictly conduce to the loftiest feelings than the examination of the human structure. Properly carried out, it is consistent with every respect for the departed. Again, the most educated classes are those which ought best to appreciate such considerations; and it would unquestionably be advantageous for the progress of science, and for the collateral morals of this subject, if the educated class were more frequently to set the example of freely permitting the use of human remains for the purposes of study, instead of leaving the pauper class to supply the want, either because they are more helpless, more negligent, or because they have not the sharpness to keep a watch upon the masters of workhouses."

The first annual report of the Board of Superintendence of Dublin Hospitals, has been presented to both Houses of Parliament by command of her Majesty. The report states that the improvements now in progress in the Westminster Lock Hospital, in which up to the 31st of March, 1857, the number of beds was limited to forty, will give an accommodation of 150 beds. The importance of the House of Industry Hospital, in an educational point of view, is alluded to. The Board commend the promptitude with which the governors of Steevens' Hospital have carried out the improvements recommended by the Hospital Inquiry Commissioners. They advise an addition to the accommodation for chronic medical cases in the Meath Hospital, so soon as the funds shall admit of it. It is stated that in compliance with the recommendation of the Committee of the House of Commons of 1854, the amount of donation requisite to constitute a Life Governor of the Rotundo Lying-in Hospital, has been reduced from £100

to £50, and the subscriptions of Annual Governors from £10 with £10 entrance, to £5, with £5 entrance, but that the removal of the restriction of the number of governors to sixty, cannot be effected under the present charter. The mistaken nature of the feelings which prompt the governors of the Hospital for Incurables to prevent the performance of post-mortem examinations, is pointed out. The condition in which the Cork-street Fever Hospital, the Coombe Lying-in Hospital, and St. Mark's Ophthalmic Hospital were found, is commended. Some useful tables are given in an appendix.

Petitions to Parliament on medical subjects have been very numerous during the week. Most of them are on the subject of Poor Law Medical Reform. A few support the different medical bills, and one, which we suppose is to help Mr. Duncombe in his notable scheme, was presented by Lord Gode-rich, from the practitioners and adherents of Dr. Coffin's medico-botanic system of medicine in Meltham-mills, Yorkshire, praying that the claims of the practitioners and followers of that system may be taken into consideration by the House in any legislation in reference to the medical profession. We must wait for the debate on the second reading of Lord Elcho's bill next Wednesday, to be able to judge of the present temper of the House of Commons on the rival bills.

## REVIEWS.

*Rheumatism: its Nature, Causes, and Cure. Gout: its Nature, Causes, Cure, and Prevention.* By JAMES ALEXANDER, M.D. Member of the Royal College of Physicians, Fellow of the Royal College of Surgeons. 8vo. Pp. 266. London. 1858.

Dr. Alexander states in his preface, that in the first few years of his professional life he was taught by reading, lectures, and clinical instruction, to know rheumatism when he saw it; but that he never could obtain from any source a satisfactory explanation of the true nature of the malady; the cause, in fact, of those symptoms which, taken in the aggregate, constitute the morbid phenomena which we recognise as this disease. Among his instructors, "one would rush boldly through by asserting 'that it was caused by inflammation of the fibrous tissues;' another would say, 'that it was, no doubt, dependent on the retention of lactic acid and its salts in the circulation.' Very strong grounds for doubting the correctness of the first opinion have long existed; and after having searched long and hopelessly for any evidence of the retention of lactic acid and its salts, as the *materies morbi* of this affection, I was compelled to abandon that theory, as based equally on a delusion and a myth. The doubts which arose during my pupilage followed me into practice, and I was never able to prescribe for a case of rheumatism without feeling that I was committing a legalized quackery." From this statement of our author we were certainly led to expect to find a view of the nature of rheumatism proposed by him which should not only have the merit of novelty, but should also be supported by evidence of a very strong and convincing character. In this, however, we have been altogether disappointed, for not only has his theory from time to time been proposed by others, but it is likewise one which is altogether unsupported by one tittle of evidence, and entirely opposed to facts which have been experimentally established. Throughout the whole of his little work Dr. Alexander has been greatly aided by adopting a method, which is by no means confined to himself, of totally disregarding facts that are at all at variance with his preconceived views, and of making new data upon which to build up hypotheses, regardless altogether of their claims to truth. To show that we have not made these remarks without due consideration, we will select a few points as examples of his mode of reasoning.

In the first place, he disbelieves the view of rheumatism being connected with the abnormal presence of lactic acid in the blood, but gives no reason for his scepticism. Its presence has certainly not been clearly demonstrated, but there are many arguments in favour of such an opinion; amongst these

the fact that injections of lactic acid into the peritoneal cavity in the lower animals have been followed by the production of deposits upon the valves and lining membrane of the heart. We say that this may be quoted in favour of the view, although we would by no means lay great stress upon the point, as the effect of other acid bodies has not yet been tested. That lactic acid has not been demonstrated to exist in abnormal quantities in the blood of rheumatic patients is not a subject of astonishment to any one acquainted with chemistry, as it is a body difficult to recognise in small quantities, and by no means readily separated from other organic principles with which it must necessarily exist when contained in the circulating fluid. Dr. Alexander thinks that all the phenomena of rheumatism are easily explained by assuming the presence of urate of soda in the blood, and the whole of his hypothesis of the nature of the disease is based upon this assumption. Now, what are the proofs of the truth of this theory? We believe that it is altogether an error. The author does not attempt to show by analysis that it is present, yet the detection of this body in the blood at the present day is a matter of the greatest ease. Nay, he shuts his eyes to the results obtained from the examination of the blood in numerous cases of acute rheumatism, published by Dr. Garrod in the "Medico-Chirurgical Transactions" of 1854, which proved the absence of any such impurity in this affection; although he quotes the results of the same author to prove the constant presence of urate of soda in the blood of true gout. Dr. Alexander's hypothesis, therefore, is not only not supported by any direct evidence—and, if correct, it might readily be so—but it is in direct opposition to the results of all the researches which have been instituted upon the subject.

In the first chapter many pages are devoted to the physiology of uric acid; and here it becomes apparent that the physiological and chemical views put forward are by no means such as would be agreed to by those who are usually considered competent to judge on these matters. Who, for example, having the slightest knowledge of organic chemistry or physiology would subscribe to the following remarks:—"Nascent urea meeting with carbonaceous impurities, the products of excessive oxidation, which are unable to escape from the circulation by the ordinary emunctories, becomes reconverted into uric acid, etc.?" Who ever heard of uric acid being built up in the animal economy? That it can be broken up into urea and other compounds less complex than itself, not only within the body, but also by artificial means, is a fact well known; but the formation of this acid from urea and carbonaceous matters, is in the very highest degree improbable, and totally devoid of all proof. No little of our author's explanations seem to depend on this gratuitous formation of uric acid. In this way, he makes the kidneys kindly give assistance to the great decarbonizing organs when the functions of the latter are impaired. This view is fully set forth in the following quotation, which is, at the same time, one which will give a very good idea of the chemical, physiological, and pathological reasoning contained in the work:—"And where the carbonized products of oxidation are generated so largely that the ordinary emunctories—the lungs, the liver, and the skin—are unequal to their elimination as rapidly as they are formed, they are consequently retained in the circulation, and form fresh combinations. Hence uric acid; and hence the mode in which the kidney fraternises with its brother scavengers, the lungs, the skin, and the liver, in the purification of the highways and byways of our bodies from those nitro-carbonaceous impurities which have already served their purpose in the animal economy, and which, by their accumulation and retention in the circulation, would, were it not for the compensatory and vicarious action thus set up by the kidneys, be productive of derangement, disease, and death." Among the arguments adduced in favour of urate of soda being the morbid matter in rheumatic blood, is the fact that in this disease there is often a copious deposit of urates in the urine; but it must be remembered that such a phenomenon occurs in many other affections totally unconnected with rheumatism, and that, instead of being evidence of the existence of the same in the circulating fluid, it argues strongly for the opposite view; for if the kidneys excrete freely, the chance of the blood being pure becomes much the greater. Dr. Alexander, to reconcile the difference between rheumatism and gout, has recourse to a most peculiar mode of explanation; he considers that in the former disease (rheumatism) the blood, instead of being deteriorated, is in fact too healthy, for, he says—"Now, rheumatism does not

depend on poverty, but *purity* of blood," reminding us much of Lady Teazle "absolutely dying from too much health."

By means of his hypothesis, our author explains certain symptoms of this disease in a way which most pathologists will be apt to consider somewhat crude and mechanical, when he remarks:—"The pain of rheumatism in the acute fibrous form of the disease, is dependent on the particles of urate of soda which accumulate in the myolemma and sarcolemmas of the muscles, pressing on the nervous fibrillæ which traverse these structures, and temporarily paralysing them by the pressure occasioned by their accumulation. The patient, though restless, is unable to move, and tells us he is paralysed, which is literally the case for a time. With the removal of the morbid matter the motor power in some degree returns, but there is frequently a want of power for some time after a severe attack."

A similar kind of explanation is given to account for the occurrence of head affections in rheumatism—in fact, that they depend on the actual impediment produced by particles of urate of soda.

The pathology of any disease might be most readily cleared up if such modes of explanation could be employed, but in the above quoted passages everything is purely hypothetical, and altogether contrary to established facts. Can it be proved that rheumatic fever or acute fibrous rheumatism, however frequent may have been the attacks, and however great the alterations produced by it in the articular structures, was never followed by a deposition of urate of soda? We could bring forward abundant evidence to show that no such phenomenon ever takes place. And, again, we know of no observations showing that crystallised urate of soda ever exists in blood. Were it contained in such form, the microscope would at once reveal it. We should suspect Dr. Alexander is not much accustomed to blood analyses.

In the chapter devoted to the treatment of acute rheumatism we find nothing novel—the same remedies are made use of by Dr. Alexander as by others. Opium, salts of potash, colchicum, lemon juice, cinchona, etc. Their therapeutic properties, however, are explained according to his own theory; and from our present amount of knowledge of the intimate action of remedies, could as readily be made to agree with any other. His explanation of the good effects of opium in acute rheumatism, and of colchicum in gout, is as follows:—"Opium, by diminishing the irritability of the heart, causes fibrillation of the blood to go on less rapidly; and by checking the rapidity with which destructive assimilation takes place, it causes it to be more effectually performed, and the effete albuminous matters to be resolved into urea instead of uric acid. In the treatment of acute rheumatism, our object is to check the rapidity with which oxidation is going on; in gout, on the other hand, our whole treatment is directed to its more rapid fulfilment." And again: "Opium is the curb by which we check the pace at which oxidation of tissue goes on, colchicum the spur by which we promote it."

In one part of his treatment, however, Dr. Alexander differs from that adopted by most Physicians; and, as it is a point of some considerable importance, we will dwell a little upon it. It is with regard to local depletion of the affected joints in acute rheumatism. We believe that it is usually considered the most judicious course not to apply leeches to them, as the chance of permanent local mischief being produced by the disease is very small, and from leeching being usually thought to favour metastasis. In the present treatise, however, an opposite plan appears to be advocated, for it is asserted that "the application of leeches will generally relieve the inflammation of the synovial membrane that is set up from contiguous irritation; and they are beneficial not only in this respect, but, by diminishing the vitality of the parts, they lessen the chance of metastasis from reaction, under which the morbid matter is thrown into the circulation, to again take up its quarters we know not where. It is better, therefore, to leech at once, with the view, not only of relieving the pain, but of diminishing the tendency to cardiac complications."

From our author's views on the pathology of rheumatism and gout, namely, that the former is connected with increased waste of tissue from over-oxidation of the system, the latter with diminished oxidation; and that opium checks oxidation and colchicum spurs it on, it must, we think, be a matter of no little difficulty on some occasions for our author even to know which to prescribe, for the combination, according to his own showing, must be absurd. And, again, there must



be a point in his supposed transition of one affection into the other, where neither opium nor colchicum can be of any avail; a point, in fact, where there is neither an increase nor decrease of oxidation going on,—a time, in short, of comparative health. Experience, however, shows that both remedies may be at times combined with advantage, and that their influences are by no means antagonistic of each other.

In concluding our notice of that portion of the volume relating to rheumatism, we cannot help wondering why Dr. Alexander, holding his present opinions, should not equally commit a "legalized quackery" when prescribing for a case of rheumatism, as at the time when he considered the disease to consist of an inflammatory condition of the fibrous tissues, and dependent on the presence of lactic acid in the blood. Our space will not permit us to say much about the chapters devoted to gout. But this need not be regretted, for the author, in treating of rheumatism, which he considers so closely related to gout, necessarily anticipates many of his views, which are by no means original, as far as the presence of urate of soda in the blood and its deposition in the affected parts is concerned; and that portion of his hypothesis connected with deficient oxidation is by no means proved. One interesting case (the only case in the book) of retrocedent gout is related of an individual who was imprudent enough to cover his foot during the acute affection with snow, which produced sudden syncope and difficulty of respiration.

As far as the treatment of gout is concerned, the only point of novelty we notice is the proposal (based on Dr. Alexander's view of defective oxidation) of the patient's inhaling oxygen gas:—"Of its applicability to the treatment of gout, and the great advantages to be derived from it, no one who reflects on the true nature of the disease can for one moment doubt." No proof, however, is adduced to show this great advantage; but Liebig's opinions are pretty freely quoted, although we cannot see their applicability to the subject in question. The work concludes with a chapter on the prophylactic treatment of the disease; and the following deductions are drawn:—"That no man need suffer from gout who will steadily adopt those rational means which science and experience have proved to be so effectual in preventing the formation, accumulation, and retention in the circulation of that morbid matter which is the cause of gout."

But, again, our author is compelled, in justice to those who would rely on medicine alone, without any modification of their habits of life, to admit the poverty of medicine, and to deplore with them, that—

"The ills that they themselves procure,  
Must be their schoolmasters."

*A Dictionary of Medical Science.* By R. DUNGLISON, M.D., LL.D. Fifteenth edition. London: 1858. 8vo, pp. 992.

*A Dictionary of Terms used in Medicine and the Collateral Sciences.* By R. D. HOBLYN, A.M. Eighth edition. London: 1858. Fcp. 8vo, pp. 660.

It is scarcely necessary to do more than refer to the fact of the above dictionaries having reached one to fifteen, and the other to eight editions. But we must add that Dr. Dunglison has added some "six thousand subjects and terms" to his work, which has also been carefully revised, and offers stronger claims than ever to the favourable attention of the Profession.

Mr. Hoblyn has altered the size of his volume to render it "a uniform companion to the popular series of Manuals of Medical Science," and has incorporated in the alphabetical arrangement several articles which have been appended in former editions.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### ON ULCERATIVE ANGINA AND DIPHTHERIA.

By M. BOUCHUT.

M. Bouchut observed, in a recent lecture, that the greatest confusion has arisen from designating by the same appellation, *angine couenneuse*, a variety of affections essentially dis-

tinct from each other, as the syriac ulcer, malignant gangrenous angina, Huxham's sore throat, Fothergill's angina, diphtheritis and croup; affections different in their nature and in the treatment they call for. At the time of his lecture, he had in his wards at the St. Eugenie cases which well illustrated the difference, viz. two of ulcerative or gangrenous angina which came on during scarlatina, two which were unattended by any eruption, one case of *angine couenneuse* (or diphtheritis), properly so called, and a case of croup.

The ulcerative or gangrenous form of angina is attended with more or less loss of the tonsil, and the formation of an irregular ulcer. Whether it is primary or secondary, there is observed on the first day a greyish-white spot on the tonsils and uvula, and next day there is lividity of the surface or loss of substance, the ulcer that ensues much resembling a syphilitic one in aspect. By proper treatment the extension of the ulcer may often be prevented, but if the disease assume a malignant form, the extension becomes great, accompanied by gangrenous odour, and our therapeutical succours can do little for its arrest, and the patient sinks from the fever and ensuing prostration. Emetics should be early administered so as to produce free vomiting, and then glycerine should be applied (or, if the child is old enough, used as a gargle), every hour, day and night. M. Bouchut has now used it in more than 40 of these cases (of the non-malignant form), and has been quite surprised at the rapidity with which cleansing and healing of the ulcer has ensued. In many of these he has used glycerine alone, but in others he has also given the chlorate of potass (a medicine he thinks much overpraised) internally.

The true form of *angine couenneuse*, or diphtheritis, as exhibited in a child, had continued for twelve or fifteen days quite local, false membranes covering the tonsils and uvula, without destruction of substance, and only giving rise to dysphagia and hoarseness with little or no fever. At that time, however, the fever became intense, the false membranes invaded the nose, Eustachian tube and larynx, diarrhoea and prostration set in, and the patient was carried off. It is a diphtheritic intoxication, of the true nature of which we are ignorant. Therapeutical agents are of no efficacy unless the disease continues limited to the pharynx, and without complication of the general affection of the economy due to epidemic influence. Nothing could better prove that the nature of disease consists less in these somatic lesions than in determining general causes, than the fact of the existence of epidemics, the symptoms, course, and terminations of which are so different according to the places and the periods at which they appear. Contrasting the disastrous effects produced by diphtheritis in certain small localities, with its almost constant curability when existing in the sporadic form, we naturally inquire how a lesion, apparently so slight, could be followed by such different terminations, unless there existed at the same time as this, another general influence capable of impressing upon it so fearful a gravity. The epidemic influence is, in fact, the unknown cause from which all the danger of the disease is derived.

Whether it exists in the sporadic or epidemic form its treatment is the same. The indication is the mechanical or chemical removal of the false membranes, and the prevention of their re-formation by the aid of contra-stimulant and antiplastic remedies. The first of these is best fulfilled by the exhibition of emetics every or every other day. The membranes may also be destroyed by the hydrochloric acid, so much approved of by MM. Bretonneau and Trousseau, by nitric acid, nitrate of silver, and the actual cautery. Although these means are, no doubt, often of service, M. Bouchut does not resort to them; but if he did, he would give the preference to the hydrochloric acid, rejecting the actual cautery as a barbarism. The means he employs is glycerine, which he finds to be a very efficient solvent of false membranes, when not too hard, and especially when they are muco-fibrinous, rather than fibrinous. There are great differences among these false membranes to be noted. Some are but slightly resisting, whitish, pulvaceous, and formed of a soft exudation filled with muco-pus and granular bodies, in the midst of numerous epithelial cells, and almost destitute of fibrine; others, which are more resisting, consist of a greyish albumino-fibrinous exudation, contain a little more fibrine than the former, and are easily torn. Others are entirely fibrinous, whitish, and tough, exhibiting under the microscope filaments of well-marked fibrin, amidst which a small quantity of epi-

thelium and granular bodies are observed. Of these three varieties of false membranes, the first two readily dissolve in glycerine, while the last does so only incompletely. These latter also become softer and less bulky, but they do not entirely disappear under the action of glycerine.

For the purpose of preventing the reproduction of the false membranes various alternatives and specifics have been employed. Mercury, M. Bouchut believes, risks doing as much harm as good; and he thinks better of divided doses of antimony, which, with proper precautions, may be given to children. Baron strongly recommends carbonate of soda or the Vichy waters, both as a preventive and a solvent agent, but from this M. Bouchut anticipates little. Chlorate of potash, highly useful in ulcerative and gangrenous angina, giving rise to purulent or pultaceous products, and in stomatitis, has proved of no efficacy whatever in his hands in numerous cases of diphtherite and croup.—*Gazette des Hôp.*, 1858, Nos. xliii. and xlvii.

It may be as well to append to the above a few other notices that have appeared in the French journals. M. Duché, writing from Ouanne in the Department of the Yonne, where the disease prevails epidemically, declares that he has found all treatment useless, the removal of the false membranes being followed by their rapid reproduction, and the invasion of the deeper seated air-passages. M. Barth, in his recent report to the Academy of Medicine upon the epidemics that prevailed in France in 1855, states, that it was always observed that the victims became very numerous when the disease was left to itself, while the recoveries notably increased when it was promptly treated by emetics, the application of caustics, and the employment of tonics. M. Pichenot states that during an epidemic at Censerey, Department of Côté-d'Or, the employment of emetics prior to the appearance of the membranes, the removal of these by alum, and then the repeated application of nitrate of silver, this treatment being combined with the use of tonics and strong broths, constituted an efficacious plan of management. Of 125 children, presenting all varieties of the disease, 77 recovered and 48 died. M. Loiseau of Montmartre, declares that during fifteen years that he has been in the habit of employing alum and tannin through the medium of laryngo-tracheal catheterism he has not lost a case! Most persons will agree with M. Trousseau in thinking that he had not the epidemic form of the disease to deal with. M. Beau relates some cases in proof that when death does not take place by the extension of the disease to the larynx and the production of secondary croup, it may do so from fibrinous concretion in the heart; and M. Perrochaud, who we are glad to find is about publishing an account of the interesting epidemic that visited Boulogne last year, states that he also has met with a case of this description. M. Ollivier of Ingrandes, states that during an epidemic of scarlatina with ulceration and couenneuse angine (evidently mistaking the disease, in the manner M. Bouchut has pointed out in the lecture), the best results attended cauterizing the parts with his pure acid nitrate of mercury and the external employment of leeches.—*Gazette des Hôp.* Nos. 36, 39, 42, and 48.

#### EXCERPTA MINORA.

**Arsenic in Chorea.**—Dr. Rice states that he has of late treated severe cases of chorea with great success by means of arsenic, the treatment occupying only from two to six weeks. He says: "I am no believer in specifics, but I think arsenic is as sure to cure chorea as bark is to cure ague; the remedy must be watched and used with caution, and then it is entirely safe." He employs Fowles's solution, giving other medicines as adjuvants as the case requires them.—*Boston Journal*, 1858, p. 78.

**Influence of Prolapsus Uteri on the Urinary Passages.**—Professor Düben exhibited to the Stockholm Medical Society, a preparation showing an incomplete prolapsus uteri with great prolapsus and inversion of the vagina, and in which the ureters, compressed by the protruding uterus, had, as well as the pelves of the kidneys, undergone dilatation, the substance of the kidney itself becoming atrophied. Professor Retzius stated that he had met with a subject in the dissecting-room having a considerable prolapsus uteri. Both kidneys were completely atrophied, while their pelves were exceedingly expanded, and the ureters were widened and twice as long as in the normal state. The bladder was very large and thickened at its lower part. That portion of this organ where the ureters enter was compressed between the arcus pubis and the prolapsed and

enlarged uterus. The urethra was also strongly curved, and pressed upwards against the arcus. It was also elongated, and a fold of its mucous membrane hung without its orifice. The prolapsus had given rise to retention of urine and its consequences.—*Monats. für Geburtshunde.* Band ix. p. 74.

**Freedom from Phthisis among Colliers.**—M. Francois has recently brought this subject before the Belgian Academy of Medicine. Attached to a colliery, he has since 1818 observed that while the miners suffer from anæmia, asthma, bronchorrhæa, affections of the head, carbonaceous expectoration, and pulmonary emphysema, and die prematurely, they are remarkably free from phthisis, although their relatives enjoy no such exemption. He states that this observation has been confirmed by numerous colliery practitioners. M. Martens is disposed chiefly to attribute the immunity to the great degree of atmospheric pressure the miner is subjected to. The Academy has resolved to request the Government to obtain some exact statistical information on the subject.—*Bullet. de l'Acad. Belge*, tom. xvi. pp. 556 and 597.

**Injection of Sesquichloride of Iron in severe Menorrhagia.**—Dr. Breslau relates a case in which very obstinate and copious menorrhagia, accompanying a retroflexed state of the uterus, after resisting various other means, speedily yielded to an injection of equal parts *liq. ferri sesq.* (*Bavarian Pharmacop.*) and distilled water.—*Monatschrift für Geburt.* B. x. p. 274.

**Inhalation of Sal-Ammoniac in chronic Catarrh.**—Dr. Gieseler speaks highly of this. A drachm of dry muriate of ammonia is heated over a spirit lamp, and the patient inhales the vapours. He says the same means is of service in scrofulous affections of the eyes, and in catarrh of the bladder.—*Froriep's Notizen*, No. 20.

**Digital Compression in varicose Aneurism.**—A man, aged 27, came under Signor Gherinis' care with a varicose aneurism the size of a walnut, situated at the bend of the arm, the result of a venesection performed forty days before his admission into the Milan Hospital. Three assistants having volunteered to succeed each other in keeping up digital compression, this was executed at about the middle of the arm, so as nearly to arrest the passage of the current. In about three and a half hours the pulsation in the tumour ceased to be felt, this becoming small and hard. The compression was now discontinued, and cold applications made to the tumour, under the use of which this continued to diminish in size. The patient was dismissed as cured ten days after, and when seen some days later, no signs of pulsation in the spot were to be found.—*Omodei Annali*, vol. clxiii. p. 99.

## PROVINCIAL CORRESPONDENCE.

### IRELAND.

DUBLIN, May 4, 1858.

THE last meeting for the present session of the Pathological Society of Dublin was held on Saturday last, in the Anatomical Theatre of Trinity College. The President, Dr. Hutton, on taking the chair, alluded in feeling language to the sudden and melancholy event which had occasioned the postponement of the meeting from the previous week, and to the loss the Medical School and Scientific Societies of Dublin had suffered in the death of Professor Harrison. After a communication by Dr. McDowell, the essay which had been awarded the Society's gold-metal was laid upon the table, and the corresponding sealed envelope having been opened, Mr. Glascott Richard Symes was called upon, as the author of the essay, to receive at the hands of the President his well-earned mark of distinction. Dr. Hutton observed that the Council felt that on no previous occasion had the recipient been better entitled to their medal, and he complimented the writer on the industry and ability he had displayed in the essay, as well as on the manner in which he had illustrated the subject, the "Diseases of the Breast," with numerous cases observed by himself. The President then declared the Society adjourned until next session.

The sixth annual report of the proceedings under the Medical Charities Act of the Commissioners of Irish Poor Law has been presented to the Lord Lieutenant, and contains some interesting and valuable information in reference

to the Medical Charities of Ireland, from which I shall endeavour to cull a few of the leading points.

It appears that in the year ended September 30th, 1857, the number of cases in which domiciliary medical attendance was afforded was increased, as compared with the preceding year in Ireland, by 8057. The expenditure of the dispensaries throughout all Ireland, which last year amounted to £90,460, has not varied during the last five years by more than £2020. The expenses for 1856-57 were,—medicines and medical appliances, £16,179; rent of dispensary buildings, £6709; books, stationery, &c. £1098; salaries of Medical officers, £60,199; salaries of apothecaries, £1757; incidental expenses, £4518. The average poundage on the valuation of Ireland for dispensary expenses in 1857 was 1-82d. The number of cases of vaccination last year was only 47,855, against 84,131 in 1856. The commissioners calculate that the former number falls short of what it ought to have been by nearly 100,000; and that the number of persons in the country unprotected from the consequences of exposure to variolous infection is so great as to justify the expectation of the most serious amount of loss of life in the event of the occurrence of a severe epidemic of small-pox. In the absence of epidemic influences, itinerant inoculators, by the practice of their mischievous trade, keep the contagion of small-pox permanently active in numerous localities, thus causing alike increased mortality, loss of vision, and greater burdens on the public. The Commissioners represent that nearly all this loss of life, and almost all the other evils alluded to, are preventable by the enforcement of a complete system of efficient vaccination. For legislation on this subject, as well as for the introduction of a registration of births and deaths, the Commissioners express an anxious desire. Between the 2nd and 21st of October, about the time when some very characteristic cases at West Ham, near London, gave rise to much alarm, fifteen cases resembling Asiatic cholera, of which two proved fatal, occurred in a certain part of the small town of Portaferry, in the county of Down. Scarletina declined from 2469 cases in the three months ending 31st of March, to 618 in the last quarter of the year. The number of cases of fever registered at the dispensaries during the quarter ending 30th of June was 3224, while for the last quarter of 1857 it was only 1255. The returns from the Workhouse Fever Hospitals in 1857 show a considerable reduction in the number of fever patients as compared with the number of those admitted in 1856. From the foregoing facts the Commissioners "think it may be concluded that there is at present no reason to apprehend an immediate return of fever in an epidemic form in Ireland; and this circumstance forms an important addition to the existing testimonies of the continued advance of the country in prosperity."

The annual examination for the prize of five guineas given by the Council of the Apothecaries Hall to the best answer on a subject in Pharmaceutical or Physiological Chemistry, was held for the present year on Monday and Tuesday, the 3rd and 4th of May, when Mr. William Madden was awarded the prize, and Mr. David Hewitt the certificate, as the best and second answerers on the "Chemistry of Assimilation."

The students of the College of Surgeons in Ireland have presented Dr. Mapother with a tea and coffee service and salver, bearing the following inscription:—"Presented to Edward Dillon Mapother, M.D., Queen's University, by the students of the Royal College of Surgeons, in appreciation of his talents as a teacher of Anatomy and Physiology."

ROYAL COLLEGE OF SURGEONS IN IRELAND.—The following gentlemen were, on Tuesday last, elected examiners for the ensuing year:—J. Smyly, Richard Tubhill, T. Byrne, Richard Butcher, M. Stapleton, B. W. Richardson, and Edward Stoker, Esqrs.

May 5.

P.S.—The account of Sir Philip Crampton this morning is, that "there is no change, he had a quieter night."

SAND BATHS.—At Cannes, besides the usual aquatic bathing, sand baths are now in vogue on the warm beach, the patient being imbedded up to the neck in the sand. This is an Egyptian custom.

SIR JAMES M'GRIGOR.—The Medico-Chirurgical Society of Aberdeen, have addressed a graceful letter of sympathy to Lady M'Grigor on her recent bereavement, expressing their high opinion of the private worth and public services of one of the founders of their Society.

## GENERAL CORRESPONDENCE.

### ENCOURAGEMENT OF HOMŒOPATHY.

LETTER FROM DR. STALLARD.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am one of those who believe that the first duty of the physician and surgeon is to render assistance to any suffering fellow creature who may demand their services. This is their profession, and society looks to them for its fulfilment to the best of their ability and opportunity; for all know how often the best intentions are frustrated by the whims, habits, vices and prejudices of their patients. Nor do I believe that we can rightly leave any in the exclusive hands of those whose system of treatment is founded in absurdity and fraught with danger, when the alternative is offered to us of watching the case, and it may be, by a firm remonstrance at the proper moment, of saving life.

None know better than the most enlightened members of the Profession, the difficulty there is in forming a correct estimate of the value of special remedies and particular modes of treatment; and it is notorious that very many diseases get well without any treatment beyond a careful attention to diet and regimen. It becomes us, therefore, to exercise the greatest forbearance towards that happily small section of society, who, without having received a special education, have been misled by the specious arguments of a seductive and plausible fallacy. How often has ill-directed zeal by some violent tirade disgusted a patient and driven him irretrievably to adopt a system which he was at first more than half afraid to trust? How often has a copious vocabulary of abusive epithets offended the prejudice of friends, and led even the patient to regard the speaker in an unfavourable light? These considerations apply with peculiar force where the practitioners are educated men—qualified by a diploma, move in society with a reputation for candour and honesty, to which we can offer no valid objection; and whom we are bound occasionally to meet as gentlemen, even if we object to consult with them as physicians. Are we not certainly bound to take advantage of every opportunity of stating our opinions and offering our advice when the patient is under the influence of such refined error, and this even more sedulously than when the professor is obviously illiterate and ignorant? Such being so, upon what ground have we the right to refuse our required advice, the patient being still attended by a Homœopath, or being resident, it may be, in a water-cure establishment? The only pretence for doing so is the utter incompatibility of our ideas of treatment. This it is our duty at once and fully to represent. Respect for the principles of our art and for our own character, alike demand that we should undertake the treatment of no disease, whether medical or surgical, without the privilege of employing all the resources at our disposal. But in fact, do the Profession ever come in contact with the Homœopaths or Hydropaths on this point? It is almost impossible; for when neither party consents to the meeting, it is the patient who chooses the system of treatment to be adopted. When, however, brought about with the approbation of either, it cannot be to consider treatment, neither, I suppose, being dishonest enough to forego his principles. It must, therefore, be for other reasons, and of these I can conceive and have known many. The patient may tell us plainly he wishes our opinion, and not our treatment; are we, therefore, to refuse it? A surgeon is required specially to open an abscess, to amputate a limb, to pass a catheter. He may go a hundred miles for the purpose, and never see his patient again. These are cases in which he does not even assume the responsibility of the operation; and in all these is he to refuse his attendance, because he has not the entire control of the case, or because the patient is attended by an heretical professor? Or, again, is a physician, when summoned to the inmate of an hydropathic institution, to refuse to go because he will be compelled to meet the medical superintendent, although the question proposed to him for solution is one of diagnosis, or it may be, but to satisfy the anxieties of friends? Once more, suppose a physician be required to watch the progress of a fever in the case of one dear to the whole circle whose whim it is to be treated with Homœopathic

globules. Are we to refuse because we shall be compelled to acknowledge the existence of a Professor of Homœopathy, and to watch the case in conjunction, if not in consultation with him? Are we to refuse a simple act of humanity by the fear of humiliating our Art? I say emphatically,—No. The duty of the Physician or Surgeon is clear. It is to render his advice firmly, honestly, and to the extent of his opportunity, as well in the face of an heretical practitioner as behind his back; with no tampering with principles, to which every act of his daily career is a denial, but with a consideration and forbearance which may enable him possibly to convince of error, and thus to render a service to his art, which, if indeed for a moment placed (but not by him) in a humiliating position, has not necessarily been dishonoured thereby.

I am, &c. J. H. STALLARD.

Licentiate of the Royal College of Physicians,  
Physician to the Great Northern Hospital, &c. &c.  
12, Welbeck-street, Cavendish-square,  
May 6, 1858.

#### LETTER FROM THOMAS R. EVANS, M.D.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your impression of April 17th, "Justa aut Nihil" asks, "How is he to act in the following cases?"

"A man smashes his leg, his son divides the radial artery, and his wife has femoral hernia. They all with one consent hate physic as they do poison, and they will have none of it; shall I let the first die of mortification, the second of hæmorrhage, and the last of intestinal obstruction, because of their unbelief? Suppose these three persons are rank Homœopaths, etc. etc."

The answer to this seems to me plain. If a patient abuses the regular practitioner, and believes in Homœopathy, let him show that he has faith in his new creed by trusting himself to the treatment of its professors; if, when danger presses, he loses faith in his theory, let him discard his Homœopathy, and he will find ready help from the regular practitioner. According to the views of "Justa aut Nihil," "any man who professes to attend for a fee, is bound to do so when that fee is offered;" concede so much—but that does not bind any honourable man to meet a Homœopath and consult with him upon the case.

Let Homœopathy stand or fall by its own worth or worthlessness; if "Justa aut Nihil" has no faith in his infinitesimal system, renounce it, and then he may claim and obtain the help he seeks from the regular practitioner, but do not let him seek to mix the two systems.

Let Homœopathic patients feel that they must depend upon the Professors of that system for relief, or abjure it before they can claim the help of the ordinary Physician or Surgeon. Why should we permit our Profession to be humiliated in the persons of its professors by the requirements of the public? They may make their own choice of a system; and, having done so, let them abide by their own acts. They are free agents, and if they choose quackery let them have their choice; but let them not ask the members of an honourable Profession to bolster up quackery for the sake of a fee, nor attempt to bully them into submitting to meet Homœopaths on equal terms, lest, forsooth, they should lose support.

I am, &c. THOMAS R. EVANS, M.D. M.B.C.S.E., &c.  
Cotteshall, May 4, 1858.

#### CÆSAREAN SECTION.

LETTER FROM DR. ROBERT GREENHALGH.

[To the Editor of the Medical Times and Gazette.]

SIR,—I regret my unavoidable absence at the reading of my paper upon "Extensive diseases of the osseous system, necessitating the performance of the Cæsarean section," at the Royal Medical and Chirurgical Society, on April the 13th, as I should have been able at once to satisfy the doubts expressed by certain Fellows, and have spared you the trouble of reading this communication, which I submit to your kindness for insertion in your important Journal.

The first doubt has reference to the size of the pelvis, which was supposed to have shrunk. In answer to this, I

can assure you, that the diameters were carefully measured before and during maceration, and found to correspond (allowing for the soft parts) with the dimensions stated in my paper, hence there could have been no appreciable shrinking, as supposed by the gentlemen previously referred to.

Second doubt: could not premature labour have been induced? This could not be effected, because the os uteri could not be reached by any possible mode which appeared to me or Drs. Rigby, Ramsbotham, Druitt, and others who examined the case some time before the operation. Fortified by the opinions of such authorities who were present, I need not say more to defend my practice against the observations of any gentleman who was not present. It must be remembered that the bones were not soft and yielding, but exceedingly brittle, so that were I disposed under ordinary circumstances to believe in the effects of "air-balls," I should certainly not be disposed to trust so serious a case as the one in question to any such questionable practices.

I am, &c.

ROBERT GREENHALGH, M.D.  
11, Upper Woburn-place, May 3, 1858.

#### NAVAL MEDICAL REFORM ASSOCIATION.

LETTER FROM T. HOLMES, Esq.

[To the Editor of the Medical Times and Gazette.]

SIR,—Will you allow me to inform the subscribers to the late Naval Medical Reform Association through your columns, that the remaining surplus of the funds of that Association, amounting to ten guineas, derived principally from the funds of the late sub-committee from St. Bartholomew's Hospital, made up to the above amount by a liberal contribution from J. Allen, Esq., of Liverpool, the treasurer, has been paid to the Royal Medical Benevolent College in my name, agreeably to the direction of the committee.

This sum, together with those previously paid, makes a total of seventy guineas which remained in the treasurer's hands when the objects of the association were attained, and it was therefore dissolved,—and which was divided between the Medical Benevolent College and the Widows' and Orphans' Fund.

I am, &c.

T. HOLMES.

39, Curzon-street, May 1, 1858.

#### SUCCESSFUL CASE OF CÆSAREAN OPERATION, MOTHER AND CHILD SAVED.

LETTER FROM JAMES HAWKINS, Esq., OF NEWPORT.

[To the Editor of the Medical Times and Gazette.]

SIR,—I regret that the pressure of professional duties has prevented me from forwarding the accompanying report of an important case earlier:—

The patient, Matilda Tanner, was 20 years old, and four feet one inch high. Her mother states of her, that she had been "hurt in her birth." She made no effort to talk before her 5th, and could not speak distinctly until her 12th year. Her deciduous teeth did not appear until she was 8 years old; at this age, too, she made her first essay to walk with crutches, with which she could not dispense until she had attained the age of 10. She menstruated first in her 18th year, thence to the period of her confinement only four times, at irregular intervals, and in small quantities. From the age of 12 to 20 she enjoyed uninterrupted good health.

On the 17th of February, 1858, labour-pains commenced. I saw her next day, and upon examination per vaginam found that the dimensions of the pelvis were very irregular and small, the last lumbar vertebra projecting so far over the brim that the antero-posterior diameter, or rather the distance between the symphysis pubis and last lumbar vertebra did not exceed an inch and three-quarters. Expulsive pains not having commenced, I left her till next day. On the 18th I again visited her, in company with Messrs. Brewer and Woollett, both of whom coincided in opinion with me that the Cæsarean section was the most feasible, the only means whereby the life of the foetus could be preserved, and, under the circumstances, the most favourable to insure the life of the parent. Accordingly in their presence, and with my

Assistant, Mr. Charles M'Ardle, having previously obtained the consent of the patient and her parents, I proceeded to operate. The bowels had been frequently moved during the day, the bladder was emptied, and about a quarter of an hour before the operation the membranes had ruptured without interference, the os being dilated about the size of half-a-crown.

Having been placed on a table with her legs hanging over one end, and her head and shoulders slightly pillowed up, she was put under the influence of chloroform. I commenced an incision about half an inch to the left of, and the same distance below, the umbilicus, extending about eight inches towards the pubis, and parallel to the mesian line. Integuments and subcutaneous adipose tissue having been cut through, the subjacent tendinous structures and peritoneum were successively divided to the same extent as the first incision. The uterus being now exposed, was cut into to the extent of about six inches, bringing to view the fetus, presenting naturally with the funis coiled round it. The fetus, placenta, and membranes, having been carefully removed, the uterus contracted firmly almost immediately. A small portion of omentum that protruded having been returned, the parts were quickly brought together with sutures, and long strips of adhesive plaster in their intervals; over this were placed a few rolls of lint, and a broad bandage being tightly applied over all, she was removed to bed. No vessel required ligation, and there was very little hemorrhage during the operation.

The baby being detached from the placenta was consigned to the care of a female attendant, and when seven days old weighed 8½ lbs. After being conveyed to bed the patient was ordered to have one of the following powders, *R. Pulv. opii, gr. vj., Hydrarg. chloridi, gr. iij., M. in Pulv. iij., divide, unam tertius horis.* At 10 o'clock p.m., four hours after the operation, the pulse was 102. She had taken two of the powders, did not complain of pain, and had a slight discharge from the vagina.

20th, 2nd day of the operation.—Passed a restless night, but without pain; pulse 96. *R. Pulv. opii, gr. xij., Hydrarg. chloridi, gr. vj. M. in pil. vj. divide, unam 4tis horis.*

21st, 3rd day.—Slept five or six hours last night, and passed water for the first time; has occasional pain like uterine pain in the abdomen, which yields a tympanitic sound on percussion; pulse 94. In the evening of this day the uterine pain became more severe and frequent, and there was tenderness on pressure over the abdomen. She had pain in the head also, and an anxious countenance; there had been a slight bloody discharge from the vagina, which was very fetid; the pulse rose to 104. *R. Pulv. opii, Hydrarg. chloridi, aa gr. vj. M. in pil. vj. divide, unam quaque hora.*

22nd, 4th day.—Slept a little occasionally last night; tympanitis and abdominal tenderness rather increased; pulse 96, intermittent. In the evening the pulse was 130, small and wiry; the uterine pains recurred more frequently, and were the more distressing, owing to the tympanitis, which still continued, and the peritonitis, which had now supervened. A common enema was given. This was retained entire for two hours, after which the bowels began to act freely; to have *Pulv. doveri gr. viij.* at bed hour.

23rd.—Had no sleep last night, the gums tender, pulse 134; bowels moved frequently and involuntarily. Peritonitis and tympanitis still continue. *R. Etheris chlorici, spt. ammon. aromat. aa ʒij. tinct. cinchon. co. ʒss. aquae ʒiij. M. ʒss. quaque hora.* The uterine pain recurred in the afternoon; at night the pulse was reduced to 120. *R. Pulv. opii gr. xij., calomel gr. vj. M. in pil. vj. divide, unam secunda quaque hora.*

24th.—Slept a little last night, bowels still acting very freely; has a slight discharge from the vagina. Pulse 120, tympanitis much less, peritonitis easier. At 8 o'clock p.m. she was roused from sleep by a sudden noise, after which she grew fretful; the uterine pain recurred more severely, and the pulse rose to 132; ordered to continue the last pills, some of which remained, owing to her having slept a good deal this day, and of course was not awakened to take the pills.

25th, 7th day.—Had an easy night, tympanitis entirely gone, peritonitis almost gone, pulse 120. On this day the wound was opened, and the sutures removed, the upper part looked very healthy and inclined to adhere, and from the lower end there was a very offensive discharge. Having carefully sponged the wound, I placed a thin strip of lint spread

with ung. cetacei along its edges, and brought them closely together with long strips of adhesive plaster, placing a folded towel for a pad on each side; I bound a broad roller over all. After this the patient expressed herself much relieved, but fatigued; to have an ounce of brandy in arrowroot directly, and beef tea frequently. In the evening the pulse was 120; weak; she called for something to eat; the uterine pain had recurred, but not so severely. *R. Pulv. opii gr. vi. in pulv. iij., one to be taken should pain come on.*

26th.—Had a very good night, bowels quiet and very little pain; pulse 106; feels comfortable and hopeful. In the evening the pain recurred as usual. Repeat the last powders.

From this date she continued to progress steadily, with the exception of a troublesome attack of bronchitis, which yielded to appropriate treatment. The wound was dressed every other day with a strip of lint, adhesive plaster, compresses, and roller as before, saturating the lint with the tinct. benzoïn co. instead of spreading the ung. cetacei over it as in the first dressing, and stimulating the edges occasionally with a strong solution of nitrate of silver. The uterine pain continued to occur in the afternoon, but becoming less, and coming on at a later period each day for a week after this date, when it disappeared entirely. It was always much assuaged by two grain doses of the pulvis opii, of which she had one each afternoon.

On the 18th of March she had a slight show of the menstrual discharge. On the 25th she began to apply the baby to the breast, and in a few days after had a fair supply of milk for it. The cicatrix of the wound measures at present only four inches.

For the first week the patient was kept entirely on milk and farinaceous food, after which she had beef tea, and in a few days was allowed a small quantity of mutton daily. On the 4th of April she got out of bed for the first time. Since then she and the baby, a fine little girl, have frequently been in my surgery, and are at present in perfect health.

I am, &c.

JAMES HAWKINS.

Newport, Monmouthshire, May 3, 1858.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 27, 1858.

Mr. FERGUSON in the Chair.

A paper was read by Mr. SWERING on

A CASE OF LACERATION OF THE INTESTINE (ILIUM), UNACCOMPANIED WITH EVIDENCE OF EXTERNAL LOCAL INJURY, OR OF INTERNAL DISEASE.

A healthy young man was thrown from the front of an empty waggon, on which he was riding, and fell on a heap of small stones by the road side. Getting up, he felt a little shaken, with some pain on the left hip and right shoulder, which parts were found to be bruised and discoloured on the following day. He walked some distance after the fall, and performed part of his duty in attendance upon his horses. He complained of great uneasiness through the next twenty-four hours, with costiveness, and a constant desire to have a motion without the power to relieve himself; but he had no symptoms of collapse, nor even nausea. He retained food and several doses of medicine, etc. He expired suddenly, after the administration of an enema, on the second day after the accident. On post-mortem examination, a circular wound in the ilium, about an inch in diameter, was found. There was no bloody effusion in the peritoneal cavity. There had been no symptoms indicating peritonitis during life, but there was lymph effused on its surface, and the eversion of the edges of the wounds proved the infliction of the injury during life. The intestines were quite empty.

The CHAIRMAN, in inviting discussion on the subject, said the absence of pain appeared to him one of the most remarkable features in the case.

Dr. MARKHAM said, the intestines had been injured in

several other places besides the point of rupture; inflammation appeared to exist over the whole of the intestine, and the place where the rupture occurred was no doubt originally in a similar condition. The rupture, he believed, must have taken place when the patient went to stool.

Dr. JENNER said he had seen several cases of perforation of the intestine unaccompanied by pain, while in others he had known the pain to be so intense that the patients screamed violently from the suffering they endured.

Mr. SPENCER WELLS said the author appeared to lay much stress upon the fact that there were no external marks of injury. He (Mr. Wells) did not think that circumstance one of very rare occurrence. He had himself seen several cases of severe internal injury (among them two cases of rupture of the bladder from falls), in which there was no external manifestation whatever.

A paper by Dr. MURCHISON was then read on

#### CONTRIBUTIONS TO THE ETIOLOGY OF CONTINUED FEVER; OR AN INVESTIGATION OF VARIOUS CAUSES WHICH INFLUENCE THE PREVALENCE AND MORTALITY OF ITS DIFFERENT FORMS.

The subject of this paper was an investigation into the various causes which influence the prevalence and mortality of the different forms of continued fever. The materials consisted principally of an analysis of 6628 cases of continued fever which had been admitted into the London Fever Hospital in the ten years during which the distinctions had been recorded between typhus, typhoid, relapsing fever, and febricula. The results thus arrived at were compared with the statistical data which the author had obtained from many of the principal hospitals in England, Scotland, and Ireland, and from various published records. The subject was discussed under the following heads:—

##### A. Prevalence of Continued Fever.

I. The various epidemics of continued fever which have prevailed in Great Britain and Ireland during the present century.

II. Which are the forms of continued fever of which these great epidemics have been composed?

III. The influence of months and seasons of the year on the prevalence of the different forms of continued fever.

IV. The influence of sex.

V. The influence of age, as shown by a calculation of the mean age of each of the different forms of fever, and by ascertaining the number of cases in each quinquennial period of life.

VI. The influence of occupation and station in life on the prevalence of the different forms of fever.

VII. The localities of London in which each form of fever is most prevalent, as shown by the localities from which the 6628 cases admitted into the London Fever Hospital had been derived.

VIII. Over-crowding, with deficient ventilation, and destitution, as causes of fever.

IX. Putrid emanations from decomposing organic matter in drains, cesspools, churchyards, etc., and organic impurities in drinking-water.

X. The contagiousness of the different forms of fever.

XI. The influence of recency of residence in large towns as a predisposing cause of fever.

##### B. Mortality from Continued Fever.

I. The rate of mortality from fever in the London Fever Hospital, as compared with that of eleven other hospitals.

II. The rate of mortality in the different forms of fever.

III. The influence of months and seasons of the year on the mortality of the different forms of fever.

IV. The influence of sex.

V. The influence of age.

VI. The influence of station in life.

VII. The influence of recency of residence in large towns.

The paper terminated with the following conclusions:—

1. Typhus and relapsing fever occur at irregular intervals, and often simultaneously, as wide-spread epidemics. They then gradually disappear, and both of them, but especially the latter, may be absent for years from those places where, during the epidemics, they are usually the most prevalent.

2. Typhoid fever does not occur in such wide-spread

epidemics. In certain places it is never absent, and its prevalence varies but little from year to year. When outbreaks of it occur in other situations, these are always of the most local and circumscribed character.

3. Typhus and relapsing fever are quite independent of the season of the year; whereas typhoid fever is almost invariably most prevalent during the autumn, and it has been observed to be especially prevalent in seasons remarkable for their high temperature.

4. Sex has no influence over the prevalence of continued fever, nor over that of any of its forms.

5. Typhoid fever is pre-eminently a disease of childhood and adolescence, at which periods of life we know that there is a marked proneness to enteric affections. Less than one-seventh of the cases of typhoid fever are above 30 years of age. Typhus and relapsing fever exhibit no such predilection for youth. Of typhus, one-half, and of relapsing fever, one-third, of the cases are above 30.

6. Typhus and relapsing fever are the appanage of poverty and destitution, and seldom or never occur amongst the wealthy, except from direct contagion. Typhoid fever attacks both poor and rich without distinction.

7. In large cities, typhus and relapsing fever are for the most part limited to those localities remarkable for the over-crowding of their inhabitants; and in country districts they are seldom or never met with, except when directly imported. Typhoid, on the other hand, occurs alike in the centre and suburbs of cities, in the crowded hovels of the poor, and in the spacious mansions of the rich, and also in isolated houses and hamlets in the country, without any traceable sources of contagion.

8. When fever breaks out in a house or locality, it seldom or never happens that some of the cases are typhus and others typhoid; but typhus and relapsing fever occur not unfrequently together.

9. Cases of what has been called "febricula" may co-exist along with any of the three other forms, but especially with typhus and relapsing fever. Most of them are either mild varieties of some of these, or dependent upon some derangement of digestion, or other non-specific causes.

10. Over-crowding and destitution appear to be the essential causes of typhus and relapsing fever, and to be capable of generating them *de novo*; while there is no evidence that they have any such influence over the production of typhoid fever.

11. There are many circumstances which tend to the belief that the emanations from decaying organic matter, or organic impurities in drinking water, or both of these causes combined, are capable of generating typhoid fever; but there is no authenticated evidence whatever to prove that such causes can give rise to typhus or relapsing fever.

12. There are some grounds for believing that a combination of the causes mentioned in the last two paragraphs may occasionally, although very rarely, generate a disease intermediate in its character between typhus and typhoid, or may (to speak perhaps more correctly) cause typhoid fever to assume some of the characters of typhus; but such cases cannot be used as an argument in favour of the identity of the poisons of the two diseases, for, first, instances are not wanting of two of the exanthemata co-existing in the same individual; and, secondly, if a known poison generates one train of symptoms, and a second poison another, a combination of the two poisons will generate a combination of the two trains of symptoms, without its being warrantable to conclude that the poisons in the first two instances were identical.

13. Typhus is eminently contagious. Typhoid fever is also contagious, but in a more limited degree, and possibly through a different medium. Again, typhus has in no instance been proved to communicate typhoid, nor typhoid to communicate typhus. An attack of either confers an immunity from future attacks of itself, but not of the other.

14. Recency of residence increases the liability to typhoid; scarcely, if at all, that to typhus.

15. The great majority of the cases of relapsing fever have been Irish, and of these a large proportion had but recently arrived in London. There seems reason for believing that fever imported from Ireland as "relapsing" may gradually pass into typhus.

16. Relapsing fever offers a marked contrast to typhus and typhoid in the small mortality which it occasions.



17. In comparing the mortality from continued fever at different times and places, it is essential to take into consideration the form of fever which has prevailed. If this be not done, the comparison is valueless.

18. The small mortality from continued fever constantly observed in Ireland, along with other circumstances, renders it probable that in that country a fever more or less allied to the relapsing, or to febricula, is more common than in Britain.

19. Season of the year has no influence over the mortality of any of the forms of fever.

20. In all of the fevers there is not much difference in the mortality of the two sexes.

21. Typhus is least fatal between the ages of ten and twenty, the mortality at that period of life being under 5 per cent. Above twenty, the mortality increases with the age, until of those above fifty considerably more than one-half die. The mortality from relapsing fever appears to be influenced by age in a similar manner. In typhoid fever, on the other hand, in no period of life is the mortality under 12½ per cent.; and although, as in typhus, the rate of mortality increases with the age, it does so in a less degree.

22. The mortality from typhus is greater among the very poor than among those in better circumstances. Typhoid fever is equally mortal in all classes.

23. Recency of residence increases the mortality from, as well as the liability to, typhoid fever, but has no such influence upon typhus.

24. Typhus and relapsing fever are strongly assimilated in the causes which give rise to them, if the specific poison of the two be not actually the same. Typhoid fever, on the contrary, appears to be a perfectly distinct affection, dependent upon totally different causes.

25. The facts which have been adduced in reference to the mode of origin of the different forms of fever deserve the serious attention of those entrusted with the care of the public health, for it is manifest, that should they be confirmed by subsequent observation, they must have an important bearing on the subject of hygiene.

Dr. WARDELL said that some years ago he took some elaborate statistics of 1200 cases of fever in Edinburgh, and his own conclusions drawn therefrom coincided with many of those mentioned by the author. The disease occurred almost invariably amongst the poor, and was chiefly confined to the old town, prevailing most extensively in the densely-populated districts, especially in the high "flats," which were inhabited by persons in the lowest stage of poverty. As to the generation of the fever, his conclusions did not quite coincide with those of the author, who appeared to regard the disease as chiefly generated by noxious emanations. In the Canongate and Cowgate, however, of Edinburgh, those who lived in the lower storeys, nearest the sinks and cesspools, were better circumstanced than those above them, who were in more destitute circumstances.

Dr. STALLARD confirmed some of the conclusions of the author by his own experience in Leicester. He agreed with him in believing that typhoid fever was more prevalent in autumn than in any other season. In a Hospital with which he had been connected the cases of typhoid fever averaged twenty or thirty in the autumn, and only five or six in the spring. In the epidemic of 1846 a large number of cases occurred among the better classes. He concurred in the opinion expressed by the author as to the causes of fever. In the years immediately preceding 1846, there was great destitution in Leicester, 10,000 persons being sometimes on the pauper list, yet there was no considerable amount of typhoid fever prevailing. In 1846, however, when the epidemic broke out, the trade of the town was not so depressed, and no great amount of destitution prevailed. A large portion of the town was only drained by surface drainage, and many of the poor lived in houses back to back, in the form of squares, with cesspools in the centre. In a street in the high part of the town typhoid fever prevailed for a considerable time, and it could not be accounted for till a sewer was found to be so choked up with rubbish that it was inefficient for drainage purposes. In a manufacturing village in Leicestershire, containing 2000 or 3000 inhabitants, a gentleman last year opened a cesspool, and spread the contents over a field in the centre of the village. The result was that 150 persons were ill at the same time, and a very large number of deaths occurred. He had observed that the number of cases of fever decreased with

the increase of the velocity of the wind—a circumstance that had an important bearing on the subject of ventilation.

Dr. JENNER remarked on the lamentable circumstances of so many persons dying annually from preventable causes. He had no doubt that typhoid fever arose from imperfect sanitary conditions. When it occurred among the rich it was among those who were exposed to faecal and other noxious emanations, or who drank water into which faecal matter had passed. Except among Medical men, he had only seen two or three cases of typhoid fever among the better classes of society.

Dr. GAIRDNER (Edinburgh) agreed with the author as to the essential difference between the poisons of typhus and typhoid fever. Typhus prevailed greatly in Edinburgh; but two years ago, six weeks or two months would sometimes elapse without a case being received into the Infirmary. While typhus, however, was disappearing, typhoid fever maintained its level, if it had not absolutely increased. He could not agree with the author as to the identity of typhus and relapsing fever. The experience in Edinburgh in 1843 rather tended to show that the poisons were essentially different, and generated under different circumstances. The type of typhus fever appeared to have changed during the last ten years. In the first place, it was a much milder disease than formerly. The mortality attending it ten years ago was not much less than one in four; but during the last three or four months he (Dr. Gairdner) had had fourteen cases of true eruptive typhus, not one of which had been fatal; and the average mortality was perhaps not more than one in twenty. The duration of the fever was also diminished. Ten years ago it never stopped before the fourteenth day; but now it was common to see it stop by the tenth day, and sometimes it ceased as early as the ninth or eighth day. All the symptoms were earlier in their development, particularly the eruption, which formerly did not appear before the beginning of the second week, but which now manifested itself by the sixth or fifth day, and he had seen it as early as the third or fourth. He had observed that eruptive cases, even though there might be an early crisis, did not relapse.

Dr. WARDELL differed from some of the conclusions of Dr. Gairdner. He had seen patients with true spotted typhus subsequently attacked with relapsing fever; but he considered the two diseases as distinct from each other as measles and small-pox.

Dr. JENNER said, he had long taught, from observations made ten years ago, that the eruption of typhus fever might be expected on the fifth day. For himself, he had not observed any change in the type of the disease during the last ten years.

Dr. GAIRDNER said, he only referred in his remarks to the disease as prevalent in Edinburgh.

Dr. STEWART said, he had years ago seen cases of typhus in Edinburgh answering the description given by Dr. Gairdner of the present form of the disease.

The Society then adjourned.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 30th ult. :—

CHALK, FREDERICK MURRAY, Army.  
DANIEL, THOMAS PALMER, Beamister, Dorset.  
GILLINGHAM, CHARLES FREDERICK, Salisbury.  
IRVING, JAMES, Long Benington/Lincolnshire.  
JONES, MESSRS. RICHARD, Carnarvon.  
KNIGHT, HENRY JOHN, Sheffield.  
LOCKE, GEORGE WILLIAM, Royal Navy.  
MARRIOTT, CHARLES HAYES, Kebworth, Leicestershire.  
NISHET, ALFRED CALLAWAY, Clement's-inn.  
TURNLEY, GEORGE WASHINGTON, Tasmania.  
WALKER, ARTHUR, De Noe, Upper Berkeley-street, Portman-square.

At the same meeting of the Court Messrs. Clark Armstone Duckett, of her Majesty's ship Agamemnon, passed his examination as Naval Surgeon, and George Bellamy, as Assistant-Surgeon. The former gentleman had previously been admitted

a member of the College, his diploma bearing date July 28, 1852.

Also, on May 3.

ALSTON, WILLIAM EVELYN, Studland, Dorsetshire.

ALBERT, WILLIAM JOHN, Nassau, New Providence, West Indies.

ADAMS, SAMUEL HOPKINS, Bedfordshire.

CARDEN, HENRY WILLIAM, Cheltenham.

DANN, HENRY TALBOT, Fermoy, Co. Cork.

FOSTER, EDWARD, Romney.

GUY, WILLIAM, Maidstone, Kent.

HIND, JOHN MARRIOTT, Gonalston, Nottinghamshire.

LAWRENCE, CHARLES ALEXANDER, Ipswich.

NISLETT, FRANCES DOBBINGSON, Hackney.

PERCIVAL, WILLIAM, Richmond, Surrey.

PARSONS, FRANCES, Taunton, Somersetshire.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 29, 1858:—

ARCHER, LEWIS HITCHINS, London.

BARTLET, ALEXANDER EDWARD, Ipswich.

CLARKSON, FREDERICK, Whitby.

GRAY, JOHN TEMPERLEY, Hexham, Northumberland.

GROVES, WILLIAM GEORGE, Maidencombe, Devon.

MOORE, JOHN DANIEL, Leicester.

OSBORN, CHARLES, Bognor.

#### DEATHS.

ARNOTT.—March 7th, in the Warren Country, Africa, D. Ogilvy Arnott, late of Edinburgh, aged 35.

HARRISON.—On the 24th ult., Robert Harrison, M.D., F.R.C.S.L., Professor of Anatomy in Trinity College, Dublin.

LLOYD.—March 7th, at Bras River, West Coast of Africa. Edward Lloyd, son of Mr. William Lloyd, of Liverpool.

MARESKA.—Monsieur Mareeka, one of the most scientific scholars of the day, and for the last twenty-eight years Professor of Chemistry in the University of Ghent, recently died in that town. He was one of the principal and most active workers at the new Belgian Pharmacopœia. His works on organic and inorganic chemistry have been translated into German, and are extensively studied on the continent.

MAUTHNER.—Professor Mauthner, Ritter v. Mauthstein, Director of the St. Anne's Children's Hospital, Vienna, and a principal contributor to the *Journal für Kinderkrankheiten*, has just died of meningitis, in the prime of life.

MITCHELL.—On the 22nd ult., in Edinburgh, James Mitchell, R.N.

MULLER.—On Wednesday, the 28th ult., died at Berlin, Johannes Müller, M.D., Professor of Physiology and Anatomy. He was in his usual good health even two hours before his death, which occurred suddenly whilst asleep. He was to have commenced his summer course of lectures on Monday, May 3rd.

PLATTNER.—Professor Plattner, the celebrated writer on the blow-pipe, died at Freiberg early in the present year.

WILSON.—April 26th, at the Grove, Shropshire, E. Wilson, M.D. Edin. 1825, of Newcastle, and a magistrate of Staffordshire.

WRIXON.—On the 3rd inst., at 10, Belgrave-street, Argyle-square, Charles Wrixon.

The following names appear in the Medical Monthly Obituary, viz.—

J. Verling, M.D., half-pay Royal Artillery; Sir James Fellowes, M.D., half-pay. Surgeons.—W. T. Hoskin, M.D., 31st Foot; Robert Shean, half-pay, 7th Foot. Assistant-Surgeon.—J. Cruice, 84th Foot.

**ALCOHOL AND FOOD.**—Liebig tells us that, in temperance families, where beer was withheld and money given in compensation, it was soon found that the monthly consumption of bread was so strikingly increased, that the beer was twice paid for, once in money and a second time in bread.

He also reports the experience of the landlord of the Hotel de Russie at Frankfort during the peace congress; the members of this congress were mostly teetotalers, and a regular deficiency was observed every day in certain dishes, especially in farinaceous dishes, puddings, &c. So unheard of a deficiency, in an establishment where for years the amount of dishes for a given number of persons had so well been known, excited the landlord's astonishment. It was found that men made up in pudding what they neglected in wine. Every one knows how little the drunkard eats; to him alcohol replaces a given amount of food.—*Blackwood*.

**THE APPOINTMENT OF DR. A. TAYLOR AS AN EXAMINER AT THE ROYAL COLLEGE OF VETERINARY SURGEONS.**—"Dr. Babington has resigned the seat which he has so long and so ably filled at the Board of Examiners. The name of Babington has been associated with the onward progress of veterinary science, from the earliest days of its emancipation from the thralldom of ignorance and empiricism,—and hence we could have wished to have seen it still attached to the diploma of the newly graduated Veterinary Surgeon. If, however, this gratification is to be denied us, we have the pleasure to find that the loss is to be supplied by that of Dr. Alfred Taylor, of Guy's Hospital. In commendation of Dr. Taylor it is unnecessary we should say anything, and especially when we read in the columns of the *Medical Times*, that 'The appointment of Dr. Alfred Taylor to the examinership in chemistry in the Medical department of the University of London, will tend to raise still higher the character of this body. It must be highly satisfactory to Dr. Taylor to have obtained the post after competition with two highly-qualified men, while these gentlemen will not consider it any disparagement that a chemist who has earned by his works so high a reputation in all quarters of the world should have obtained the appointment.'—*The Veterinarian*.

**ROYAL ORTHOPÆDIC HOSPITAL.**—The eighteenth anniversary of this charity was celebrated last week, at the Freemason's Tavern, the Duke of Wellington in the chair. The claims of the Hospital were briefly set forth by the noble chairman, and it appeared from his statement, and the published report of the committee, that the number of patients admitted during the year was 1580, and the total number benefited since the opening of the Hospital nearly 23,000. The income for the year amounted to £2660, considerably exceeding the ordinary receipts in any previous year; but the extension of the wards, and the addition to the number of inmates, had greatly increased the exigencies of the charity. The aggregate receipts did not equal the augmented expenditure, and for the redemption of the mortgage debt of £6000 (the interest upon which entails an annual charge of £300), no provision whatever had yet been made. The necessity for enabling the committee to liquidate the mortgage, and thus relieve the Hospital from this heavy annual payment, was enlarged upon in the course of the evening, and it was pointed out that the income from annual subscriptions alone, ought to be made to cover the annual expenditure, leaving the receipts on such occasions as the present to be applied to the extension of the benefits of the Hospital. The subscriptions announced during the evening amounted to upwards of £1600, including 30 guineas from the chairman.

**GROSVENOR-PLACE SCHOOL OF MEDICINE.**—The distribution of prizes at this school took place on May 3rd; Robert Chambers, Esq., occupied the chair. The large room of the school was crowded, a great number of ladies being present. The prizemen were as follow:—Lord Mayor's Prize, presented by Mr. Alderman Salomons, microscope, value £10 10s., to Mr. A. Bannister. School Gold Medal for General Proficiency: Senior, Mr. E. Davies; Junior, Mr. H. Dow. General Anatomy and Physiology: First Senior, Mr. T. O. Mayor; Certificate, Mr. G. Phillips; First Second Year, Mr. E. Davies; Second ditto, Mr. E. Bucknill and Mr. H. Bucknill; First Junior, Mr. H. Dow. Surgery: First Prize, Mr. Phillips; Certificates, Mr. Godrich and Mr. Davies. Comparative Anatomy: First, Mr. T. O. Mayor. Practice of Medicine: Mr. Davies, Mr. Page, and Mr. Mayor, equal. Botany: First Prize, Mr. T. O. Mayor. Chemistry: First Prize, Mr. H. Dow. Practical Chemistry: First Prize, Mr. E. Cook. Materia Medica: First Prize, Mr. E. Davies; Certificate, Mr. E. Bucknill. Midwifery: First Senior Prize, Mr. Lomas; First Junior, Mr. Lovegrove; 1st Certificate, Mr. Phillips; 2nd ditto, Mr. Davies. For best paper read

before the Grosvenor-place School Medical Society: Mr. Lomas. Previous to the distribution of the prizes, the Secretary read his report, which showed that the school was in a satisfactory condition. The staff of lecturers had been made most complete; there were special lectures delivered in the school on histology, military surgery, comparative anatomy, and hygienic medicine; next session a short course of lectures is to be delivered by Dr. Henry, on the History of Medicine. The report further conveyed the expression of an opinion in favour of the proposed new plan of leaving the education of the Medical student in his own hands, and of basing the test of qualification solely on a sound and practical examination. After the distribution, Mr. Chambers delivered a simply eloquent and admirable address to the students, which was warmly applauded. Reviewing the progress of Medical art in these days, he dwelt with much force on the necessity which existed for each student to be prepared to cast away much of the old dogmatism of Physic, and to endeavour to rationalise his science to the fullest possible extent, by the pursuits of physiology, chemistry, and the other sciences on which Medicine should be based. At the same time he warned them against falling into the temptation of linking themselves with the prevalent and fashionable heresies. In no feeble terms he condemned quackery in every shape, and expressed his belief that in the end, and during the great progression of the intellect which now obtains, quackery would soon be easily detected by all, in all its deceit and pretension. In the evening the lecturers, pupils, and friends of the school dined together at the Freemasons' Tavern, and spent a most pleasant evening. Dr. McWilliam returned thanks for "The Navy" in an eloquent speech; and "Prosperity to the Sister Schools" was proposed, with much good feeling, by Dr. Thudichum, and acknowledged as warmly by Mr. Ernest Hart.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, May 1, 1858.

### BIRTHS.

Births of Boys, 851; Girls, 866; Total, 1717.  
Average of 10 corresponding weeks, 1848-57, 1612.

### DEATHS.

	Males.	Females.	Total.
Deaths during the week ... ..	618	507	1125
Average of the ten years 1848-57 ...	532.1	512.5	1044.6
Average corrected to increased population ...	...	..	1149
Deaths of people above 90 ... ..	...	4	4
Deaths in 15 General Hospitals ... ..	38	17	55

## DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hoop- ing- Cough.	Dia- rrhoea.	Ty- phus.
West ....	376,427	1	5	5	12	3	4
North ....	490,396	..	8	7	15	3	5
Central ..	393,256	..	9	2	10	2	8
East ....	486,522	..	13	7	11	1	8
South ....	616,635	1	19	11	21	2	6
Total..	2,362,236	2	54	32	69	11	31

REMARKABLE CASES IN THE RETURN.—A grocer, aged 26 years, died in consequence of having swallowed false teeth during his sleep, which produced hemorrhage from the stomach; a painter died of colica pictonum; a woman died after delivery by the Cæsarean operation; and a young soldier in the University College Hospital from a gunshot wound he had received at the storming of the Redan. The names of four nonagenarians, all widows, were inscribed in the Registers, the oldest of whom died at 6, Boot-street, Hoxton Old Town, at the age of 98 years.

## METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer ... ..	29.566 in
Mean temperature ... ..	47.1
Highest point of thermometer ... ..	65.0
Lowest point of thermometer ... ..	36.5
Mean dew-point temperature ... ..	41.5
Whole amount of rain in the week ... ..	0.84 in.
Amount of horizontal movement of air in the week ...	505 miles

## BOOKS RECEIVED.

- Medical Jurisprudence. By A. S. Taylor, M.D., F.R.S. Sixth Edition. London: 1858.  
On Dislocations and Fractures. Fasciculus IV. By Joseph Macleise, F.R.C.S. London: 1858.  
A Manual of Psychological Medicine. By J. C. Bucknill, M.D., and D. M. Tukey, M.D. London: 1858.  
Handbook of Chemistry. By F. A. Abel and C. L. Bloxam. Second Edition. London: 1858.  
The Institutes of Medicine. By Martyn Paine, A.M., M.D. New York: 1858.  
Fishes and Fishing. By W. Wright, Esq. London: 1858.  
An Essay on Physiological Psychology. By R. Dunn, F.R.C.S. London: 1858.  
The Unity of Medicine. By F.R.C.S. London: 1858.  
Transactions of the New York Academy of Medicine. Vol. II. Part II. New York: 1858.  
The Construction of the Human Placenta. By F. Adams, LL.D., M.D. Aberdeen: 1858.  
Medical Charities, Ireland. Sixth Report. Dublin: 1858.  
Report on the Sanitary Condition of the Whitechapel District. London: 1858.  
Nova-Scotia as a Field for Emigration. By P. S. Hamilton. London: 1858.  
Jahrbuch für Kinderheilkunde. I. Heft. Vienna: 1857.  
The Effect upon the Mother of Poisoning the Fetus. By W. S. Savory. London: 1858.  
Observations on Venereal Diseases. By H. Labatt, A.B., F.R.C.S. Dublin: 1858.  
The Effect of Septic Inhalations on the Lungs. By D. Mackenzie, Surgeon-Dentist. London: 1858.  
The Illustrated Handbook of British Plants. By A. Irvine, F.B.S. London: 1858.  
Transactions of the Odontological Society of London, 1856-7. London: 1858.  
On Localized Galvanism applied to the Treatment of Paralysis and Muscular Contractions. By R. M. Lawrence, M.D. London: 1858.  
Residence at Ben Rhydding. London: 1858.  
On Some Proposed Changes in the Residence required by the University for Degrees in Medicine. By G. W. Child, B.M. Oxford: 1858.  
The Improvement of Hospitals. By John Robertson. Manchester: 1858.  
The Mortality of the British Army. By W. A. Guy, M.B. London: 1858.  
The Influence of Sewer Emanations. By J. H. Barker, M.D. London: 1858.

## TO CORRESPONDENTS.

Dr. CONOLLY's sixth paper will appear next week with an Illustration of Senile Dementia.

Mr. Crosse.—The report shall appear next week, if possible.

A Medical Student.—Etügel is the best German and English Dictionary.

Mr. Crookery's cases shall appear.

William.—Pereira's Materia Medica.

Mr. Rhind.—The paper arrived safely.

Mr. Copney's note arrived last week after the publication of the *Medical Times and Gazette*.

Mr. Paget's paper, "On the Diagnosis and Treatment of Ulcers of the Tongue," will appear next week.

Ammonia.—A hint has been given to the gentleman in accordance with our correspondent's feelings.

Mr. Harris.—We do not see that any good would be done by publishing the letter.

Mr. Wale, Woodstock, Canada West.—Thanks for the specimens. The method of plugging the nares proposed, will be found described in the article "Epistaxis" in the *Cyclopaedia of Practical Surgery*.

Doubtful.—Dr. Hall and Mr. Smithard state, after very extensive acquaintance with teetotalers, that it is not true to say they are addicted to the use of opium.

A Wine-bibber should try the effect of a drop or two of acetic ether or butyric ether in a bottle of wine, and he will then know as much of the effect on the tongue as we can tell him.

Mr. West.—The Registrar General says—"As a general rule the mortality is highest in cold winters, lowest in winters of moderate temperature, and it has a tendency to rise when the temperature of the winter quarter exceeds forty degrees of Fahrenheit."

Verax Secundus.—We do not wish to discuss the "Principles of Homoeopathy." The question to be decided is whether Physicians and Surgeons, who do not profess those principles, are to attend patients with those who do.

Letters and papers are in type from Dr. Heslop, Birmingham, Dr. Elliotson, Mr. Newman, Dr. Whitehead, Dr. Mackay, Mr. Burne, Mr. Maysmor, Mr. Clough, with reports of Dr. Lankester's Lectures at the Royal Institution, and reports of the Norwich Pathological and North London Medical Societies.

**MR. WORTHY'S NEW FOMENTING APPARATUS.**

This apparatus is calculated to be useful, as it affords means of throwing a number of small jets of steam upon any part of the body, and of steaming flannels for fomentation.

**ERRATA.**—DR. BENGE JONES ON DIABETES MELLITUS.—In the 2nd table giving the variations of the sugar in the urine when sugar was taken with the food on the 7th, 8th, and 9th days, eight ounces of sugar are given. The text states that no sugar was taken. The table should be:—

		Weight.	Quantity of water.	Sugar in 24 hours.	Fluids taken.	Bread.	Sugar.
		st. lbs.	pints.	Sp. gr.	grains.	pints.	oz.
8th day	violent diarrhoea	5 4	5	1042	3800	8	7 1/2
7th "	" no diarrhoea	5 3 1/2	5 1/2	1042	4130	8	5 none
8th "	"	5 6	5	1042	3600	8	7 0
9th "	"	5 6 1/2	5	1043	3600	8	7 0
10th "	"	5 8 1/2	7	1040	5180	3	7 8

**ROYAL MEDICAL BENEVOLENT COLLEGE.****TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.**

SIR,—The following circular has been issued by the Treasurer of the Royal Medical Benevolent College with reference to the approaching Annual General Meeting:

"New Cavendish-street, 1st May, 1858.  
"My dear Sir,—If you value the Institution I have laboured so hard to establish for the benefit and comfort of my poorer brethren, their Widows and Orphans, and which you have so nobly assisted to place in its present prosperous position, you will not, I hope, fail to be present at the 'Annual Meeting' on the 11th inst., at the Freemason's Tavern, at 3 o'clock, to support the council, and yours ever,

Most faithfully,

"JOHN PROPERT."

"Pray bring your friends!"

Is it probable that any business which may be deemed for the interests of the Medical Benevolent College will be calmly considered by a meeting under the influence of such a personal appeal? Mr. Propert is entitled to the greatest regard and admiration for the energy and untiring zeal he has shown in projecting and working into life this institution; but, surely it is, to say the least, very unusual conduct on the part of a public officer of a charity thus to endeavour to prejudice an important meeting of its governors, and thereby influence the election of councillors.

I trust that the governors will indeed attend the meeting, but that they will do so unbiassed by Mr. Propert's appeal.

May 4, 1858.

I am, &c.

WM. CHOLMELEY.

DEPUTATION FROM THE MEDICAL CORPORATIONS OF ENGLAND TO THE EARL OF DERBY.

**TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.**

SIR,—In the report which has appeared in the daily papers of the deputation from the Medical Corporations of England to Lord Derby, on the 27th inst., the name of Dr. O'Connor is introduced. I am directed to inform you that that gentleman was not a member of the deputation, nor had he been invited to accompany it.

Royal College of Physicians, April 29, 1858.

I am, &c. W. COPNEY, Secretary.

With reference to the above letter we have received the following explanation from Dr. O'Connor:—

"SIR,—Having seen a letter published from the College of Physicians in which it is stated that I was not a member of the deputation from the Medical Corporation to Lord Derby, on the 27th inst., and that I had not been invited to accompany it, I wish to give the following explanation. First of all, I must observe that I have not seen any statement to the effect that I was a member of the deputation. That I accompanied it is quite correct, although I had no invitation from any of its members; but some days before a communication was made to me by a supporter of Mr. Headlam's bill, to the effect that Lord Derby had appointed the Tuesday following to receive the deputation, and, at the same time, a wish was expressed that I should accompany it. I stated, in reply, that I would call on a gentleman who I supposed would be a member of the deputation, and if it was desired that I should do so I would comply. My time did not admit of calling on him at the hour most likely to see him, and on Tuesday, at some inconvenience, I went to Downing-street, and seeing from the list of those waiting on Lord Derby, that there was another gentleman present not of the deputation, nor connected with it, I entered the room. I supposed, from this fact, that on the day preceding that on which the delegates from the corporations of the United Kingdom had an interview with Mr. Walpole, I was requested by one of those gentlemen to be present at that interview, and, having been requested last year by gentlemen connected with the College of Physicians to attend the deputation to Lord Palmerston, my presence at Downing-street on the 27th inst. was equally desirable. However, whether it was or not, I now feel that I have rendered good service to the cause of Medical Reform, for had it not been for me, the Profession would be altogether ignorant of what passed between Lord Derby and the members of the deputation; and, as you, sir, can bear testimony, the only correct report was supplied by me for your pages. That my labours on a former occasion were appreciated, is proved by the fact that the representatives of the College of Physicians individually thanked me for those labours, and the representatives of the Dublin Medical Corporations placed the following on record in your pages:

"Conference of the Medical and Surgical Corporations.—Irish Department.

"To the Editor of the Medical Times and Gazette.

"Office, College of Surgeons, Dublin, June 23, 1857.

"Sir,—We beg leave to express through your pages our thanks to Dr. O'Connor for the full and accurate report of what passed at the interview with which the deputation from the different Medical Corporations of the United Kingdom were favoured by Lord Palmerston, on Tuesday, June 9, at Cambridge House, on the subject of the Medical Bills now before the House of Commons, and more especially as the representatives of the press were not permitted to be present. Had it not been for Dr.

O'Connor's promptitude and great labour on the occasion, no accurate report of what took place could have been known to the Profession.

"(Signed)

"J. Moore Neilgan, M.D., Representative of College of Physicians.  
"R. Harrison, Professor of Anatomy, F.R.C.S.  
"Hans Irvine, President, Royal College of Surgeons in Ireland."  
Medical Times and Gazette, July 4, 1857, p. 28.

I am, &c.

WILLIAM O'CONNOR, M.D.

Upper Montagu-street, W., May 6, 1858.

**CHLORODYNE.****TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.**

SIR,—I prepared the solution of "Chemicus" yesterday, and had some difficulty in getting the Hydrochlorate of Morphia to dissolve. At first I rubbed it in a mortar, with the united fluids and gingerine; but finding that I did not succeed in this way, I put all the ingredients into a bottle and kept it near the fire agitating occasionally, and at last succeeded in making the solution; but I found that, after standing for some time and becoming cool, the morphia was again precipitated. When the solution is dropped into water it sinks to the bottom, and will not unite with it unless a considerable quantity of mucilage be added. Will "Chemicus" be kind enough to state how he makes his solution, and whether precipitation takes place after it has stood any time.

Edinburgh, May 4, 1858.

I am, &c.

A SURGEON, R.N.

COMMUNICATIONS have been received from—

Dr. CONOLLY; Dr. BENGE JONES; Mr. PAGET; Dr. SYMONDS, Clifton; Dr. RANKING, Norwich; Dr. SIEVERING; Dr. LEARD; Dr. RICHARDSON; Dr. ROBERT LEE; Dr. GREENHALGH; Dr. GUY; Mr. BAKER BROWN; Dr. STALLARD; Dr. LANKESTER; Dr. H. SILVESTER; Mr. CROSKERY; Dr. CHOLMELEY; Dr. BARKER, Bedford; Mr. HOLMES; Mr. ROBERTSON, Manchester; Mr. CROSBIE, Norwich; Dr. S. SUTHERLAND; Dr. DYCK, Aberdeen; Mr. MAYMOR; REGISTRAR GENERAL; Mr. CROFT; Mr. GOWPERTZ; Mr. SYMES, Bridgewater; Mr. COPNEY; Mr. RIVERS; Mr. HAWKINS; Mr. CLOUGH; Mr. BARLOW; Mr. HUGHES; SECRETARY GENERAL BOARD OF HEALTH; Mr. GOULD; Mr. WORTLEY; Mr. SADLER; Mr. ADAMS; MESSRS. LEOGATT, HAYWARD and LEOGATT; PRESIDENT, VICE-PRESIDENT, and COUNCIL of the PHARMACEUTICAL SOCIETY; Mr. MASKELL; Dr. BAINES; Mr. ORRIDGE; Mr. GREENWOOD; Mr. F. HOLMAN; Mr. W. ROBERTSON; Mr. MILNER; Mr. J. EARLE; Mr. J. HAINES; Mr. S. BURMAN; Dr. TUCK; Mr. McDERMOTT; Mr. THOROLD; Mr. REIND; Mr. HARRIS; Mr. EVANS; Dr. ERHARD, Berlin; Dr. E. LEE; PRESIDENT and TREASURER of St. Thomas's Hospital.

**APPOINTMENTS FOR THE WEEK.**

May 8. Saturday (this day).

Operations at St. Bartholomew's, 1 1/2 p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Hewett, "On Tumours of the Head;" Professor Busk, "On the Invertebrata;" Professor Quekett, "On the Vertebrata."

ROYAL INSTITUTION, 3 p.m.: Edwin Lankester, M.D., F.R.S., F.L.S., "On the Vegetable Kingdom in its Relations to the Life of Man."

MEDICAL SOCIETY OF LONDON, 8 p.m.: Mr. V. de Meric, "On Gangrene and Phagedena in Specific Sores."

**10. Monday.**

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopaedic Hospital, 2 p.m.

NORTH LONDON MEDICAL SOCIETY, 8 p.m.

**11. Tuesday.**

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Hewett, "On Tumours of the Head;" Professor Busk, "On the Invertebrata;" Professor Quekett, "On the Vertebrata."

ROYAL INSTITUTION, 3 p.m.: J. P. Lacaita, Esq., "On the History of Italy during the Middle Ages."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8 1/2 p.m.: Mr. John Tudor, "On a Case of Excision of the Elbow;" Mr. Coulson, "On a Case of Hydatids in the Tibia;" Mr. Holmes Coote, "On the Treatment of Contracted Joints."

**12. Wednesday.**

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopaedic Hospital, 2 p.m.

NORTH LONDON MEDICAL SOCIETY, 8 p.m.: Mr. Catlin, "On Some Peculiarities of the Antrum with reference to Surgical Practice."

**13. Thursday.**

Operations at St. George's, 1 p.m.; Middlesex, 1 1/2 p.m.; Central London Ophthalmic, 1 p.m.; London, 1 1/2 p.m.

ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Hewett, "On Tumours of the Head;" Professor Busk, "On the Invertebrata;" Professor Quekett, "On the Vertebrata."

**14. Friday.**

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1 1/2 p.m.; Great Northern, 2 p.m.

ROYAL INSTITUTION, 8 1/2 p.m.: Henry Bradbury, Esq., "On Printing."

**EXPECTED OPERATIONS.**

King's College Hospital.—The following operations will take place this day (Saturday), at 2 o'clock:—

Lithotomy; lithotripsy. By Mr. Lec.

St. Mary's Hospital.—The following operation will take place on Wednesday next, at 1 o'clock:—

Vesico-vaginal fistula. By Mr. J. B. Brown.

## ORIGINAL LECTURES.

## GULSTONIAN LECTURES FOR 1858.

AT THE

Royal College of Physicians.

By JOHN ADDINGTON SYMONDS, M.D. F.R.S.E.

Consulting Physician to the Bristol General Hospital, &amp;c.

## ON HEADACHE.

## LECT. III.—Continued.

THE treatment of Neuralgic Headache scarcely needs special consideration, after what has been said of the treatment of nervous headache. It is sufficient to observe that this disorder is often of such severity and pertinacity as to require the boldest exhibition of remedies: full doses of opium or aconite at the time of pain, and large quantities of quinine or arsenic in the interval. These are the cases in which iron, and especially the carbonate, has so often answered well. I can also speak favourably, from experience, of large doses of muriate of ammonia. I ought not to omit to mention my sense of the great utility of aconitine ointment as a palliative. The endermic use of morphia, sprinkled on a blistered surface, has likewise been one of the most powerful of anodyne resources. On what principle relief is afforded by a ligature round the head, it may be difficult to explain; but the fact is undeniable, and the remedy of ancient repute. Shakspeare makes Prince Arthur say to Hubert,

"When your head did but ache,  
I knit my handkerchief about your brows,

And with my hand at midnight held your head," etc.

A benumbing influence is exercised on the superficial nerves; and this would seem to be reflected on the internal nerves, which are the seat of pain. I have in my own person felt temporary relief to neuralgic toothache by firm pressure of the cheek; and in this case it is unquestionable that the operation must be of a reflex nature. After all, I doubt if the action be more mysterious than that of sedatives applied externally; the mode of which action has been already discussed (a).

Our remarks on treatment have thus far had reference to the headache of congestion, and to that which is a purely nervous affection. There is a mixed form of headache, to which we adverted in a former lecture, and in which there are both these elements, usually with a predominance of one of them. These cases are most difficult to manage; for, while they require a certain amount of the measures suited to both kinds of disorder, it is very easy to go wrong by excess. In our anxiety to keep down vascular turgescence, we may be tempted to the use of remedies which, though they afford temporary relief, are almost sure to add to nervous irritability. Such are local depletion, blisters, and purgatives. Yet if the neurotic derangement seems uppermost, and we employ nerve tonics too freely, there is a risk of aggravating the vascular disorder. This, however, is the slighter risk, unless our remedies are very powerful. Every case will need a separate consideration, and an individuality of treatment. On the one hand, we may find that a few leeches or a blister to the nucha, or leeches to the hemorrhoidal vessels, or mustard pediluvia, or dry cupping along the spine or on the temples, with shower-baths, and cold sponging of the spine followed by diligent friction, and tepid or evaporating lotions to the forehead and scalp, with occasional aperients in the morning, diaphoretics at night, and a well regulated diet, will meet the congestive element without recourse to any of the more energetic antiphlogistic measures; and on the other hand, if we cannot apply to the heroic doses of quinine, we shall derive great assistance from zinc, especially the valerianate, as well as from most of the pure nervines. Of the reinforcers of nervous power, I have had reason to think well of the action of minute doses of strychnia and of nux vomica, when I could not apply to quinine or iron.

(a) My friend, Dr. Williams, whose opinion is of great weight in all questions of pathology, is inclined to refer the alleviation produced by external pressure in some kinds of headache to some operation exerted on the bloodvessels.

Phosphorus I have only employed in the form of phosphoric acid and of phosphate of iron, not without hints of advantage, but not with such signal good results as to make me dwell upon them. But I have been informed by others that they have attached great importance to this agent.

For the relief of present pain in these cases, anodynes must often be administered. Opium, or morphia combined with alteratives and salines, succeed with some; others are more profited by henbane, camphor, and Indian hemp, or by the extract of poppy.

*Treatment of Sympathetic Headache.*—If we were right in our conclusion that pain is rarely forced on the nerves of the head, that is, that it rarely occurs without some readiness of the nerves to ache when any offence is transmitted to them, it will be evident that the management of cases of this class, while it consists in warding off such causes of irritation as may come from distant organs, is equally concerned in lessening if not in removing the cerebral susceptibility also. The treatment of gastric headache will not be confined to the cure of dyspepsia, of whatever form, though this is the main object; for in diminishing the frequency of attacks dependent on gastric irritation, you are in one respect acting on the primary fault, because by diminishing the habit you allow the nerves time for growing into a less irritable condition, since frequent returns almost inevitably confirm the habit. But the correction of dyspepsia produces effects co-extensive with the whole economy, and therefore if a patient has by medicinal courses, or by regulation of diet, or by hygienic methods lost his dyspepsia, and with it his tendency to headache, it does not follow that he has merely put away the sympathetic origin of his complaint. He will from the same system of treatment, through the remote influence of improved digestion, have acquired healthier blood, and a sounder tone in his nervous system. Remarks of a similar bearing might be made on the influence of an improvement in the functions of the uterine system in patients whose cephalalgia has disappeared after such improvement, for in these cases also there is the positive advantage of amended general health, as well as the negative good belonging to the removal of a source of irritation. Still we have to bear in mind when reasoning upon such examples, that although the cerebral nerves may be so irritable as to derive sympathetic disturbance from any organ whose function is deranged, yet that the specially sympathetic headache implies a tendency to respond to irritation from one part more easily than from another. Given the same susceptibility of the nerves of the head, in one person it will only be provoked by gastric irritation, in another only by uterine. But independently of this occasional communication of disorders, there would appear to be sometimes established a permanent morbid consensus between the cephalic ganglia and the semilunar in the one case, and between the cephalic and the ilio-lumbar in the other. And so the subsidence of one will allow the other to subside also. It is not often, however, that of the three great ganglionic centres, two only suffer together, with exemption of the third. More frequently they are all more or less involved in the painful consequences of their alliance.

As to gastric headache, I have generally found that when an attack of this nature has been once set up in consequence of disorder of the stomach, it will take its course. Now and then a remedy may tell upon it, if employed at the very onset. Thus, as one of the most common causes of irritation is an excessive secretion of acid fluid, the patient has been directed to take a teaspoonful of carbonate of soda or magnesia, in a tumbler of water, with a teaspoonful of sal volatile, to which I have sometimes added a teaspoonful of common salt, with a view of assisting the stomach to eject its contents by vomiting, if so disposed. And sometimes this potion has stopped the pain by neutralizing the acid matter, and its impression on the gastric nerves. But more commonly it is the state of the membrane which gives birth to this secretion that is the source of irritation, and cool mucilaginous drinks with prussic acid and alkalies must be continued for some hours, with sinapisms to the epigastrium; for gastric dyspepsia is more commonly the cause of headache than atonic indigestion. But, whether it be the one or the other, the irritable nerves must be soothed; and this purpose is often magically answered by a cup of strong coffee. The preventive treatment of the dyspepsia I cannot, of course, undertake to discuss on this occasion; and I seem already to have said too much. For a like reason, I do not speak of duodenal indigestion, and its bilious headache. I will only mention as a contribution from

my experience of such cases, that long periods of exemption from returns of these headaches have occurred to patients who have faithfully observed my direction that they should drink a tumbler of common salt and water every morning an hour before breakfast; and that I have in other instances been led to assign great value to the use of pills of rhubarb, ox-gall, and nux vomica, at dinner-time.

The uterine headache has not in my hands received treatment very different from that which is applicable to neurotic headache in general. But of the anodynes for immediate relief I have perhaps oftener selected camphor and belladonna, and conjoined with them sinapisms to the sacrum, and the use of the hip-bath. A full dose of chloric ether or of chloroform has also acted very happily in these cases. Of course, the remedies must be varied according as the catamenial flow is defective or in excess.

*Treatment of Tizemic Headache.*—On that form of secondary headache which is an all but constant symptom of continued fever, it is obviously unnecessary to trouble you with any lengthened remarks. That although probably excited by the altered condition of blood which belongs to the fever, it is, in part, dependent on the congestion of the vessels, is indicated by the measures which relieve the pain. A cool pillow, removal of the hair, refrigerating lotions, leeches to the temples, and sinapisms to the nucha or epigastrium, so well known in the routine of fever treatment, are remedies for vascular congestion; yet they by no means displace the use of sedatives. Small doses of Dover's powder, or henbane, with a mercurial, are very helpful. And though so many of the efficient remedies are antiphlogistic, yet that the pain is not purely vascular, may be inferred from the fact that there is a natural tendency to its subsidence after a few days, and that had the vascular disorder been commensurate with the pain, worse results must have ensued, in the way of inflammatory exudation. In former times, the answer to this remark would have been that the delirium, hebetude, and sopor, which follow the headache, indicate such consequences of the prior congestion or sub-inflammation, but this, again, is contradicted by the negative results of post-mortem examinations in persons who have died at this period of the disorder. The disturbing action of the febrile poison was once brought prominently before me in the case of a woman who sank after violent maniacal excitement of five or six days' duration, and in whom I suspected typhoid fever, only because two or three others of the family had been seriously affected about the same time, and in the same house. A careful inspection of the brain detected nothing but turgescence of the membranes, but the follicles of the intestines were frightfully ulcerated, even at that early stage, and showed the intensity of the poisonous action in that part of the body coincident with a no less deleterious process in the brain, which however did not reveal itself in textural changes.

The secondary headache belonging to rheumatism requires that discrimination, to which I formerly alluded, of the pain which is merely a symptom of febrile movement, from that which depends on a profounder action of the blood-poison, whether on the dura mater or on the brain itself. And a like remark applies to acute gout.

Chronic rheumatic pain of the head may be often traced to cold, and may be cured by a warm nightcap, or by discontinuance of cold ablutions.

The headache of chronic gout I have found amenable to most of the remedies which are useful in the headaches which have not this complication. But colchicum often comes in with marvellous power. I am informed by Mr. Spencer Wells that having seen how great a control quinine exerts over this form of cephalalgia, he has been disposed to inquire whether its action bears any relation to some curious observations of Ranke on the diminution of uric acid in the urine of persons under its operation. As far as my own observation goes, I should incline to the belief that the cephalalgia of the gouty diathesis is not the direct product of a gouty poison, but only a neurotic disorder belonging to that state into which the nervous system has grown in these subjects, analogous to that which occurs in other derangements of the constitution. Were it excited by a chemical materies morbi, we might expect such changes in the intra-cranial fibrous tissues as we find in the joints where there have been actual deposits of gouty matter.

And I take the same view, *mutatis mutandis*, of the nervous or neuralgic headache consequent on the syphilitic constitution, and of its appropriate treatment.

If we try to sum up one or two practical conclusions, apart from such speculative discussions as I may have too much indulged in, I think it will be found that they are mainly these:—

1. That headache has an importance of its own; and that, whatever connexion there may be between this affection and the disorders of other parts of the body, the head itself is to have the chief consideration.

2. That headache, whether primary or sympathetic, considering the frequency of its occurrence, is rarely dependent on disorder involving danger, or serious impairment of the function of the brain.

3. That symptomatic headache, even when belonging to grave lesions, may be benefited by the treatment applied to the primary forms.

4. That the primary headache, whether caused by an original susceptibility in the ganglionic nerves of the brain or by a morbid sensibility resulting from previous disease or weakness, is to be relieved by sedatives, and to be cured by tonics and nervines. He will be the most successful practitioner who can best wield those two great weapons, Quinine and Arsenic.

5. There is a natural tendency in this disorder to decline with advancing life.

On comparing cephalalgia with pain in other parts, and with those forms of pain which bear most analogy to it, more especially in the paroxysmal character, and in the accompanying conditions and symptoms, I think it would be difficult to find any affection to compete with it either in frequency of occurrence or in the duration of the liability to attacks. Certainly we may exclude from such rivalry, angina pectoris, gastralgia, enteralgia, and neuralgia of the extremities. Toothache, as we have already observed, is too obviously related with structural changes to be put into the category. But there remains that pain, of which we hear so much in females—*dolor dorsi*. Ladies have been divided into two great classes: those who have a back, and those who have not—a sufficient indication of the frequency and chronicity of pain in this situation. It resembles headache in its mode of coming on and in its remote causes, and it resembles it equally in its pathology. Like headache, it may be related with structural changes, and with congestive or inflammatory states; or it may be purely nervous, and probably it is far more often of this kind; and as such, it may be dependent on original or acquired sensibility of the uterine and ovarian nerves, wrought upon by abnormal states of the function of those organs, or by disorders in other parts of the system. The sympathetic production of this pain, which makes so large a part of female misery, might be traced to radiation in the sensorial centres, or to transmission from ganglion to ganglion, in the same manner which was attempted in reference to the production of headache; and I believe that an energetic and persevering use of like remedies would be of equal use, and certainly might in many cases supersede the use of distressing local applications.

I will not enter upon the analogy of gastralgia, as it would occupy too much of our time; but I cannot forbear adverting for a few moments to sternalgia, commonly known as angina pectoris.

Far less frequent than headache, it is oftener associated with serious and perilous disease. It is true that there are many cases in which the seat of pain is the same as in the more formidable cases, and yet in which the pathology is very different, and the prognosis by no means grave. For in the latter cases the irritation starts from the gastric nerves, and the reflected pain takes the course of the same nerves as are involved when the irritation has sprung from the heart or the aorta. In hysterical cases it is probable that the irritation begins either in pelvic nerves or in the emotional centre. But these gastric and hysterical cases stand in the same relation to the true angina pectoris as the sympathetic headache to the true nervous headache, the pathology of which begins and ends in the cerebral nerves themselves. But the primary angina is dangerous, while the primary cephalalgia is a slight malady, and the reason is obvious. The nerves of the brain having no other obvious functions than those of transmitting impressions and of regulating capillary circulation and molecular nutrition, may be disturbed in this as in many other organs without serious detriment. But who can say to what extent those ganglionic nerves, which regulate the rhythmical motion of the heart, and the life of which is the life of the heart itself, who can say how far they can



be safely interfered with? It is true, they may be sympathetically affected without injury. The varying rate of the pulsation in a thousand disorders, and the irregularity in others, denote that reflected perturbation does not necessarily imply danger. But when such perturbation begins in the heart itself, whether from degeneration of its substance or from disease of its nutrient arteries, and even when the disease is only in the aorta, it betokens a profound lesion, the influence of which may at any time be fatal. When this change takes place in the life-giving nerves of the part, who can say? Extreme disease may have been ascertained, and yet very little trouble may be occasioned, because that which after all is most vital has not been touched. When we discover after death disorganization to the greatest degree, we are often compelled to admit that amidst all that change and wreck, there is nothing visible that tells why the instrument stopped its action just when it did, rather than months or even years before.

**Statistical Memoranda.**—In order to obtain some numerical data as to the frequency of certain presumed causes of headache, and as hospital registers would not supply information respecting cases which only casually come within their scope, I distributed some circulars of queries, for obtaining replies to which I am much indebted to many of my professional friends. They were queries which were easily answered, and that the answers were for the most part given thoughtfully and carefully, was obvious from their consistency in themselves, and from the general agreement between the different respondents. Though I cannot bring forward any very new results from the answers, yet they afford confirmation to many of the remarks which I have ventured to make upon the disorder under consideration.

We may first direct our notice to those points which indicate a neurotic susceptibility on the part of the subjects of the disorder.

Of 90 cases 76 were females. These numbers establish more strongly than I should have expected, the fact, which is testified by most of the old writers, that females are more frequent sufferers. If we endeavour to ascertain whether this liability of females bears relation to their sexual functions, we do not find much to support this supposition. Of the 76 females, 40 were single; out of the 76 there were 35 who referred to the periodical health as having been in some way connected with their attacks; very few dated from puberty—but a large number from early life. Of the 22 out of 90 who referred to previous illness, none specify illness referable to pregnancy or parturition. In 11 loss of blood is mentioned, but while some speak of it as artificial, none refer to menorrhagia, or to the floodings of abortion or childbed. Now, every practitioner must have noticed that women who have suffered from such losses have been very liable to headache, but it is clear from the replies in general that the specially feminine proclivity to headache is independent of these casualties. But we have said that 35 did refer to the periodical health, and the result of my cross-examination in many of these cases brought me to the conviction that the menstrual function only presented occasions of offence, exciting causes as we often call them, but that the earlier antecedent was a constitutional liability not dependent on this function.

Putting aside the catamenial function, we inquired into the mode of life, and found nothing to lead one to suppose that this was importantly concerned in the production of female liability.

The predisposition more probably originates in the nervous system; and it is needless here to adduce proofs of what is admitted on all hands, that nervous mobility, irritability, hyperæsthesia, or by whatever other name we choose to designate susceptibility of nervous disorder, is oftener found in the female than in the male subject. It is likely to exist in organisms which evidence a capability of so much fineness and delicacy of perception, united with so much proneness to emotional excitement, and in which also we observe the functions of organic life to be so readily wrought upon by passing states of thought, sensation, and emotion.

Of the exciting causes, I find that emotional disturbance has the highest number. Out of 90 cases, 53 declared this to be one of the causes of their attacks; 48 also considered that atmospheric states were to be blamed; and 25 specified thunder.

It would be little better than a platitude to say that it is far more difficult to trace the origin of a predisposition super-

induced on the system, than to indicate causes nearer at hand. Accordingly, in these answers, although the questions afforded sufficient opportunities of stating circumstances in the mode of life, occupation, habits, climatic influence, etc., which might have begotten the tendency, yet very little light is thrown on this subject by the answers. And I incline to the belief, that the cause of this tendency lies too far off to be reached by reference to the experience and consciousness of the individual. It lies in the original mould of the nervous system. This conclusion is supported by the fact that 44 had suffered from very early life, and a large proportion of these used the formula "as long as they could remember." An additional presumption appears from the proof of inheritance of the liability. In 19 cases the mother is mentioned, in 9 the father, and in 12 both parents; in all, 40 give explicit evidence of hereditary predisposition, and a few others mention cases in collateral branches.

The negative evidence as to diet is curious. Out of the 90 cases only 19 blame their diet, and these, if they specify any at all, only mention some article of food which has been at times an apparent and immediate cause of disturbance; of the remainder, 62 deny that diet has anything to do with their attacks; and 9 make no response, or a very indefinite one.

For these negative results as to diet, there are two obvious reasons: first, that people are very slow to observe the gradual or habitual influence of any system of diet into which they have fallen by custom or association; and secondly, that if food does not produce marked disagreement in the first stages of digestion, they are ignorant of what passes in the duodenal and subsequent processes.

As to the influence of climate in augmenting the predisposition, more evidence is given. Thirty-nine either say that climate is a matter of indifference, or they make no answer. But 29 seem very clear that they are least liable to attacks of headache in places where the air is dry and bracing; 6 commend cold atmosphere, 6 condemn it; 8 praise warm atmosphere, 3 dislike it; 6 are in favour of sea-air, and 4 are averse to it. I do not attach any great importance to the paucity of answers as to marine air, because it was not particularized in the questions. Still, if sea-air, *quid* sea-air, had made any great impression, either as a friendly or as a hostile agency, I think it would have come out in the answers.

*Fatigue* is mentioned as an exciting cause by 32, though, from inadvertence, the queries contained no pointed reference to it.

Some of the questions were framed with the view of ascertaining how far numerical statements would bear out the prevalent notion of a connexion between headache and disorders of the digestive organs.

Out of the 90 cases, 33 said that vomiting or nausea occurred in their attacks; 12 reported nausea only; 35 experienced neither; 10 made indefinite answers, or none. Of the 45 cases of vomiting and nausea, 33 declared that the vomiting came on after the accession of pain. Of the rest, 6 spoke of the sickness as simultaneous, and 6 gave no evidence on the subject.

To the question whether the pain had been relieved or removed by sickness, 18 of the 33 said they had been relieved sometimes or partially, and 2 said the pain had given way after prolonged vomiting. Of these one used the expression, "after bringing up pancreatic juice."

These answers would scarcely lead to the inference that the headache depended on the presence of anything in the stomach; for though 18 of those who had vomited spoke of being relieved, this term is very vague, and it is all but impossible to separate the mere effects of the act of vomiting on the circulation and the nervous system, from what might be due to the ejection of food or morbid secretions from the stomach.

Not more satisfactory are the replies to the question as to the action of the bowels. Of the 90 only 12 distinctly affirmed any relation between their headaches and the action of the bowels; 54 denied any connexion; 17 gave ambiguous answers, and 7 were silent.

And in reply to whether they had derived relief from aperients, only 15 gave distinctly affirmative answers; 17 said "sometimes," or used other qualifications; 6 were doubtful; 3 were certain that they were made worse by aperients; 36 declared that they were not relieved; and 13 gave no distinct response. These replies do not tell much either way. When aperients have been taken the pain generally subsides.

spontaneously before the bowels have acted; and therefore even with all the disposition which most patients manifest to attach undue importance to this function, they would not assign the relief to the action if the action occurred subsequently to the relief of pain. And yet we know theoretically that they might do so, since the artificial impulse given to the function of the small intestine may have removed sources of irritation. On the other hand, the affirmative respondents are as likely to have unconsciously set their replies into consonance with their preconceived notions of the value of aperients.

To have asked my catechumens whether their headaches had anything to do with bile or bilious disturbance would have, I well knew, called forth a chorus of "Yes." But as I should have been none the wiser, I thought it better to limit the question to the "accumulation of bile manifested by the skin."

Of the 90, 65 were obliged to say "No;" 14 gave a doubtful or qualified "Yes;" and 11 were mute. When asked if they were liable to indigestion, 39 answered in the affirmative, but with qualifying terms, indicating that they were not quite certain about the matter.

I will not trouble you with further details, but as far as these replies bear upon the relation between Headache and disordered digestion, the evidence is to say the least ambiguous and unsatisfactory. But if any decided inference is to be drawn from it, we must conclude rather against the existence of such a connexion in many of these cases, and we do not advance beyond the fact that when there is the disposition to cephalalgia, the digestive organs may afford occasions of excitement to that disposition.

Two of the questions were intended to elicit facts as to the dependence of the attacks on hypersemia. Of the 90 cases, 38 reported that their headaches were increased by the recumbent position, 27, that they were relieved, 5 were doubtful, and to 17 it was a matter of indifference. Of those who were relieved, some said that the position at first was painful, but afterwards, that it became comfortable; and others appeared to think that the rest was quite as important an item as the recumbence. Change of posture, of course involving motion, almost uniformly aggravates the pain; and we may fairly suspect, that of those who say that the pain is increased by laying the head low, some have been deterred from fairly trying it by the first discomfort of the change.

To the question whether the pain was relieved by stimulants, 35 answered in the affirmative, 30 simply denied, 8 reported it to be absolutely increased, and the remainder were doubtful, or indifferent, or had never tried such remedies. I do not think that much value can be attached to these answers. A headache may be associated with passive congestion, and may be relieved by stimulants. It may be purely nervous, and yet aggravated by them, because in so tender a state of the nerves the slightest increase of vascular disturbance will increase the suffering, whether produced by exciting drinks, or as we have just noticed, by slight changes of posture.

The inquiries as to the operation of these and other agents were made, chiefly to obtain information as to the pathology and etiology of the disorder. But one general question was put as to therapeutics:—"From what kind of remedies have you derived most relief?" The question was too wide; for, while some enumerate the remedies which have done good at the time of pain, and also those which have lessened the frequency of returns, others have confined themselves to the treatment which has relieved the attack. Twenty-six specify benefit from *tonics*, *quinine* being mentioned oftener than any other; 15 mention *sedatives*; 11 insist on profound *quiet*; 4 speak well of *cold applications*, 2 of *warm*; 1 ascribes relief to *leeching*, and 1 (the same respondent) to *blisters*; 3 are so unenterprising as to have tried nothing; 12 have been altogether unsuccessful, and they now rely only on time and patience. The rest give vague answers, not requiring further comment.

As far, then, as the information is positive, we may say that the evidence is in favour of *tonics* and *sedatives*.

It is curious that, in the whole series no mention is made of phlebotomy or cupping; and leeches are noticed only by one person. Had the same set of questions been answered five-and-twenty years ago, I presume that antiphlogistic remedies would have received more notice.

Before closing this statistical attempt, I may mention that of the 90 cases, 43 report that the attack comes on very early

in the day—most of them on *waking*. It would be easy to speculate on the cause of this general fact. Some would blame the position in bed (a); others the long interval after food had been taken; others the state of the nervous centres belonging to sleep; others the diminution in the intensity of terrestrial magnetism in the morning. For my own part, I wait for further illumination on this as on many other topics belonging to the whole subject.

THE END.

## ORIGINAL COMMUNICATIONS.

### THE PHYSIOGNOMY OF INSANITY.

By JOHN CONOLLY, M.D. D.C.L.

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#### No. 7.—SENILE DEMENTIA.

THE Illustration accompanying the present paper represents the last stage of mental life in a man of great acquirements and well-exercised mind. In such men, if they are also blessed with a tranquil temperament, the approaches of age are gradual, and scarcely painful; or, at least, the gradual failure of bodily strength, the less vigorous digestion, the diminished desire for voluntary muscular exertion, are borne patiently. Quiet pleasures remain; a love of reading; an interest in other men's activity; a sympathy with the vigorous exertions of younger relatives, and with their achievements, if they achieve anything; and also a fondness for the progress of scientific or moral truth. It is not until the individual begins to recognise that his mental powers are also obeying the universal law, and losing their activity or their power, that he begins to feel the sorrow that is incurable, or which will only yield to insensibility. Unwonted fatigue after ordinary mental occupation; indisposition to some recurring task, formerly not felt a task; a disposition to postpone what requires thought; and a perception of some treacheries of memory, are as long as possible regarded as accidents, and sometimes ingeniously accounted for, so as to leave the reflections undisturbed. These interruptions become more frequent, and at length the conviction forces itself upon the sexagenarian mind, that it is entering upon the beginning of the end of a short and unsatisfactory existence. Those who are wise enough to consider this rightly, and are the masters of their own actions, prudently apportion their exertions to their declining powers. Those whom necessity debars from this, go on working until paralysis or death overtakes them. Some part of the nervous structure becomes faulty; and nervous energy is faultily transmitted, and the body or mind, or both, suffer: a limb becomes useless, or the memory fails, either as a treasure of the past, or as the secure depository of superadded things of daily occurrence. It happens, too, that the period of human life when these infirmities gather over a man is one exposed to peculiar sorrows; not only the death of early friends, to which the survivor finds some means of reconciling himself, but the unexpected loss of younger objects of affection, and other blows, which make sudden havoc in the senile brain.

In this Illustration we fancy that we see represented an individual on whom the oblivion of years has crept gently: one who has gone on day after day, for a great part of his life, with occupations demanding talent and accuracy, but of which he was perfectly master. By slow degrees he grew incapable of continuous attention to minutiae, now and then became puzzled, now and then forgetful, and dreamy and drowsy; wondering, meanwhile, what soporific influence was overshadowing him, and comparing himself to a man in a kind of mesmerised sleep. The figure represents a venerable ruin. In the finely-developed head we seem to read an equally well-balanced mind; without extravagance, without extremes. The eye is large and meditative, the nose well pronounced, the lower jaw indicative of steady-

(a) I was curious to see if there was any coincidence between the fact of accession of pain in the early morning, and increase of pain by recumbency. Of the 38 cases who reported such increase, I find that only 16 report their attacks to have been of early occurrence in the day. If this is of any value at all, it would be adverse to the notion that position has anything to do with early accession.

ness and strength. In the upper lip there is, perhaps, a want of compression, belonging to the approaching dementia. The whole figure, and also the drooping eyelid, bespeak repose. It is happy for old men when this repose is seldom disturbed. Few of them are so privileged as not to feel from time to time a sort of pang of mental dissolution, or something like sensible accessions of old age, and an unavailing sorrow that all they valued perishes in this world, even as the less regarded elements of their bodies. And to mortal man such mortal experiences are real afflictions. To find the sight less acute, and the ear blunted and treacherous, and the limbs heavy, and the voice tremulous; and, worse than all, the glorious faculties of the mind gathering some strange dimness, the reflection faulty, and the imagination fickle and flighty, is to be sensible of the approaches of death; and actually to feel how gradually and yet how surely "this sensible warm motion" is becoming "a kneaded clod."

Some of the great painters have recognised in these cases of old men the beauty that still hovers over their decay. In these reposing features they saw perhaps more clearly, as well as in the form of the head and face, the distinctive beauties of the inherited and acquired individuality of expression. The bony formation, inherited, or at least congenital, gives a fixed and determined shape to each face, whilst the muscular portions of the face and forehead have taken a character in most instances from the events of the individual's life, and the emotions they have excited in the brain, under the entire command of which nearly all the facial muscles seem formed exclusively to act. But these muscular modifications are also occasionally inherited, and the child's features bear a strange impress of the forgotten griefs of once unhappy ancestors. On the other hand, persons of ardent disposition, who have worn all through their active years the physiognomy of an excitable mind, sometimes lose by degrees all this muscular agitation, and as they descend into the calm twilight of age, revert in appearance to that of parents or uncles or aunts still remembered by friends of the family. After death the face often exhibits these resemblances; and, above all, the placidity which human events can disturb no more. When there are exceptions to this, and the countenance bears in the latest years of life the stamp of mean or angry sentiments, which sometimes, indeed, shock our observation even in the coffin, the effect seems to be a result of the habitual impress of such feelings on the muscular part of the physiognomy during the greater part of life, with few or no benigner alternations.

The great size of the cranium in man compared with its limitation in animals, has attracted the attention of all anatomists and observers. The perpendicular forehead of the lion, and the broad front of the elephant, although superior to the low forehead of the tiger and to that of almost all the lower animals, yet contain a brain smaller, less complicated, and manifesting far fewer endowments than that of man. In the gradual growth of an infant, the prolonged head of the time of birth, and the prolonged occiput, are gradually gathered into a more compact or rounded shape; before the time when the tender and separated bones of the infant's skull become firmly and permanently conjoined and thickened, so as to assume a character scarcely admitting, if admitting at all, of subsequent modification. The process is not completed with perfect equality as to time or shape in different individuals. The inherited constitution, and its modification by various nourishment, or by incidental diseases in infancy, childhood, and youth, affect the development of the forehead, vertex, occiput, and lateral portions of the skull, and produce the distinctive forms observed in different persons, and which become even characteristic of particular families. In many insane persons such modifying causes seem to have determined the narrow or retreating forehead, the lofty vertex, and the bulging occiput; while in others the shape of the skull presents little or no peculiarity; and, generally speaking, the peculiarly shaped head mentioned indicates an incurable form of malady. Supposing the structure and integrity of the cerebral substance to be the same in two insane persons distinguished by such formation of head, more hope would exist in the one in which the forehead was amply or reasonably, or normally developed, and the vertex and occiput were not in excess. But a diseased brain may exist in a bony skull-case of any shape.

The general deficiency in the development of the heads of idiots, and its equally morbid redundancy in some of them,

are circumstances which may now be easily verified in the asylums for these unfortunate beings.

It is probable that causes similar to those affecting the comparative growth and gradual development of different regions of the skull, produce the like effects in the bones of the face; influencing the depth of the orbits, the size of the nose, the breadth of the malar bones, the squareness of the jaw, and the character of the chin. These parts at length reach their ultimate shape; and are often undeniably associated with definite mental character; as well as with muscular and other physical characteristics, allying the fixed and the moveable parts of the face with a resulting consent and sympathy, and by this conjunction producing physiognomic expression.

The same laws are exemplified in the trunk and the limbs; and each special development is usually associated with a special mental character. National characteristics of feature are also probably produced by various combinations of causes as family faces are; but causes more diversified and numerous, and acting for a longer time and more exclusively on successive descendants or generations.

Such elaborate anatomical arrangements exist for facial expression as quite to exonerate the physiognomist from the charge of pursuing a vain science. The medical student well knows how minute and delicate a work is the dissection of the muscles of the face. But the observations of Mr. Charles Bell, in his able work on the Anatomy of Expression, still strike the reader, even the anatomical reader, as conveying some things which he never thought of before; and singularly illustrative of the importance of that external facial expression in God's most intellectual creature; in whom a provision for it is made so far exceeding anything of the same kind in the lower animals, where it is yet singularly provided for, as to afford one among innumerable instances of the wonderful adaptations to ends by the Creator of all life, and the Giver of all intelligence.

Of the numerous muscles of the face, all except the two which move the lower jaw may be said, says Bell, to be muscles of expression. They arise from some point of bone, and are inserted in the moveable integuments of the face. Many of them are peculiar to man, and endow him with a much wider range of facial expression than is possessed by any of the lower animals; and commensurate with his superior mental faculties. Some of them contribute also to the movements indispensable to the modulations of his more expressive and varied voice. The large muscle which covers the head from the occiput to the eyebrows, the transverse muscle between the eyebrows, and the circular muscle covering the eyelids, and surrounding the space under the eyes, contribute to the elevation, and depression, and corrugation of the forehead; movements largely connected with varied expression; and the same muscles close or open the eyes themselves, according as joy, or sorrow, or anger, or other emotion affects the mind. There are separate muscles for raising the soft side portions of the nose, and also the outer angles of the upper lip, and also for depressing them; others for raising the whole upper lip, and for depressing the whole lower lip; and these various actions produce expressions known as indicating gaiety, or melancholy, or contempt, with various modifications.

The accidents of life, and the reaction upon them of the individual mind, exercised on these organs of expression for a length of time, may reasonably be expected to leave, in general, some traces there. But the relations of physiognomy sometimes extend far into antecedent years, and lie among the virtues and faults of a well or ill distinguished ancestry, remembered or unrecorded. It is not usually the history of the individual alone that is carved on the sexagenarian face. The subject of physiognomy is not merely curious; although it has never yet been thoroughly considered, being erroneously judged to be chiefly founded on fancy. The whole of an individual's life is often written in the countenance, but no legible at a glance.

The repose of the features in Senile Dementia is usually complete. Ambition is dead, angry emotions have passed away; mean and turbulent thoughts, if any there were, have become extinguished, the life of the passions is over. Man has become a peaceful animal; rarely, when the state is once established, disturbed by any shadows of the past years. This perfect calm is, however, sometimes preceded by great agitation, and fancies of some work to be done, or some

engagements to be fulfilled; leading to attempts to wander away from home, and to resist the most affectionate control of grieved relatives. But peace succeeds, greater than the peace of childhood; and then, sometimes, the spectacle of extreme age loses its painful character, and becomes eminently picturesque. Few of my medical readers, however busily engaged in crowded cities, have not treasured up in some corner of their minds, among the recollections of childish days, some picture of a venerable aged man or woman seated at a cottage door, seeming to view with calm face and untroubled heart the sweet meadow and the declining sun; or looking with satisfaction on the juvenile activity of their active and joyous grandchildren, although with a vague consciousness and a dreamy expression. Sorrow could not touch these remembered old people further; but all of sensation that was left seemed to be pleasurable.

It is, however, a strange thing to look on a face once most familiar to us, and now, when nearly ninety years have gathered over it, still to see the same features, and even the same smile, and yet to be forced to the conviction that you are not recognised. The placid features, the benevolent regard, the long grey hair, are but a venerable picture. The activity of former years is a dream. No word, no sign, not the most pointed allusion to things past, and once most familiar, rouses any responsive movement in the senile brain. Life still remains; respiration, and digestion, and blood-circulation, and alternate waking and sleep; but memory, and emotion, and speculation, and foresight, and with them, happily, anxiety and sorrow, and pain and grief, have passed away.

Even this is better than the strange mixture of the mournful and the ludicrous in cases, in which, amidst the wreck of all nobler things, the memory of life's poor vanities alone survives: and the old lady who can scarcely rise from her chair, insists on being dressed and rouged, and seated at the card-table, where her pleased, but utterly foolish expression of face, reflects the thoughts of gains or losses, which once constituted the only serious events of her daily life. Even a man's mind may show these infirmities, where an ignoble and frivolous life has left him insensible that he is mortal. In one remarkable case of this kind, in a well-known fashionable man of his day, considerable mental acuteness was, all the life long, so assiduously devoted to things below the dignity of a man, that when age came it brought with it, on each return of evening, a return of the fancy of a room full of the grand and gay, of wits long silenced and beauties long hidden in the grave; and the poor worn face of age was lighted up with an inane gaiety that shocked the beholder. Thinking of these things, one feels the beauty as well as the simplicity of Lavater's farewell words to a youth taking leave of him:—"Young man, bring me back the same face;"—a face undeformed by vanity, or falsehood, or guilty thoughts.

#### NOTES OF

### PRACTICE AMONG THE OUT-PATIENTS OF ST. BARTHOLOMEW'S HOSPITAL.

By JAMES PAGET, F.R.S.

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#### No. V.—ON THE DIAGNOSIS AND TREATMENT OF ULCERS OF THE TONGUE.

In this, and in the following paper, I propose to give the results of observations, made chiefly in the out-patients' room, on some of the diseases of the tongue, and especially in relation to the diagnosis of those of its mucous membrane.

And, first, of ulcers of the tongue:—they may be thus classified:—

1. Simple. *a.* From superficial inflammation. *b.* From constant irritation, as by a rough tooth.
2. Aphthous.
3. Mercurial.
4. Syphilitic: *a.* superficial; *b.* deep; *c.* inherited.
5. Strumous.
6. Cancerous; *a.* superficial, or papillary; *b.* deep or massive.
7. Tuberculous.

1 (*a.*) Simple superficial ulcers of the mucous membrane commonly occur, with a general florid bright congestion of the surface of the tongue, in dyspeptic people, and those who habitually eat and drink too much. They are usually small, superficial ulcers or abrasions, very sore and sensitive, with no definite shape or plan. They are not likely to be confounded with any other ulcers, unless with the superficial syphilitic. From these they differ in their acute course, in their being about the tip, rather than the sides of the tongue, and in the active congestion of the mucous membrane which is generally associated with them, and only seldom, or as by accident, with the syphilitic.

The obvious remedy of ulcers of this kind, when they are due to excess, is reformation of diet and active purging. If they survive these, they should be touched with nitrate of silver. When they are only occasional consequences of habitual dyspepsia, the same local means will be useful, but, of course, they cannot be finally cured except by the remedy of the dyspepsia.

When these ulcers occur at or near the frænum of the tongue, they are sometimes so small that they are apt to be overlooked; yet they are extremely painful, and may endure long, or frequently recur.

1 (*b.*) Ulcers of the tongue, due to the irritation of rough or sharp-edged teeth, vary much in appearance, according to the general condition of the patient, their date, and many other conditions. They may be like rough excoriations, with shreddy foul bases and borders, ill-smelling, surrounded with swelling, and a sodden, but not hardened, state of the tongue. Or, with similar general characters, they may extend deep into the tongue; the surface of the tongue, and of the adjacent part of the gums, being in both of these cases covered with a thick creamy or pasty layer. Or, again, while the rest of the tongue may be nearly healthy, the ulcer of more chronic progress may be well-defined, regular, clean at its base, with upraised, rounded, and hard "callous" borders.

Due regard to the teeth will usually determine both the diagnosis and the remedy of these ulcers. But, it must be noted, that so long as the general health and digestion are good, the tongue may tolerate without damage the irritation of rough teeth. Patients, therefore, knowing that their teeth are not unusually bad, will ascribe the ulcer of the tongue to any cause but them; and, even after the removal or smoothing of the teeth, the ulcers may not heal till the general health is improved. And, again, cancerous disease may be determined to a particular portion of the tongue by the constant irritation of a tooth; and extraction will only for a time diminish the activity of the disease.

2. Aphthous ulceration of the tongue may scarcely need description, for its frequency in children may make it easily known when, more rarely, it is seen in adults. With general heat, increased secretion of saliva, and general redness of the mucous membrane of the tongue, (the lips and gums also commonly participating,) aphthous ulcers appear as small, flat, circular, or oval ulcers, following vesicles. They are sometimes single, and may then be nearly half an inch in diameter; but more commonly they are clustered about the fore part of the tongue, or appear in successive crops. Their bases are smooth, greyish or yellowish, with very thin adherent slough; and their borders are well defined, not only by the cleanness with which the superficial layer of mucous membrane is removed, but by the bright crimson areola which surrounds them without elevation or hardness.

With these characters, there is usually active gastric or intestinal irritation. The healing of the ulcers will follow that of the irritation, but will be helped by the application of nitrate of silver in substance or strong solution.

Aphthous ulcers of the tongue may be confounded with the simple and the syphilitic, superficial ulcers. The safest distinctions will be found in their acuteness, the sloughs on their bases, the bright areola, and the attendant active irritation of the stomach or intestines.

3. Mercurial ulcers of the tongue, such as occur in or after ptyalism, may generally be known at once, by the attendant affection of the gums, with pasty deposits at the teeth, by the peculiar fætor from the abundant decomposing saliva, by the general enlargement and sodden state of the tongue. In a former paper I have spoken of their treatment.

4. Strumous ulcers of the tongue (as I believe they may fairly be called) are rare. They occur most frequently in persons under 20, and I have not seen an instance after 30.

Their usual chronic course is, that they commence in one or more lumps in the substance of the tongue, lumps that are deep-set, firm, compressible, elastic, ill-defined, and little, if at all, painful. With slow progress, each lump seems to proceed to central suppuration, and thence to ulceration. Hence is derived either a small irregular opening into the central cavity, or, more commonly, a larger irregular ulcer, with a flat tough base, unequally excavated, and with thick unequal overhanging margins. The ulcers may slowly extend, but they generally remain long stationary, just not healing; and the parts about them become thick, tough, and large, as if with chronic inflammation in all the adjacent textures of the tongue. Even after the ulcers are healed, I think the enlargement may increase, and produce a peculiar form of hypertrophy, with toughness, pallor, and an uneven seamed and scarred surface.

The likeness is evident between this disease, in all its essential features, and that which we recognise, in other parts, as strumous abscess and strumous ulceration. This is not merely chronic abscess, for abscesses of very slow progress do occur in the tongue, and when they are emptied they heal quickly, and the recovery is complete. But, on the other hand, these strumous diseases of the tongue differ from both the syphilitic and the cancerous (with which they are most apt to be confounded), by the ulceration being usually preceded by distinct suppuration. Other diagnostic characters are, that the induration that accompanies or precedes the strumous ulcers is never intense or well-defined; it is, rather, a toughness with diffuse enlargement, not nodular or warty, not painful, not usually accompanied with lymphatic disease. These characters, however, may be insufficient to distinguish strumous ulcers from those of inherited syphilis, to which I shall presently refer. The diagnosis may be assisted by the existence of other marked strumous affections, or, if not by these, by the test of treatment. Iodide of potassium will quickly heal the syphilitic ulcers; but will very slowly, if at all, do good to the strumous. The only remedies for these are the same as for strumous disease, of similar type, in any other part; especially, I think, the cod-liver oil.

5. Syphilitic ulcers of the tongue occur in at least two very different forms, the superficial and the deep. The former are related, in their nearest analogy, to the cases of syphilitic psoriasis of the palms and soles; the latter to the deep ulcers which follow subcutaneous indurations (or gummata), such as one sees especially about the upper part of the leg, or more rarely in the lip or cheek. The superficial, occurring usually with similar disease of the lips, are among the later and most inveterate secondary symptoms; the deep are tertiary. In what measure any of them may be due to mercury or iodine, as well as to syphilis, I cannot say; but I have seen no reason to believe that either mercury or iodine alone will produce any of them.

(a.) Of the superficial ulcers, the most common are such as appear at the sides of the tongue. Some of these, indeed, may not deserve the name of ulcers; for they have thin coverings of epithelium, and do not bleed when even roughly touched. They may be like little oblique or starred fissures in the edge or tip of the tongue; or may appear as pale, bald, raw patches on the mucous membrane; or as such patches, with deeper ulceration at their centres; or, again, there may be single, flat-based, defined, and thin-bordered ulcers through nearly the whole thickness of the mucous membrane; and with any of these forms of the disease there may be round the ulcers little groups or clusters of florid prominent papillæ.

All the superficial syphilitic ulcers of the tongue are very sensitive and sore; but there is little increase of vascularity in or near them, except in cases of accidental complication, through gluttony, intemperance, or other exciting causes. In their long duration, nearly the whole surface of the tongue may become opaque-whitish, or pale purple, smooth, as if without papillæ, and fissured, and the whole organ may become large and thick.

Except the worst cases of cachectic syphilitic ulcers, I believe no affections of the kind are so nearly incurable among out-patients as these forms of disease of the tongue. Among those who cannot use the moist mercurial fumigation (and such are most out-patients), I believe that the best general plan is to give a grain of calomel and half a grain of opium every night, for not less than two months. This plan will certainly cure some, and do harm to none, and improve

many whom it does not cure. For local applications, none seem to give more comfort than the occasional touching of the sores with the solid nitrate of silver, and the frequent washing of the mouth with a lotion containing one or two drachms of the diluted nitric acid in a pint of water.

I have already said that simple superficial ulcers of the tongue may generally be distinguished from the syphilitic, chiefly by the concomitant florid inflammation of the mucous membrane. Similar inflammation, accidentally associated with the syphilitic ulcers, may make the diagnosis doubtful; but the doubt is not practically important; for a rule holds here, as in many other cases; namely, that it is not advisable to give specific medicines while active inflammation accompanies specific disease. The inflammation must be treated first, then the specific disease; and in the case of superficial ulcers of the tongue, if they do not quickly heal when the inflammation passes by, the diagnosis of syphilis is made more clear.

(b.) In the case of the deep syphilitic ulcers, we can commonly see or hear of one or more preceding lumps of firm, inelastic indurations, well-defined, enlarging the tongue, and covered with tense, adherent, smooth, and glossy mucous membrane. The usual seat of the induration is in the upper part of the tongue, often extending far back, but rarely affecting its borders or inferior surface, and still more rarely reaching the floor of the mouth. The induration may, for two or three weeks, only enlarge; under treatment it may clear away; but more commonly it softens, and then either sloughs or ulcerates at its centre. The ulcer which succeeds is deep, excavated, sometimes angular, or cleft-like, with no regular form, bounded by the remains of the induration. Its borders may, at first, be ragged and sloughy; but they soon become smoother, and then appear as edges of thickened and hard mucous membrane, overhanging the cavity of the ulcer, and sometimes nearly meeting over it, so as to need to be parted that the cavity may be seen. In this state the ulcer has no great tendency to spread; its disposition is rather to become indolent, half-healing, with increasing toughness of its boundaries, but without material enlargement of the tongue.

(c.) Ulcers so like these that I can name no difference, may be found in the tongues of young persons that have had no primary syphilis. I have already said that I believe them due to inherited syphilis. These cases, therefore, differing from the last-described only in their mode of origin, may neither need nor admit diagnosis from them; and the treatment of both is the same.

The other forms of ulcers of the tongue, with which these may be confounded, are the strumous, cancerous, and tuberculous. The diagnosis of the first has been already pointed out; that of the last will follow. From cancerous ulcers, the deep syphilitic may generally be known by their induration being less intense, not nodular; the mucous membrane over or near them smooth or glossy, not warty; their borders overhanging their bases, not everted or nodular; by the little pain that attends them if they are not inflamed; by their being at, or tending towards, the dorsum of the tongue, rather than its sides or the floor of the mouth; by the absence usually of sympathetic disease; by their progress to ulceration occupying usually less than a month. Of course, a history of syphilis may help the diagnosis; but, the less it is relied on the better, unless other syphilitic affections be actually present. The age of the patient may also have some weight; the younger the less the probability of cancer.

If all these indications for the diagnosis fail, it may almost securely rest on the effect of treatment. Iodide of potassium will quickly cure, for a time, the syphilitic ulcer, but will have only a slight and transient influence on the cancerous one.

It is possible that a difficulty might happen in the diagnosis of syphilitic or other indurations, and fibrous or fibro-cellular tumours in the tongue. The distinction may be found in the tumours being of slower increase, moveable, and covered with healthy mucous membrane that slides over them.

6. Of cancerous diseases of the tongue one may observe two chief forms, both epithelial; namely, the superficial or papillary, and the deep-seated or massive; and, although cases may occur that confuse them, they are in general sufficiently distinct.

The superficial cancers before ulceration resemble most nearly the syphilitic condylomata and other diseases of the papillæ and mucous membrane, which will be mentioned in



the next paper. The best distinctions will be found, generally, in that the cancers are more warty, or manifestly papillary or tuberculated, and more suddenly upraised and defined at their borders, than mere indurations of the mucous membrane are; and are more deeply seated in the very substance of the tongue, and thicker, (being seldom less than a quarter of an inch thick,) and have more defined and harder bases than the condylomata have. Generally, too, the cancers, even before ulceration, are attended with more afflux of blood to the adjacent parts of the tongue, and with a larger flow of saliva, and more pain both in themselves and about the ear, and jaw, and side of the head, than any of the diseases that at all resemble them. In their ulcerated state, the superficial cancers have additional diagnostic signs in their central ulcerated surfaces, or fissures, or excavations, surrounded by well-defined induration, the extent and depth of which are not diminished by the extension of the ulceration. The base of the ulcer is generally hard and uneven, coarsely granular, papillary or nodulated; and the borders are, generally, lobed, like pieces of conglomerate gland, sinuous, upraised, and, if the disease is active, everted over the surrounding surface. If the case can be watched, all these characters become more marked, and others yet more distinctive are added; such as the fixity of the tongue by the adhesion of the base of the ulcers to the adjacent parts, the enlargement and hardness of the submaxillary lymph-glands, a condition very rarely found with any other ulcer of the tongue, unless it be acutely inflamed. Late in the disease, too, there will be a cachectic aspect; but I have never seen this till the other signs of cancer were so well marked that there was no need of it for diagnosis.

The massive, deep-seated cancers of the tongue are very rare. Before ulceration, and while the mucous membrane is not involved, they may resemble the syphilitic lumps, or the fibro-cellular tumours, or, with far less likeness, the deposits that precede the strumous ulcers; but, of all these, I have already named the diagnostic signs.

I have little to say of the treatment of cancers of the tongue. As a general rule, it is right to remove them whenever this can be done safely and freely, and the *écraseur* is an admirable instrument for the operation.

7. Tuberculous ulcers of the tongue are rarer than any of those now described. The best case I have yet seen was in a policeman, 37 years old. Nearly the whole of the right lateral surface of the tongue was ulcerated. The outline of the ulcer nearly followed the borders of the tongue, but was in parts sinuous, or sharply eaten out. Its border was abrupt, neither elevated, nor everted, nor undermined, surrounded with a florid areola; at its base there was a slight elastic and pliant induration. The base of the ulcer was on the level of the superficial muscular fibres; appearing, in some parts, banded, as if the muscular tissue were exposed, in others granulated; only at its posterior part the base was more deeply excavated. The disease was painful, attended with profuse flow of saliva, and very difficult use of the tongue.

In six months, what seemed at first a little pimple had led to this condition. The characters of the ulcer were such as I had seen in no other disease of the tongue; they were very like those of tuberculous ulcers of the intestines; but it might have been impossible to distinguish the affection as tuberculous, if it had not been associated with pulmonary tuberculosis. With this the patient died; and the ulcerated part of the tongue, examined after death, showed no mark of cancerous disease, but exact resemblance to distinct tuberculous ulceration of the vocal cords.

#### THE LONDON

### PRACTICE OF MEDICINE AND SURGERY.

#### THE HOSPITAL PHARMACOPEIA.

In our last notice we passed in brief review some of the principal formulæ in the Pharmacopœia of the Royal Ophthalmic Hospital; we now propose to glance at those of the Hospital for Diseases of the Skin. The first observation which strikes us is that the praise for simplicity of prescription awarded in the former instance must be withheld here. Although we are bound from long observation to say of the practice of Messrs.

Startin and McWhinnie, as pursued at the Cutaneous Hospital, that it is exceedingly successful, yet it is certainly open to some criticism on account of its great complexity. There is scarcely a formula in their Pharmacopœia which does not include three active ingredients, while it is an exception to the rule, if in practice the simultaneous employment of three of these (a mixture, lotion, and ointment), be not ordered to each patient. When we add to this statement that many of the compound formulæ bear names which do not denote their most active ingredients, the reason why students attending this Hospital often complain of the difficulty of discovering the principles of the treatment pursued, will be easily understood. Under such circumstances we should but little serve the objects of our readers, by simply transcribing the formulæ employed, and shall therefore preface our quotations from its Pharmacopœia by a few general observations on the principles of treatment kept in view, and on which we believe the very successful practice of this Institution to depend. In attempting this task we must state that of course the Medical officers are not to be held responsible for our remarks. The latter are, however, the result of several years of punctual attendance on their practice.

First among the elements of success we must note the very fault to which we have adverted,

*Complexity of Prescriptions.*—Whatever as scientific therapeutists we may object to the plan of administering many active remedies at the same time, there can be no doubt but that in the very limited state of our knowledge, it often secures the end in view more quickly than a more simple and restricted one. There are many forms of skin disease, for instance, in which our best dermatologists are far from agreed, as to whether small doses of arsenic, of mercury, or of iodine, will best serve the patient. He who in such uses Donovan's solution, will probably cure his cases more surely than his more accurate and conscientious brother, who labours in each instance to make an exact diagnosis, and restricts himself to a single appropriate drug. A thousand illustrations of this might be given. If the Surgeon, again, in the treatment of external affections, such as those of the skin, not only allows himself to use compound formulæ in attacking the humoral element in the disease, but also resorts freely to the same kind of measures for local use, he certainly multiplies his chances of success. If the mixture do no good the lotion may, and if the latter fail, the ointment applied nightly, or the bishebdomal medicated bath, may perhaps attain the end. We hope we are not furnishing arguments to the idle. We simply state the fact. But there is another and much more legitimate defence to be alleged for complexity of prescription, viz. that the ingredients often act as adjuvants, and mutually increase the powers of each other. In this respect many of the formulæ of this Hospital are most excellent, and have been constructed with great care and skill. We shall have to mention instances very shortly.

The next matter asking for note is,—

The very free employment of strong mineral remedies. The drug bill at this Hospital must be, as compared with the extent of its practice, exceedingly light. Almost no vegetable preparations are ever prescribed, nor are any tinctures used excepting very rarely. Arsenic, iodine, iron, mercury, sulphur, creosote, and colchicum in various combinations do almost the whole duty. In stating that the employment of mineral remedies is "very free," we must be understood to mean general, not profuse. The doses given are almost always very cautiously minute, and very rarely indeed have we observed the occurrence either of salivation, or of iodism, or of arsenical eczema.

To the accuracy of diagnosis, and of prompt recognition of the attendant diathesis, which constant familiarity with a specialty gives, much of the success in treatment to which we have adverted, must of course be attributed. Of this, however, it would be superfluous were we to add more, since it is the very keystone of practice in all departments of our art.

To pass next to the principles of treatment of special classes of disease, and the use of particular remedies.

*Parasiticides.*—The following is the formula for the "Compound Sulphur Ointment," which is in general use against scabies, favus, and true ringworm; diseases which depend upon parasites, which it is necessary to kill:— $\beta$ . Of sublimed sulphur half-a-pound, of the ammonio chloride of mercury



half-an-ounce, and of the sulphuret of mercury half-an-ounce; to these well rubbed together add four ounces of olive-oil, sixteen ounces of fresh lard, and twenty minims of creosote. It will be seen that we have here in combination three different drugs, each possessing great efficiency in the destruction of insect and fungus life. The object in view, that of obtaining a vigorous compound, which at the same time shall not be irritating to the skin, is, we believe, exceedingly well attained. Mr. Startin, however, does not in any of these diseases rely only on the local measures. Patients suffering from scabies always take an acidulated saline aperient while using the ointment, and to those suffering from either favus or true ringworm, arsenic or iodide or potassium are usually ordered. In the treatment of ringworm the application of blisters to the patches is also always resorted to, with the object of removing at once the cuticle and its infesting cryptogams. Favus is at this Hospital acknowledged to be an incurable disease. The scalp may, however, be kept clean by the constant use of the ointment mentioned above, but if it be laid aside even after years of treatment, the disease will to a certainty return (a). In regard to the diseases attended by parasitic growths, Mr. Startin holds with those dermatologists who consider that the constitution of the patient must be peculiar in some respects to admit of their attack. That the fungi, in fact, come as mites to cheese, not to all cheese, but to those only which are well kept, and beginning to decay. There is, we cannot help thinking, very weighty evidence in support of the view which holds that these diseases spread by mere accidental contagion, and the fungus once planted will attack the hairs of any child, quite irrespective of the state of health. Should this be admitted, the use of internal remedies, as a general rule, would be rendered superfluous; and so, indeed, it is, as far as we can ascertain from our own experience. During the last four years in the out-patients' room of the Metropolitan Free Hospital, the writer has never prescribed any specific constitutional measures in favus, true ringworm, scabies, or contagious porrigo, relying wholly upon external applications; and he believes with equally good results as those obtained in the practice of the Cutaneous Institution. Not unfrequently in cases of scabies and porrigo, attended with excess of local irritation, and consequent febrile disturbance (especially in young children), salines and aperients have been ordered, but no cases have occurred in which either arsenic or iodine have been thought necessary.

**Treatment of the Syphilides.**—The treatment of the cutaneous forms of syphilis, which form a large part of the practice of this Hospital, is almost invariably conducted by means of both topical and general remedies. Mercury, and the iodides, of course constitute the bases of the formulæ for these affections. For the earliest forms of eruption, the scaly and papular, for instance, calomel and opium in pill are often ordered, but more frequently the bichloride in solution. The following is the prescription for the *Mistura Hydrargyri Bichloridi* of the *Pharmacopœia* (see page 26):—℞. Of the bichloride of mercury two drachms, of strong hydrochloric acid one drachm, of spirits of camphor two drachms, of burnt sugar half a drachm, of water a gallon. The dose is from a drachm to two drachms, each drachm containing a twelfth of a grain of the bichloride. An extemporaneous biniodide of mercury is also much used, the formula for the mixture being as follows:—℞. Of the bichloride of mercury two drachms, of the iodide of potassium six ounces, of the tincture of cardamoms two ounces, and of water a gallon. Of this, the dose, a drachm, contains a tenth of a grain of the bichloride, and two grains of the iodide. Simultaneously with the use of either of these mixtures, Mr. Startin almost always orders the "Red Ointment" to be rubbed into the patches of eruption, or applied to any ulcers which may exist. The formula for this "Unguentum Rubrum," the prime favourite of the Institution, is,—of the bisulphuret of mercury half an ounce, of the nitric oxide of mercury half an ounce, of creosote twenty minims, and of fresh lard sixteen ounces.

(To be continued.)

## THE VICTORIA PARK HOSPITAL FOR DISEASES OF THE CHEST.

### BRONZING OF THE SKIN IN A BOY—DEATH—TOTAL DISORGANIZATION OF BOTH SUPRA-RENAL CAPSULES BY OLD DISEASE.

(Under the care of Dr. BENNETT.)

A boy, aged 11, tall, thin, and emaciated, was taken by his father to Dr. Risdon Bennett's out-patients' room at the Victoria Park Hospital, on Thursday, April 15. He was stated to have been losing flesh for some time, and getting weak, but he had had no acute symptoms, nor any indications of pulmonary mischief. He had walked to the Hospital, a distance of more than two miles, and after having been prescribed for he walked home again, without making any complaint of unusual fatigue. Dr. Bennett, and Mr. Couzens, the House-Surgeon, both recognised at once, from the lad's complexion, the nature of his disease. His face presented a most marked condition of bronzing, the colour being diffused over the whole surface, but darker in some parts than others. In the centre of the forehead was a patch, of very dark tint indeed, about the size of a halfpenny, and the edges of which gradually shaded in the surrounding less deeply-tinged integument. The whole surface of the body and extremities was discoloured, but not so dark as the face, excepting on the backs of the hands, and on the sides of the knees. On the sides of the knees especially the skin was very dark. There were a few faintly-marked, but indelible streaks on the mucous membrane of the lips, as if caused by light touches with Indian ink. The conjunctivæ were pale, and, on careful examination, no indications of disease within the thorax could be detected. As to the duration of the bronzing, the lad's father stated it had become very much more marked within the last few weeks, but for some time his neighbours had been suggesting that the boy must have the jaundice, and he thought some of these remarks had been made nearly as much as six months ago. He had not considered the lad ill until quite lately, and even up to the present time he had been accustomed to play about almost as usual with other children.

Whether from having been over-done by his long walk, or from other cause, is not clear, but on the day following his attendance at the Hospital the boy was taken seriously ill. He had some slight diarrhoea, with sickness, and afterwards a series of convulsive seizures. After being confined to bed for about a week, he died on the 27th instant. During the last week of life he had been attended at his home by Mr. Edmund Bletchley, of the City-road, who at once recognised the true nature of the case, and to whose kindness the writer is indebted for an opportunity of seeing the corpse, and for an account of the result of the post-mortem.

At the autopsy the brown colour of the skin was still exceedingly well marked. There was but little fat in the sub-cutaneous tissue, or in any other parts. A careful examination of the thoracic and abdominal viscera was made, but, excepting in the mesenteric glands and in the supra-renal capsules, no morbid conditions were discovered. Many of the mesenteric glands were enlarged to the size of marbles, and contained cheesy matter, encapsuled in very dense or even osseous parietes. These deposits resembled in every respect tubercle which had softened, and was now undergoing absorption. In none of the glands was tubercle in a recent stage of progress found. Both supra-renal bodies were totally disorganized, containing chalk, cheesy matter, and firm fibrous structure, binding together these elements. No trace of their normal tissues was discoverable, nor was there any softening, or evidence of recent inflammation. The disease was evidently in process of spontaneous cure, and had existed for a very long time (a).

In commenting upon this instructive illustration of the correctness of Dr. Addison's views, we may suitably direct attention to the fact that the change in colour was so great, and so characteristic, that the nature of the case was recognised at a glance by three different Medical men, who saw the patient on separate occasions during life. Although the lad had not become so feeble as is usual, yet the constitutional

(a) The vaunted remedies for favus so often written about; all of them owe their reputation either to mistaken diagnosis or to hasty observation. True favus is a very rare disease, even at the Hospital for Skin Diseases. Contagious porrigo, an affection easily curable by local applications, is the eruption usually mistaken for it. The microscope would always correct this error, and ought never to be neglected.

(a) The capsules, together with a coloured portrait of the patient, were exhibited by Mr. Hutchinson at the last meeting of the Pathological Society.

\*symptoms had been in kind those commonly observed. The irritability of mucous membranes, with convulsive attacks, which preceded death, were exactly the symptoms noticed in so many previously recorded cases. In connexion with these circumstances let us advert to the fact that except by the disorganization of the supra-renal capsules, the cause of death was wholly unexplained. The condition of the affected mesenteric glands was that of long past disease; and with these exceptions all the viscera were healthy. In all probability the supra-renal capsules had been disorganized by the deposit of tubercle at some period long prior to death. The chalky concretions within the dense fibrous structure, which was all that remained of them, showed indisputably that the work of absorption, and, as far as was possible, of reparation, had been long in process. There was no trace of recent inflammation about them. Now let us note some interesting considerations as to the relation of the bronzing to the disorganization of these bodies. We have often before directed attention to the circumstance that in cases of recent disease of the capsules, however completely it may have effected their disorganization, no change in colour of the skin is to be expected. In such, on the contrary, the peculiar and intense anæmia resulting, usually causes the observer to describe the skin as remarkably pale. In the above case no very reliable account could be obtained as to how long the dark tint had been noticed. It was, however, certain that it had not been present very long. To one inquirer the father said that his boy had only been brown for a few weeks; to another he admitted that the neighbours had spoken of his having the jaundice several months ago. Now supposing that the boy had died six months before he did, it is almost certain that his skin would then have shown nothing characteristic, while the capsules would yet have been found wholly destroyed. It is of such cases that the seeming exceptions to Dr. Addison's law are composed. We are not aware that any single case has yet been recorded, in which both capsules were in a condition that rendered it probable that they had been disorganized for a year or more, and yet bronzing was not present. With regard to apparent exceptions of the converse kind, those namely, in which, while the skin was dark, the capsules were found healthy, we know of no single one which will bear a moment's examination, if the following be borne in mind, as the characters of the true supra-renal melasma:—*a.* That it shall have commenced on the parts most exposed to light or other irritant; *b.* that it shall be most marked on the parts most abundantly supplied with pigment in a state of health, and next in degree in those most exposed to light or to irritation; *c.* that it shall be symmetrical, or nearly so; *d.* that there shall be stains on the mucous membrane of the lips; *e.* that while there shall be some patches, yet that the entire surface shall be muddy and discoloured. Cases of melasma having no connexion with the supra-renal capsules are not of very infrequent occurrence, and much care is requisite in forming an opinion. By attention to the above rules, however, we believe that mistakes might generally be avoided.

## HOSPITAL NOTES.

### CONGENITAL DIVERGENT STRABISMUS.

Like talipes equinus, although often reported so, strabismus is almost never congenital. It was a subject of conversation in the operating theatre of the Royal Ophthalmic the other day, and no one present recollected to have seen a case in which a convergent squint had been proved to have existed at the time of birth. A case was at the time under notice, in which Mr. Critchett was about to operate upon a young woman of about 19, for a severe divergent strabismus, which her father, an intelligent man, stated to have been congenital. Somewhat bearing out his statement was the fact that he had himself exactly the same form of squint. In his own case the squint had resulted from an attack of small-pox, during which the left eye (the affected one) had suffered from pustular inflammation. The deformity was very great in both patients. Mr. Critchett operated on both, in each instance dividing both external recti. In the father, after the muscles had been cut through subconjunctivally, the eyes became quite straight, but in the daughter, even after the freest division of muscle conjunctiva, and cellular tissue, they still remained divergent,

and a suture, carried over the bridge of the nose, was accordingly employed to hold them in. This result bore out the opinion as to the different nature of the disease in the two patients. In the father it was as usual a spasmodic shortening of the affected muscle, while in the daughter it was probably a congenital partial paralysis of its antagonist.

### DIABETES FOLLOWING A BLOW ON THE HEAD.

A woman recently under the care of Dr. Todd in King's College, in consequence of the effects of a blow on the head, afforded an interesting example of the occurrence of saccharine urine after cerebral concussion. She had fallen down a flight of stairs, and was admitted with numerous contusions about the scalp, and with hemiplegia and rigidity of the right side. The urine examined on the 20th day, had a specific gravity of 1021, and contained a small quantity of sugar. Subsequently the sugar was diminished to an almost imperceptible amount, and the specific gravity fell. She never recovered from the paralysis of motion, and the affected muscles wasted. Some of our readers may perchance recollect a case treated by Dr. Goolden some years ago, to which we then adverted, in which a railway stoker was struck violently on the occiput by the handle of a crane, and became diabetic during the illness which followed. Neither in him, nor in Dr. Todd's case just adverted to, was there any reason for suspecting that diabetes had been present prior to the infliction of the injury.

### UNUSUAL FORM OF PAROTID TUMOUR IN A BOY.

Mr. Wormald has under his care in St. Bartholomew's a boy of the age of 8, whose case affords an example of an unusual form of tumour at so early a period of life. The growth was of considerable size before the excision, and occupied the right parotid region. It had not as far as could be ascertained, been of congenital origin, having been noticed only for about two years. It was found in the excision to consist partly of solid fibroid material, and partly of cyst cavities containing either blood or a grumous fluid. Mr. Wormald informs us that in the microscopic examination of the interior of these cysts, (which was made at the College of Surgeons,) some spores, etc., of a vegetable growth were discovered. The examination was made within a few hours of the operation, and he therefore feels confident that these bodies must have been there while the tumour was *in situ*, and had not been accidentally conveyed there afterwards.

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## Medical Times & Gazette.

SATURDAY, MAY 15.

### FREE AND SELF-SUPPORTING HOSPITALS.

OF all the noble institutions of our country there are none which shed so bright a lustre on the British character as our Charities; and our Medical Charities are peculiarly honourable to us as a nation, and as a Profession. The public generously contribute to relieve the suffering poor, while the Medical Profession expend their time, and frequently exhaust both mind and body in the divine task of healing the sick. We hail the erection and establishment of a new Hospital as a proof that we are not backward in emulating the munificence of

our ancestors—a proof that with increasing population, and augmented wealth, we are as mindful of our duties to the poor, and take as much pleasure in the benevolent task of ministering to their necessities, as any “Good Old English Gentleman, one of the olden time.”

Last week there was a meeting at Bristol for the purpose of setting a new General Hospital of 100 beds fairly under weigh; and we see with a glow of national pride that “merchant princes” still live among us. The names of Mr. George Thomas and Mr. Joseph Eaton are names common in the middle or even the lower class; yet these gentlemen are known to their townsmen as munificent philanthropists. Mr. Thomas has contributed *six thousand* pounds, and Mr. Eaton *six thousand five hundred* pounds to the new Institution, while Dr. James Fripp, formerly a Physician to the Hospital, has given upwards of £1000. By these gifts, and a noble subscription list, the new building may be opened free of debt. The people of Bristol, and the country at large, may well be proud of such a monument of benevolence.

We would also call especial attention to this meeting on account of some remarks of our valued contributor, Dr. Symonds, on the comparative claims of missionary efforts abroad and suffering poverty at home, which deserve a far wider consideration than that of the audience of the Bristol *Athenæum*. He said:—

“I see, and I see it with pride, for it redounds infinitely to the honour of this locality, that vast sums are raised annually in order to impart a purer religious faith, nay, the blessings of our dearly-prized Christianity, to the dwellers in the furthest regions of the world—to people with whom we are connected by the remotest and slightest links of human brotherhood. I find that the annual contributions to various missionary societies in this district amount to no less a sum than £7000. (Hear.) This computation does not include the Colonial, the Foreign Aid, the Jews, the Patagonian, and other less extensive missionary societies, and it is confined to missions to the heathen. Now, on looking at the report of our Royal Infirmary, I find that the annual subscriptions amount to £3054. In the report of the General Hospital I find that they amount to £772; the total amount of the two charities, £3826. I confess these numbers startle me. On the one side I see this splendid, chivalrous, truly Christian large-heartedness shown in raising £7000 annually, with the hope of converting the heathen to our holy religion—I do not ask with what degree of success, for the design and intention are sufficiently noble. (Hear.) But what shall be said, when we find that for our suffering fellow-townsmen—men, women, and children whom we see in our daily life, whose groans and sighs may be almost heard at our very doors; whose hands and feet when strong and well, are providing our daily comforts and luxuries, who have grown up around us, breathed the same air, and worshipped in the same temples—for whom every shilling spent in hospital accommodation and hospital skill and knowledge is certain to produce its full equivalent, either of cure and restoration of the capability of maintaining themselves and their families, or, at all events, of alleviation and solace—what shall be said when we find that for these our near brethren and their piteous wants, we raise annually in funds for hospital accommodation a sum not amounting to £4000? (Cheers.) I have compared and collated these numbers, thinking they might be incorrect, but the anomaly remains. We are so liberal and beneficent that we can fling our largess broadcast towards those far-off sable and tawny races, separated from us by wide tracts of ocean, and by still wider differences of interests, and habits, and feelings, hoping and desiring that they may share our spiritual blessings, and we comparatively overlook our own brethren who may be dying or suffering unalleviated miseries for lack of the help which we are so able to give them. (Cheers.) God forbid that we should restrict or lessen the other acts of beneficence, but I do wish that what is due to the Hospital wants of our poor should bear a fitting proportion. What that proportion is, it may be difficult to state in figures; but were I to attempt a numerical expression of the ratio, I should say that the claims of the heathen on us for missionary efforts are, to the claims of the poor of our own district for Hospital

help, as one to a hundred—and if you do not allow this you will admit it to be certainly not higher than one to ten. (Hear, hear.) If this be so, and if you raise £7000 annually for missionary purposes, you ought to be able and willing to raise £70,000 annually for the support of Hospitals, were so large a sum required. (Cheers.)”

We would hold up before the public the duty of supporting our Hospitals as of paramount importance, but to do this earnestly and conscientiously we must be able to state honestly, that the donations of the benevolent are really expended upon deserving objects, that their charitable efforts, made probably with some self-sacrifice and difficulty, are not abused by undeserving recipients. We must be especially careful that the proper and honourable feeling of independence of the working classes is not undermined by teaching them the first lesson of dependence upon the unearned help of others.

Now it has become notorious to the Profession, and the public are also becoming aware of the fact, that persons do obtain relief at our Medical charities whose means ought to enable them to provide Medical attendance for themselves. We have lately alluded to the effort which has been made to correct or obviate this evil by the establishment of self-supporting Dispensaries in different parts of the country, and we are happy to be able to state that a committee of earnest men is now engaged in the task of preparing a statement of the facts bearing upon the matter, for the consideration of the entire Profession. In the meantime, it may not be unacceptable to our readers if we put them in possession of information as to recent efforts to make some of our Hospitals wholly or partially self-supporting.

In a report of a ball which took place last week, in aid of the funds of the German Hospital, we find the following statement:—

“Attached to this Hospital is a sanatorium, which offers accommodation to German patients *not belonging to the lower classes*, who being unmarried or separated from their families and friends, may have a room to themselves either gratuitously or, when able, on paying a moderate remuneration to the funds of the Institution.”

Thus a system, widely extended in France and Germany, has been introduced into England; and those persons who are able to contribute towards the funds of an Hospital, have the opportunity of doing so, and are without the excuse of many of those who now absorb the contributions of the charitable in our Hospitals, on the plea that though not absolutely destitute, they are still unable to pay for board, lodging, nursing, and Medical attendance, when sickness cuts off their earnings, and know of no resource but a charity. In some of our special Hospitals and Dispensaries, the continental system has been imitated more or less closely. In the Orthopædic Hospital a bed can be obtained on payment of ten guineas. In the Skin Hospital, all the in-patients have to pay a weekly contribution. At the Central London Ophthalmic Hospital, many of the out-patients pay half-a-crown for a ticket, which entitles them to a separate waiting-room and priority of attendance. At the Blenheim-street Dispensary a penny has been collected for every attendance of a patient. There are probably other institutions in which, on true or false principles, an attempt has been made to check the system of indiscriminate relief.

We need not stop to point out the essential difference between some of these plans, and the system so ably advocated by Mr. Smith, of Southam. The one is a system of *CHEAP* PHYSIC, and the poor would certainly not be trained to habits of providence by knowing that when sick they could procure a dispensary ticket for a penny. Mr. Smith's plan really amounts to a mutual assurance society (free from the disadvantages of benefit clubs), in which the poor learn to provide against illness by a stated payment while well. Again, the plan of granting monthly tickets for half-a-crown would

probably appear not quite fair to neighbouring general practitioners.

The German Hospital and the Orthopædic are the only two we know of in which beds can be obtained on payment. The subject has attracted the attention of the Committee of the Samaritan Hospital, and has been alluded to in their report for 1867, but has not yet been carried out in practice in that Institution.

Two Institutions, however, have been established with this express object in view, both partially self-supporting. The one must have attracted the attention of our readers by the following notice, which has frequently appeared in our advertising columns :—

### Gentlewomen, during Illness, may, for

a small weekly payment, receive the comforts of a HOME, combined with the best Medical and Surgical treatment, at the Establishment, No. 1, Upper Harley-street. This Establishment, which was opened in 1850, is patronised by Her Majesty, the Bishop of London is Visitor, and it is managed personally by the Lady Caroline Garnier, the Lady Laura Palmer, Mrs. Guthrie, Mrs. Thomson Hankey, Miss Alexander, and other ladies. All information respecting it may be obtained on written or personal application to the Lady Superintendent. Subscriptions received at the Institution, and by the Treasurer, E. MARJORIBANKS, jun., Esq., 59, Strand. W. C. SPRING RICE, Honorary Secretary.

This Institution, we have reason to believe, is exceedingly well managed. Its Medical Officers are Dr. Watson, Dr. Ferguson, Dr. Bence Jones, Dr. Weber, Dr. Farre, Mr. Cæsar Hawkins, and Mr. Bowman; but as it has only lately been advertised it has not been so useful or so generally appreciated as it deserved, or as it would have been had it been better known.

Very recently another Hospital, on a somewhat similar plan, has been set on foot at Bayswater. The HOME in Harley-street is a General private Hospital, that at Bayswater is a Special private Hospital for "Surgical Diseases of Women;" rather a vague definition. But as we learn from the prospectus, lying-in cases and cases of syphilis are not admitted, it is probably meant to confine the benefits of the institution to women suffering from such diseases peculiar to their sex as admit of relief from surgical treatment. The Medical officers of this HOME are Mr. Skey, Consulting-Surgeon; Dr. Priestley, Physician; Mr. Baker Brown and Mr. Nunn, Surgeons; and Mr. Harper, Assistant-Surgeon. Four gentlemen in general practice, residing in the neighbourhood, are to act as Visiting Surgeons, in place of House-Surgeons.

This scheme has met with a great deal of opposition and some obloquy, but we really do not see any very valid objection to it. It may be said that as subscriptions are solicited to furnish the house, and £500 a-year is asked for to maintain ten beds, the patients are still recipients of charity. This is true, and it might have been well to have departed from the example set in Harley-street, and have endeavoured to make the institution entirely self-supporting, and a means of legitimate remuneration to the Medical officers, on the same plan as the private lunatic asylums, which are so useful to the public, and so profitable to a highly-respectable class of the Profession. But this would imply a high scale of charges for admission, and the object appears to be rather to help those who are willing to help themselves as far as they are able, than to provide for those who can afford the necessary expenses of a purely private establishment.

There is an objection common to these HOMES in Harley-street and Bayswater, to which really private Hospitals are not exposed. The patients, though they pay, are still to some extent recipients of charity. Their board and lodging are partly provided by the benevolence of the public, while they are attended gratuitously by the Medical officers. Here the Provident Dispensary scheme of Mr. Smith is very superior, as the Medical officers receive some remuneration for their labours; and we trust some means may be devised for extending this principle to Hospitals as well as Dispensaries. In some of the oldest of our endowed Hospitals the Medical

officers receive an annual salary; and it might surely be possible to devise some plan by which, in a self-supporting establishment, the patients might be spared the reflection that they were receiving the gratuitous services of the Medical officers. There might be a difficulty in cases where, as in the Harley-street and Bayswater "HOMES," the charitable and self-supporting systems are mixed; but this difficulty is successfully overcome by Mr. Smith in his Dispensary scheme.

The plan of purely private Hospitals is one likely to attract the attention of the Profession. The public have felt the want of such establishments; and the success which has attended hydropathic institutions has probably been owing to the absence of more orthodox residences for invalids. Since the failure of the Sanatorium in which Dr. Southwood Smith took so active a part many years ago, we have heard of nothing of the kind in London, until a Sanatorium was started at Highgate two or three years ago, although in Dublin the plan had been worked successfully. More recently, if we may judge from advertisements in the daily papers, the practice of Medical men receiving patients into their houses, and probably arranging their houses for the reception of invalids, appears to be on the increase; and we may direct attention to an establishment in Queen-square, under the superintendence of a lady who has had a large Hospital experience. This "Home for Invalids, or persons requiring care and attendance during surgical operations," has been recommended to our notice by Physicians and Surgeons of eminence who have had patients there; and we may state, after personal inspection, that any of our readers who may wish to place patients in a private house where they would be as well attended to as in any public Hospital, would do well to visit this house. "There is no Medical man connected with the house, each patient having his own Medical attendant," says the advertisement. The absence of a resident House Surgeon might be an objection in some cases where the Medical attendant lived at a distance, but this would be met in any similar institution superintended or established by one or more resident General Practitioners.

This plan is one which deserves and must receive attention; and we have no doubt that by careful consideration of details, a scheme might be perfected tending to correct existing abuses in charitable institutions—the appropriation of funds to those whose means should place them above the receipt of eleemosynary aid—and avoiding any objectionable combination of commercial speculators with professional men.

### THE WEEK.

DR. LANKESTER has just circulated his Second Annual Report to the Vestry of St. James. It is a curious circumstance, that, although he has insisted most strongly on the danger to health and life from using the waters of metropolitan surface wells as drink, and the vestry closed several of the pumps, yet they have recently ordered them to be re-opened. The quantity of putrid or putrifiable matter in the porous soil through which the rain-water soaks into these wells is so abundant, that it becomes charged with the products of the decomposition of organic matter, and may undergo a kind of fermentation, rendering it quite unfit for human consumption. The history of our cholera epidemics has shown the immense mortality which has been caused by the use of impure water; but the Vestry of St. James are wiser than their Medical officer, and think they can afford to disregard his caution. Dr. Lankester also insists very strongly upon the necessity for ventilating the sewers. He shows that disease is frequently caused by the effluvia emitted through the gully-holes and valves of the sewers into the streets. In another column some account will be found of the remarkable observations of Dr. Barker of Bedford, bearing out these recommendations





SENILE DEMENTIA.

From a Photograph by Dr Diamond.

Drawn on Stone by W. Bagg

Printed by Hulton-Deutsch & Walton





of Dr. Lankester. Among some excellent remarks on prostitution, Dr. Lankester says: "It is the systematic exclusion of this topic from public discussion that has caused it to assume its present enormous magnitude; and were the public generally acquainted with the terrible physical evils falling alike on the virtuous and the guilty, which are consequent on this state of society, the evil of which we complain would receive its most effectual check." Such reports as these from our Medical Officers of Health to the Vestries of the metropolis, must have a great influence for good; and we trust the Profession generally will support them by all the influence they can bring to bear upon the ratepayers in furthering sanitary measures. "The sanitary question is a national one and a religious one; for just as we decrease disease and death, we shall find that we increase not only the physical powers of our population, but their intellectual ability and their moral character."

The motion of Lord Ebrington and the debate it gave rise to on barrack accommodation, must do good. It has been shown that upwards of three millions have been spent in the last four years for barracks, and also that the military authorities have certainly not made the most judicious application of the funds placed at their disposal. The Sanitary Commission has shown that the faults may be traced in a great degree to the want of power in the Medical department. The suggestions of Medical officers are slighted by their military superiors; but the public will now insist that the improvements which Dr. Smith and the Department have long been fighting for, in the lodging, food, and clothing of our soldiers, shall be carried out, and that the large sums of money voted by the country shall be expended in accordance with the dictates of common sense and sanitary science.

Dr. Brown Séquard commenced a course of six lectures on Wednesday in the Anatomical Theatre of St. Bartholomew's Hospital, on the Physiology of the Nervous System. His first lecture was a very interesting one on the transmission of sensitive impressions to the brain. The course will be concluded next week by lectures on Monday, Wednesday, and Friday, commencing at half-past 12 o'clock. The opportunity of attending these lectures should not be overlooked by physiologists.

The Irish Poor-law Commissioners have reported a considerable decrease in the number of vaccinations in Ireland in 1857 as compared with 1856. They have exposed the danger to human life from the present state of the law, and Lord Naas has stated in the House of Commons that he hopes to introduce a Bill this session for amending the law.

The deputation to the Poor-law Board on the subject of the grievances of Poor-law Medical Officers, was a very influential one. About sixty gentlemen attended, including twenty members of Parliament. The result may also be looked upon as satisfactory, for Mr. Estcourt, the new president, promised to lay a bill on the table of the House of Commons before the close of the session, so that during the recess the country would have time to consider it, before it is discussed in Parliament next session.

Lord Elcho's Bill, as was expected, did not come on for the second reading on Wednesday; so that, as we stated as probable some weeks ago, the first debate on Medical Reform will take place on Mr. Cowper's Bill. A deputation is to wait on Mr. Walpole at the Home Office this day, from the

Reform Committee of the British Medical Association. A sort of general invitation has been issued to Medical practitioners to accompany the deputation; and it is to be hoped that the Home Secretary will gain some information on the subject from the speakers, though in the present state of political affairs in the Houses of Parliament, the Medical Reform Bills seem in danger of being postponed *sine die*.

The Rev. W. Newnham was elected Chaplain at St. Mary's Hospital, on Monday, after a severely contested election, there having been more than forty candidates in the field. The Medical officers were delighted that so eligible a candidate should have been a son of the esteemed and greatly respected Newnham, of Farnham.

The meeting at the Freemasons' Tavern, on Tuesday, of the supporters of the Medical Benevolent College was a very numerous and exciting one. Mr. Labouchere was in the chair. The party in favour of a postponement of the adoption of the report numbered 45. So many important questions were raised for discussion, affecting so materially the future welfare of the College, that we must defer until next week our comments upon them, and the report of the meeting.

Mr. Love, of Burton-street, Eaton-square, has sent us the particulars of a case which should put the public on their guard against the danger of sleeping without removing any false teeth they may wear. Last week he was called to a gentleman, 26 years of age, who was awakened with violent pain in the throat, and stated that he had swallowed two metallic teeth, with a plate of platina to which they were fixed. Mr. Love found them so far down as to be out of reach, so he pushed them into the stomach with a probang. This was followed by immediate relief, but the pain returned in the course of the day, continued to increase, was followed by hematemesis, and the patient died on the sixth day. It is curious that while the teeth were in the œsophagus the pain extended from the neck down the arms to the fingers, but when they were in the stomach it only extended to the elbows. This case, and similar ones, which have been recorded in America, and are reported in this journal, should teach people who wear false teeth to remove them before going to bed.

Dr. Lever mentioned a singular fact at the last meeting of the Hunterian Society. He had seen two women lately who had died in the eighth month of pregnancy. The children were both alive after the death of the mothers. Both fathers refused permission to allow removal of the live children from the dead mother by the Cæsarean section. This raises some singular questions both in law and morals. Husbands have generally been anxious for the operation being performed, because if the child came into the world living, they acquired a legal right for life to the wife's real estate. We may suppose a case in which property is settled on a child of a female (if born alive), so that by its death it would pass from the husband to the wife's next of kin,—while if there were no child born or extracted alive, the husband would enjoy it under a deed. Or the husband may not wish to have the charge of a living child. No such point having been raised for decision in a court of law, Dr. Lever consulted Dr. Taylor, who said that in such a case he did not think a Medical man would have a *legal* right to deal with the dead body of the wife except by *consent of the husband*. The object of the operation is good, but the end does not, in law, justify the means. As a matter of dry law, a husband

might perhaps be legally justified in refusing to allow an accoucheur to perform the operation, although morally speaking, his conduct would not be justifiable. He might object to have his wife's dead body interfered with, even for what, professionally speaking, might appear to be a good purpose. There might be cases in which such a power as that claimed by Dr. Lever would be grossly abused; and it would, at any rate, be a shock to public feeling that any Medical man on his own statements of the condition of things, should have the power of opening the body of the dead wife, against the wishes and feelings of the husband. A child in utero is not a living child in law; consequently, legally speaking, the non-extraction of it by operation would not be homicide in any sense. Women are constantly acquitted of the murder of children, because it cannot be found medically that the child had come *entirely into the world living*, when the murderous violence was inflicted. This is very absurd, and requires altering; still it is the state of the law. Had Dr. Lever extracted one of these children in spite of the refusal of the husband, he would not have been liable to an action, but to an indictment under the Anatomy Act, or at common law for an offence "*contra bonos mores*." His answer might be, he wished to bring into the world a living child; but we doubt whether this would be held a legal justification for the act, since the law does not look to consequences, but judges of acts by rigorous rules.

We observe, with great regret, that the Poor-law Board has completed the series of persecutions to which Mr. Symes, of Bridgewater, has been subjected by the local Board of Guardians, by requesting that gentleman to resign his office. Whether he will do so remains to be seen; and we shall be curious to know what ulterior steps may be taken in the case of his refusal. If the extreme severity of the Poor-law Board against Poor-law Medical Officers who are supposed to be guilty of neglect of duty were compensated by a corresponding anxiety on the part of the Board to defend those Medical Officers who are ill-used by the local Boards, perhaps we should not have very much reason to complain, and we might palliate the harsh judgments of the Whitehall authorities on the ground of the necessity of dispensing equal justice; but we fear that we are not overstating the case when we affirm that in nearly all cases of disagreement between the local Boards and the Union Medical Officers, the latter are denied all redress. Thus the power undoubtedly possessed by the superior Board to restrain the harshness and tyranny of the local cliques, becomes virtually a dead letter; and the Medical Officer, ground down to the most paltry remuneration, is expected to discharge the most onerous duties, while any neglect, or supposed neglect in their performance, is visited by the most terrible retribution, such as should only be inflicted for the most gross moral delinquency. To expect a man to work almost for nothing, and to be punished when he does not work enough, appears to us to be the extreme of severity and injustice.

## THE SEWAGE OF TOWNS.

THE preliminary report of the Royal Commission appointed to inquire into the best mode of distributing the sewage of towns has been laid on the table of the House of Commons.

The Commissioners state that they have paid particular attention to the case of London, and have appended the outline of a plan, which is altogether new, for dealing with the sewage of the metropolis. This is the leading feature of the report; but the Commissioners first describe the nature of the inquiries that have led to the conclusions at which they have arrived.

It is observed that the abolition of cesspools and the general

adoption of waterclosets having rendered necessary a more extended system of sewers of greater capacity, the discharge of so large a body of sewage into town-rivers must be productive of nuisance and disease among the inhabitants upon the banks. The Thames, before it reaches the point from which the water-supply of London is at present derived, receives the refuse of districts containing upwards of 700,000 persons. Not only is the water, when polluted with sewage matter, eminently unfit for human consumption, but it destroys the fish, as was the case at Leicester, until the liquid sewage was rendered innocuous by chymical processes, since which time the fish have again appeared. In the prosecution of their inquiries the Commissioners have visited Tottenham, Croydon, Leicester, and Cheltenham, in which towns works are carried on for the purification of the sewage; also, Rugby, Watford, Rusholme, Mansfield, and Edinburgh, where sewage is applied in a liquid state to the adjacent lands, besides several farms over which manure is used in a similar manner; and a deputation visited Milan to observe the sewage manuring processes adopted in the neighbourhood of that city. The results have been found so satisfactory, that in some cases very valuable meadows have been created from that which was formerly mere barren sea-sand; while the absorption is so rapid, that no offensiveness is appreciable, even in hot weather, within five minutes after the application of the liquid.

For large towns the Commissioners are of opinion that the precipitation process is the best, allowing the water after purification to pass off, and leaving the thick "sludge" alone to be used for manuring purposes. This, therefore, is the plan which they propose for London.

Convinced by the representations of Mr. Goldsworthy Gurney that the mere diversion of the sewage will not purify the Thames from its present foul condition, the effect of past accumulations, the Commissioners recommend the immediate execution of the embankment scheme propounded by the Metropolis Improvement Commission of 1844. Advanced terraces being constructed, continuous on the surface, but affording convenient entrances to inner basins for the wharfs above London-bridge, reservoirs are to be formed in the embankments adjacent to the mouths of the existing sewers, into which all the sewage is to be received and deodorized, and from which—the purified water being first allowed to flow into the river—the precipitated matter will be pumped into the country or to the sea. The reservoirs and apparatus are to be beneath the surface, and consequently invisible; so that no nuisance whatever can be apprehended.

The subsidiary parts of the scheme are the adornment of the river, the relief of the streets by the terrace carriage ways between London and Westminster, and the connexion by railroad of the existing termini on the southern shore. The cost of the entire works is estimated at £3,250,000, exclusive of any approaches which may be formed in connexion with the new thoroughfares.

The report extends to 35 octavo pages, exclusive of an appendix, and is signed,—

ESSEX.

HENRY KER SEYMER.

ROBERT RAWLINSON.

J. THOMAS WAT.

J. B. LAWES.

T. SOUTHWOOD SMITH.

JOHN SIMON.

HENRY AUSTIN.

## DIPHTHERIA.

THE following remarks from the last quarterly return of the Registrar-General are important:—

A disease, which is not new, but has been described afresh in France, has been fatal in several districts. It has been called "throat disease" in some of the returns, and from its having attacked English visitors in Boulogne the name of that town has been occasionally employed to qualify the affection. Diphtheria, its name in the statistical nosology, is adopted from the French writer who described the disease under the name of *diphtherie*, in reference to the characteristic membranous exudation in the throat. (a) The termination "*itis*," as in gastritis, is used in medical language to designate pure inflammation of the organ, which the root of the word

(a) *Diphthera*—*διφθέρα*—a prepared hide, leather. *διφθέρα* were used for writing-on in the east, like vellum or parchment. (Liddell and Scott.)

expresses; hence *ia* has been substituted for *ite*, the French form of "*itis*," as this cannot with any propriety be placed after *diphtheria*, designating a product of disease, and not an organ of the body.

No notice has been taken of the disease by the registrars either in the country north of Staffordshire or in Wales; and it has probably not prevailed there epidemically to any great extent. It is, however, allied to one of the forms of scarlatina, and is still confounded with that disease, with croup, or with quinsy, by some practitioners.

Diphtheria, like Asiatic cholera, is probably only a more intense form of an old disease; but new intense spreading forms of disease deserve close attention, for with the increasing density of population, the intimate connexions between England and every unhealthy climate of the world, and the slow progress of sanitary improvement, we cannot consider ourselves absolutely safe from an eruption of some epidemics, which, like their predecessors, may open a new chapter not only of medical but of national history; for Niebuhr acutely remarks, that the great epochs of history are marked out by pestilences.

Epidemics, like new varieties of animals, spring up under favourable circumstances. Each epidemic form has its congenial climate. The cholera epidemic is bred on the delta of the Ganges; yellow fever on the banks of the Mississippi; plague around the Nile in Lower Egypt; typhus in our towns; ague in our marshes; diphtheria, according to the popular theory in France—where the conditions are more favourable, on the whole, than they are in England—to the diffusion of putrid effluvia over the fauces.

Every Englishman admires the works of art, the picture galleries, the houses, the furniture, the cultivated personal tastes which surround him on every side in Paris, or on a small scale in Boulogne. He admires some of these objects every day, others every week; but has every day to give up his admiration at the door of that inscrutable cabinet where the light of French refinement never comes; where his throat is assailed by the poisonous distillations that engender disease, and explode, if you count well the victims, with much more fatal consequences than gunpowder or even than fulminating quicksilver. That men should lock up jewels in cabinets, keep their larders full of delicacies, or stock their cellars with wine is natural; but it is a singular absurdity in civilized men to attempt to hoard for years this volatile essence, which bursts its chains, and, like an unclean spirit, enters not only every apartment in the house, but every channel of access to the living chambers of the body, leaving at times such traces of its passage as diphtheria in the throat. The disease once generated, wanders abroad, and destroys life under circumstances quite different from those in which it was born; but impurity is always its natural ally.

The Scotch threw these matters into the streets, and justly incurred the censure of the fastidious. In London, and even in the country mansions of England, retreats still exist which may rival the French magazines of impurity; but it has of recent years been the practice to throw the guano compounds of London, with water, into the sewers; which, though not constructed for the reception of such matters, and consequently suffering their volatile principles to escape into the streets, convey a portion of their elements to the Thames, and commit them to its flood of tidal waters.

Dr. Barker has recently performed an ingenious series of experiments on animals, to determine the effects of each of the noxious principles which arise from cesspools. He placed the animals in a close chamber by a cesspool, with which a tube opening into the chamber communicated; and a lamp was arranged so as to draw a current of cesspool air steadily over the creature's inside. With a pair of bellows Dr. Barker could draw the air from the chamber. A young dog in half an hour "became very uneasy and restless; he vomited, and had a distinct rigor, and in the course of a day was exhausted. When he was removed he soon recovered." "Another dog was subjected to the cesspool air during twelve days;" in the first seven days he underwent a series of sufferings, not unlike the symptoms of the disease of children in hot weather; on the ninth he was "very ill and miserable." After he was liberated, on the twelfth day, he remained "very thin and weak for six weeks." Dr. Barker then continued his experiments on the effects of definite doses of the gases in the sewers, and killed or poisoned several sparrows, linnets, jackdaws, and dogs.

Thus Dr. Barker has, for our instruction, imitated on a small scale, and on a few of the inferior animals, the vast experiment which is constantly going on, and destroys thousands of men, women, and children all over England. Instead of a few animals in a close chamber, more than two millions of people live in London over sewers and cesspools. The poison is generated in every house; it is distributed conveniently along all the lines of road, so as to throw up its vapours into the mouths, throats, and lungs of the people through innumerable gully-holes, which are either left untrapped, or trapped imperfectly, in order that the poisonous gases might escape. A variation in the pressure of the atmosphere draws up the stinking air from the sewers, like Dr. Barker's bellows. All the details of the experiment were as carefully contrived by the engineers of the old sewers' commissioners as if they were constructing an apparatus for passing currents of poisonous airs steadily over the people of London, with a view, like Dr. Barker, to ascertain their exact effects. The engineers of the new Board of Works have endeavoured to keep the apparatus in order.

It is now time that this cruel experiment should cease. Last year, when no epidemic prevailed, not less than 14,795 unnatural deaths were registered in London. This was the aggregate effect of the impure airs, and of other sanitary defects.

Will the London Board of Works stop the experiment? Are they, like Dr. Barker, convinced and satisfied? Will they bring their common sense to bear on this question? Gases are constantly generated in the sewers and cesspools, and these gases will escape. Their elasticity carries them—and perhaps still more poisonous organic compounds—through the gully-holes, so long as there is no other outlet. But what can be an easier engineering problem than to discharge into the atmosphere the sewer gases, through pipes running up, and at least as high as the chimneys? This is in partial operation, and if made universal would be a mitigation of the evil. There are many ways of getting entirely rid of these gases, and why should not the inexpensive work be at once done?

The sweet odours that enter the country are taxed; and every one has witnessed the admirable zeal of her Majesty's customs' officers in their searches for eau de Cologne. If a tax could be levied upon odours of another description, bearing some proportion to the evil they do, it would be much more productive; and if it were levied through the agency of the Board of works in London, and the Sewers Commissions elsewhere it might be more beneficial, as they would undoubtedly find it economical to substitute fountains of rose-water for their present gully-holes.

## REVIEWS.

*A Treatise on the Employment of the Speculum in the Diagnosis and Treatment of Uterine Diseases; with Three Hundred Cases.* By ROBERT LEE, M.D. F.R.S., Obstetric Physician to St. George's Hospital. Pp. 132. London: 1858.

To expose the abuses of the Speculum is a favourite pursuit with Dr. Robert Lee; and in his present work, the substance of which has already appeared in the *Transactions of the Medico-Chirurgical Society*, he gives us the history of three hundred cases, in which the introduction of the instrument has been unnecessary, or has been attended with positive mischief. If there be any enthusiastic admirers of the speculum who unduly extol its advantages in practice, they may derive some useful hints from the perusal of Dr. Lee's pages, in which the other side of the question is warmly advocated. "The speculum," says Dr. Lee, "emanated from the syphilitic wards of the Hospitals of Paris, and it would have been better for the women of England had its use been confined to those institutions." It is quite unnecessary to point out that abuse and use may be, but ought not to be, confounded.

*Transactions of the Odontological Society of London, 1856-57.* London: 1858. 8vo, pp. 154.

The first volume of the *Transactions of the Odontological Society* is highly creditable to the distinguished dentists who are members of the Society. It contains the President's address at the first meeting of the Society; a number of papers of great

interest to scientific and practical dentists, by Messrs. Rogers, Bate, Tomes, Shelley, Maclean, Barrett, Robertson, Owen, and Jacob; and a paper on the Surgical and Mechanical treatment of Cleft Palate, by Mr. Sercombe, which is also important to the Surgeon. Mr. Sercombe shows that fissure of the soft palate may be remedied by simple mechanical contrivance. Two pieces of vulcanized india-rubber are fixed upon a gold plate fitted to the hard palate and upper teeth. This apparatus is simple, easily constructed, and in cases narrated gave the patients the power of distinct articulation. The results of a plastic operation are, however, so satisfactory, that it is only in exceptional cases this contrivance is likely to be adopted. Fissure of the hard palate, on the other hand, is a condition, the treatment of which the Surgeon is bound very frequently to leave to the dentist; and Mr. Sercombe shows that the cases most difficult to the Surgeon are the easiest to the dentist, and that mechanical treatment is not only safe and painless, but effectual.

*On Dislocations and Fractures. Fasciculus IV.* By JOSEPH MACLISE, F.R.C.S. London: 1858.

THIS Fasciculus contains four plates, representing dislocations of the humerus, fracture of its neck, and some remarkably good illustrations of the mechanism and dislocations of the elbow-joint. The freedom and general excellence of the drawing are well maintained as the work proceeds.

*Handbook of Chemistry, Theoretical, Practical, and Technical.* By F. A. ABEL and C. L. BLOXAM. Second Edition. London: 1858. 8vo, pp. 785.

NEARLY five years have elapsed since the first edition of this work appeared. The additional experience of the authors, and the recent researches of Continental chemists, have been so employed as to make this Handbook thoroughly deserving of the confidence of the Student of Chemistry. The general plan of the work is maintained, and many new illustrations have been added to assist the description of the processes and manipulations recommended by the authors.

*Fishes and Fishing. Artificial Breeding of Fish, Anatomy of their Senses, their Loves, Passions, and Intellects. With Illustrative Facts.* By W. WRIGHT, Esq., Surgeon-Aurist to Her late Majesty Queen Charlotte, etc. London: 1858. Small 8vo, pp. 384.

Mr. Wright's aural practice in St. James's has not prevented him from obtaining a position among the "brethren of the Angle." During many years he has entered in a book the result of his own observations, and such facts as he could thoroughly depend on. Arranged in the work before us, they form a very readable and amusing book, and are really useful to the Londoner whose angling propensities must be indulged within a reasonable distance of the sound of Bow bell.

*The Illustrated Handbook of British Plants.* By A. IRVING, F.B.S. London: 1858. 8vo, pp. 480.

THIS book is got up in a cheap form, but it is not less useful as a help to the student of British Plants. While the phraseology is simplified, the descriptions are rather scientific than popular; and the man who finds a plant, and wants to know what it is, will find the Illustrated Handbook a very useful companion.

*Algiers in 1857: its Accessibility, Climate, and Resources, described with especial reference to English Invalids.* By the Rev. E. W. L. DAVIS, M.A. London: 1858. 8vo. Pp. 163.

THIS work really contains what its title leads us to expect. The hotels and lodgings, the food and climate, the dress, the Medical men and chemists, the suburbs and scenery, rides and recreations, and the society of Algiers, are described in a lively entertaining manner, making six chapters of very pleasant reading for all, and likely to be especially useful to the Medical man who thinks of sending patients to a warm climate.

*Memorandum of Improvements suggested in the Medical Service of the Army; with a Description and Drawings of a New Plan of Equipment for the Medical Staff Corps; accompanied with some Remarks upon the Education, Duties, and Position of the Medical Officer.* By GEORGE BEDFORD, late Acting Assistant-Surgeon of the 58th Regt. London: 1858.

IN this pamphlet Mr. Bedford offers some useful suggestions for the transport of the sick and wounded from the field of battle, and for the more prompt administration of Medical and Surgical aid to the sick and wounded. He also claims for the Medical officers of the Army more substantial rank and pay, and more authority than they now possess. He exposes with considerable force the hardships to which they are now exposed, and the comparative neglect with which they are treated by commanding officers even in times of war and pestilence.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### STRICTURE OF THE ŒSOPHAGUS TREATED BY CATHETERISM.

By Dr. LOTZBECK.

A healthy boy, 5½ years old, swallowed by mistake, 10 June, 1856, some sulphuric acid. He screamed out from the pain, and fell upon the ground. Oil and lime-water were given, and vomiting frequently occurred. For the next five days he could only take a few drops of fluid, and during the next eight weeks his nutriment consisted solely in tepid milk, the greater portion of which he latterly rejected, so that it often happened that he passed three or four days without anything being retained in the stomach. This state of things, with alternate slight improvement and falling off again, continued for nearly four months longer, the child becoming low, thin, and dull, though not to the extent so great a privation of food might have led to the expectation of. From the 20th to the 28th January, however, not a drop of fluid, in spite of the most powerful and urgent efforts, could be swallowed, and the patient became now completely emaciated. On the 29th, he was able to take some milk again; but on the 30th commenced another period, wherein this became impossible, and the child's death was daily expected. As a last resource, an attempt was made to pass an elastic catheter, and although this did not penetrate far, the patient was enabled to swallow better after the trial had been made. The procedure was repeated whenever deglutition became absolutely impeded, and in this way some nutriment was conveyed. Things were in this state, when on 21st March he was brought to Professor Bruns' Clinique at Tübingen, in a state of the extreme emaciation and debility. Examination with an elastic catheter (No. 3 of Luer's scale) discovered an easily overcome obstacle at the lower end of the upper third of the Œsophagus, while in the middle of the lower third a thick, firm, ring-formed stricture existed, which only allowed the catheter to pass after very careful manipulation. Having done so, it easily reached the stomach; and in future it was introduced twice a-day, and allowed to remain from ten to fifteen minutes. It induced much retching; but after it had been passed five or six times, milk could be much easier swallowed, and did not induce vomiting. The size of the catheter was gradually increased, so that after fourteen days one of five and a-half millim. diameter (No. 8) could be easily passed. The improvement in swallowing was quite surprising, the patient being able to take small portions of solid food without difficulty or vomiting. The size of the catheter and the duration of its application, continued to be increased; and after four weeks' treatment the lad was discharged, being able to swallow all kinds of food, even dry bread, without difficulty. Seen in November he continued perfectly well. —*Deutsche Klinik*, 1857, No. 50.

#### RECOVERY OF AN INFANT AFTER A LARGE DOSE OF OPIUM.

Dr. Chamberlain relates the case of an infant only six days old, to whom a nurse administered a powder intended for the

mother, and containing from one and a half to two grains of opium. He saw the child two hours afterwards, and was told it was dead; in fact, respiration was suspended, the face and lips were livid, and the pupils contracted, the infant being in a state of complete asphyxia. The pulse was found slow and irregular. Artificial respiration was resorted to, and after ten minutes the pulse became more distinct and regular, and the leaden features were partially bleached. Thus encouraged, the artificial respiration was continued, accompanied by the external application of heat and rubefacients, and enemata of brandy and turpentine. "At the expiration of half an hour, while suspending the artificial respiration for the purpose of rest, a sudden, spasmodic inflation of the lungs occurred, succeeded by an apparently perfect quiescence of the respiratory muscles, attended by an increasing lividity of the face and lips, and a more laborious and irregular pulse. In from three to four minutes the same phenomenon was repeated, when the lungs were again set in motion by external aid, which was continued with occasional interruptions, for the space of more than three hours, before continuous unaided respiration was sustained. At the close of the second hour, it was observed that the above-mentioned spasmodic expansion of the lungs would occur at irregular intervals of one or two minutes, succeeded by perfect rest, except the slow and imperceptible contraction of the lungs, as the air gradually oozed out from their cells. At the close of the third hour, the respirations were more regular and uninterrupted, and repeated about twice in a minute. The artificial aids were withheld, the external agents continued, broth was added to the injections, and, to one of them, castor oil, which was followed by a copious dejection. But it was not until ten hours had elapsed, that deglutition could be excited. Tincture of belladonna (!) was subsequently given, with no perceptible effect. In twenty-four hours, scarcely a trace of the effects of the poison was observable." There were no convulsions, although the muscles were for most of the time in a state of tonic rigidity.—*Boston Journal*, vol. lvii, p. 357.

## EXCERPTA MINORA.

*Treatment of Croup.*—Dr. Mayer having observed the great efficacy of glycerine in softening the tenacious and dried plugs formed in the nasal fossæ in ozenoid disease, was induced to try the same application in Croup, and the results thus far are satisfactory. It is sufficient to bring the substance in contact with or near the rima glottidis to secure its getting access to the larynx. He only employs it as an adjunct to other means, and for the purpose of effecting the breaking up and consequent expulsion of the false membranes. Dr. Shelton believes he has derived some advantage from the application of the following ointment every two hours, to the sound skin over the trachea.  $\beta$ . Ext. belladon. 3ij.; ung. hydr. mit. 3vj.m. With this any other of the ordinary remedies may be conjoined.—*Americ. Journ. Med. Sc.*, April, Pp. 338, 340.

*Absence of Urea and Uric Acid in Urine in Yellow Fever.*—Dr. Porcher states that careful microscopic and chemical examination of the urine during the whole course of an epidemic of yellow fever, occurring in Charleston, in 1856, proved the constant absence of urea and uric acid. He attributes to this failure of elimination some of the most dangerous symptoms of the disease, as the coma and other indications of torpor of the brain in the latter stages.—*Ibid.* p. 570.

*Creosote in Dysentery.*—Dr. Elmer found in an epidemic of a very malignant and fatal type, and which resisted ordinary treatment, creosote, given in doses of two drops every two hours in mucilage, arrested the disease.—*Ibid.*

*Prolapsus of the Funis.*—Dr. Thomas, in a paper recently read at the New York Academy of Medicine, recommends that the woman should be placed on her hands and knees, with her face and chest resting upon the bed. His rules are: 1. If the prolapsus is detected before the waters are discharged, this is all the treatment that should be adopted. 2. Should the waters have flown away and left the cord below the head, place the woman in the position, and return it either with the hand or a *porte-cordon*, formed of a gum-elastic catheter with a tape passed through it. No manipulations should be commenced until she is placed in position.—*Ibid.*

*Applications for Chilblains.*—1. Powdered borate of soda 10, and pure glycerine 10 parts, ess. lavender, etc., q. s. Signor Ruspini recommends this to parents as highly useful, applying it every evening to the feet when chilblains are even

threatened. He has also found the application useful for the removal of freckles in hot weather. 2. Collodion 30, Venice turpentine 12, and castor oil 6 parts. These are to be intimately blended by aid of a gentle heat.—*Omodei Annali*, vol. clxiii, p. 200.

*Sulphate of Iron and Glycerine in Erysipelas.*—Very finely powdered sulphate of iron 4, and pure glycerine 30 parts. In summer the solution may be effected at the ordinary temperature; but in winter warmth is required. The mixture should be applied upon a small sponge or linen; and, when desired, it may be cleaned off with a little tepid water.—*Ibid.* p. 199.

*Salt in Epistaxis.*—Dr. Morris reports a case of obstinate epistaxis which yielded promptly to the use of common salt, taken into the mouth in doses of a teaspoonful.—*American Journ. Med. Sc.*, April, p. 390.

*Successful Turning after the Death of the Mother.*—The mother died suddenly during labour, and forty minutes elapsed before Dr. Thornton arrived. He found that the membranes had been ruptured, and that the vertex presented at the inferior strait of the pelvis. He turned the child at once, and some slight delay attended the delivery of the head, so that forty-five minutes elapsed after the last expiration of the mother before the extraction was completed. The child was still-born, but was brought to by the diligent application of Marshall Hall's method.—*Ibid.* p. 569.

## GENERAL CORRESPONDENCE.

## ENCOURAGEMENT OF HOMŒOPATHY.

LETTER FROM J. KING SAMPSON, AND G. A. K. LAKE, ESQS.

[To the Editor of the Medical Times and Gazette.]

SIR,—The following resolution was passed by the Southampton Medical Society, on 4th December, 1856:—

"That a Homœopathic practitioner should not be met in consultation by a member of this society, under any circumstances."

If our decision can in any way promote the cause you have lately so ably advocated, we shall feel obliged if you will give it insertion in your journal.

We are, &amp;c.

Southampton, May 6, 1858.

J. KING SAMPSON,  
G. A. K. LAKE,  
Honorary Secretaries.

## THE CONSTANT GALVANIC CURRENT.

LETTER FROM J. ALTHAUS, M.D.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your last impression, Dr. Remak, of Berlin, has published a rather startling account on the therapeutical action of the "constant galvanic current," which, according to him, is one of the most wonderful agents that has ever been heard of, as we are able by means of it, not only to cure or improve rheumatism, hemiplegia, paraplegia, atrophy, chorea, etc. etc.; but also inflammatory states of the spinal marrow, which sometimes precede atrophy of this organ. I do not think you and your readers will expect that a serious answer should be given to such assertions; nor will such answer be necessary to Dr. Remak's statement of what he calls the fact, "that the current of induction cannot be applied to the living body without shocks, and that these shocks have a weakening effect," as the daily experience of all other electricians but Dr. Remak proves that, on the contrary, the nutrition and strength of the muscles are increased by the application of the current of induction.

During a visit to France, Dr. Remak made some experiments before colleagues in Paris, as he narrates in the paper that was published in your last impression. As to the results of those experiments, it may be just as well to quote the report on them of Dr. Déchambre, whose impartiality has never been questioned, in the *Gazette hebdomadaire*:—

"From four subjects galvanized under our eyes, two were in such a condition, that we should have been much surprised to see any improvement produced in some moments. The first was a case of general progressive paralysis, espe-

cially pronounced in the upper extremities. The muscles of the shoulder were electrified, but the movement of elevation of the arm has thereby not become easier. The second had a treble lateral curvature of the spine, in consequence of an inclination of the pelvis to the left side, resulting itself from sciatica. It was tried to redress the middle and inferior curvature by the excitation of the muscles in the convexity; but, without any appreciable result. The two other cases seemed to offer more chances; for in the one there was an incomplete paralysis of the deltoid, in consequence of a contusion in a very young man; in the other paralysis of the extensors of the hand ascribed to a cause of the same kind; but here also the effect was none."

We may therefore yet question a little the "astonishing successes," obtained by the "discovery" of Dr. Remak, a discovery which was made and applied a long time before him, by Nobili, Matteucci, and Becquerel. I am, &c.

J. ALTHAUS, M.D.

2, Manchester-street, May 8, 1858.

### MEDICAL BARONETS AND KNIGHTS.

LETTER FROM H. L. MAYSMOR, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—Would you be kind enough, when space permits, to insert the following names of Medical Baronets and Knights, which I have found since the publication of my first list in June 1857.

I have placed an asterisk to those names which I consider as doubtful, that is, I am not *positive* that they were Medical men; but have reasons for thinking they were.

I am, &c.

H. L. MAYSMOR.

Springfield Lodge, Park Villa East, Regent's-park,  
May 3, 1858.

Alley, Sir George, living in 1810. Dead.

Atkins, Sir Henry, M.D., Physician to James 1st.

Barry, Sir Nathaniel, M.D. Dead.

Dun, Sir Patrick, M.D. Dead.

Elliot, Sir John. Died 1787.

Fordyce, Sir William, M.D. Born 1724; died 1792.

Hamilton, Sir David, living in 1737. Dead.

Helwig, Sir John Otto, Bart. Died 1678; created a baronet by Charles II. Foreigner.

Nay, Sir James, M.D. Died 1810.

Pegge, Sir Christopher, Knt., Reader in Anatomy at Oxford. Dead.

Silvester, Sir John Baptista, M.D., Knt., L.R.C.P.; living in 1787. Dead.

Talbot, Sir Robert, Knt. Died 1681; Physician to Charles II.

Wellwood, Sir Thomas, Knt. M.D. Born 1652; died 1716. One of the Royal Physicians to William III. for Scotland.

\*Paxton, Sir William.

\*Franklin, Sir William.

\*Prout, Sir William, Knt. (M.D.?)

\*Scott, Sir Robert.

\*Doyle, Sir John.

\*Johnson, Sir William.

### POISONING BY LAUDANUM.

LETTER FROM C. F. CLOUGH, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—I beg to inclose you the following extract, taken from the *Doncaster, Nottingham, and Lincoln Gazette* of April 30:—  
"DEATH FROM LAUDANUM, ADMINISTERED BY MISTAKE.—An inquest was held at Mirfield on Saturday last, by Mr. Taylor, coroner for the honour of Pontefract, on the body of a boy named Albert Bottomely Farnall. He had been taken ill on the day previous, and a neighbour had advised his mother to give him some paregoric. The mother remembered that a young woman who lodged with her had been taking some medicine of that kind, and she went up to her room to get it. The young woman was out; but on the mantel-shelf were two bottles, one empty, and the other containing some liquid.

She gave the boy some of this. He almost immediately fell asleep. In about an hour he began to moan in his sleep, and soon afterwards died. In the course of the evidence, it appeared that the young woman had taken all the paregoric, and what was left in the other bottle was laudanum.—Verdict, 'Died from laudanum, administered by mistake.'"

Really, Sir, I think that when such glaring facts as these come before the public eye, it is time that our Legislature should adopt some measures to put down this awful sacrifice of human life. Such cases are occurring weekly. That a shopkeeper should be allowed to vend so deadly a poison as laudanum, as he would sell an ounce of salts, is a monstrous shame, and shows the disgraceful state of our law with regard to the sale of poisons. Here is a woman who goes to a shop—buys a poisonous quantity of laudanum for her own use—it is carelessly left lying with other bottles on a chimney-piece. A woman, ignorant of its effects, goes in and takes it away—gives her boy a dose which kills him. An inquest is held—verdict, "Died from laudanum, administered by mistake;" and there the matter ends, and the shopkeeper is allowed to go on dealing out the deadly dose as before.

From the same newspaper I enclose another extract. "The Isle" being the "Isle of Axholme," in Lincolnshire.

"THE ISLE.—Baneful as are the results of poisons, intentionally and accidentally taken, the secret and insidious habit of opium-eating is more destructive of life and more injurious to each succeeding generation. This district, we regret to say, is not exempt from the evil. The effects are visible upon the 'human face divine' of many of her Majesty's liege subjects. There ought surely to be a check to the sale of this and other deadly narcotics, as well as on the adulteration of any other articles with similar ingredients. It is the duty of Government to protect the health and lives of the people, and to do all that is practicable in order to raise their moral, physical, and intellectual condition, without regard to any financial gain or loss. Opium in its different forms is a mighty drawback in these respects, and ought to be placed in the category of poisons. An entry of the name of the purchaser and for what purpose required ought to be made by the retailer, and be open to inspection. We verily believe that this would operate as a check upon the sale and consumption of this life-destroying, and, we fear, increasing evil."

Here is a small island where the sale of opium is allowed to go on with impunity, and without any attempt being made to check the evil. I trouble you with this last extract, as I think it contains some very proper suggestions for trying to abate this awfully serious and increasing crime.

Laws rigid enough are enforced to punish the man who kills a paltry partridge without a licence, yet there is no law to prevent the shopkeeper from poisoning a precious human life.

I am, &c.

CHARLES FREDERICK CLOUGH.

Eastern Dispensary, London, May 4, 1858.

### REPORTS OF SOCIETIES.

#### ROYAL INSTITUTION.

#### ON PLANTS AS THE SOURCE OF FOOD TO MAN.

Dr. Lankester is now delivering a course of lectures on the "Vegetable Kingdom in Relation to the Life of Man," at the Royal Institution. The first lecture was delivered Saturday, April 17. In his opening remarks, he pointed out the dependence of man on the vegetable kingdom for the supply of materials for the arts and manufactures, medicines and food. It was to the latter as supplied by plants that he wished more particularly to direct attention in this course of lectures. He then drew attention to the composition of the tissues of the human body, and showed that the principal elements were carbon, hydrogen, oxygen, and nitrogen. These elements during life were constantly entering into new combinations, and the processes of life were attended with so rapid a loss that a man sitting in a balance chair might estimate his waste by the hour, by the loss of carbon alone during respiration. The elements thus lost were supplied by food. Although man ate animal food, the animals he fed on obtained their tissues



from vegetable substances. The plant was the ultimate depository of food for both man and animals. The vegetable kingdom obtained its food from the mineral, and the great sources of the organic elements to plants were water, carbonic acid, nitric acid, and ammonia. The sources of these compounds were examined, and the great source of the increase of carbon, hydrogen, oxygen, and nitrogen, as embodied in man and the domestic animals, as compared with the earlier periods of their history, traced to the constant evolution of carbonic acid and ammonia from volcanoes, and volcanic action. Thus the life of man was found to be intimately connected with the volcanic activity of the earth.

The compounds formed by plants out of the organic elements, were next examined, and divided into the following groups:—

1. Substances containing principally carbon and hydrogen, including oils and fats.

2. Substances containing carbon with oxygen and hydrogen, in proportions to form water. Sugar, starch, and acids were given as examples.

3. Substances containing the four organic elements, of which albumen, fibrin, and caseine, are the best examples.

The second lecture was given on the 24th of April.

The following classification of foods was presented as the basis of subsequent remarks on the agency of plants in the life of man.

#### CLASS I.—*Alimentary or Necessary.*

##### Group 1. AQUEOUS.—

- a) Pure water.
- b) Liquid food, as soups, tea, beer, &c.
- c) Water in solid food.

##### Group 2. MINERAL.—

- a) From inorganic sources, common salt.
- b) From organic sources, the salts of animal and vegetable tissues.

##### Group 3. CARBONACEOUS.—

- a) Amylaceous, starch in vegetable food.
- b) Saccharine, sugar in vegetable and animal food.
- c) Oleaginous, 1. oils and fats from animals.  
2. oils and fats from plants.

##### Group 4. NITROGENOUS.—

1. Vegetable, albumen, fibrin, and caseine.
2. Animal, albumen, fibrin, caseine, and gelatine.

#### CLASS II.—*Medicinal or Auxiliary.*

##### Group 1. ALCOHOLIC.—Wines, spirits, beer.

##### Group 2. ACIDS.—Oxalic, citric, malic, tartaric.

##### Group 3. VOLATILE OILS.—Pepper, mustard, cinnamon, cloves.

##### Group 4. NEUTRAL PRINCIPLES.—Theine, caffeine, theobromine.

##### Group 5. NARCOTICS.—Opium, hemp, tobacco.

The lecturer stated that this classification was necessarily very imperfect, but it would serve as a method. Beginning with the aqueous group, he called attention to the fact of the large quantity of water contained in our ordinary food. Thus:—

Milk	contained	78 per cent.
Butchers' meat	"	63 "
Fish	"	79 "
Potatoes	"	75 "
Turnips	"	87 "
Bread	"	46 "
Flour	"	14 "
Barley	"	14 "
Rice	"	13 "

Where, however, articles of food contained little water, it was necessary to take it either alone or in the form of various beverages.

1. Water is necessary in diet as forming part of the tissues of the human body. A man weighing 154 pounds has 120 pounds of water organized by 34 pounds of solid matter.

2. In dissolving the organic and inorganic constituents of the food, the oleaginous and proteinaceous foods, as well as sugar and the salts, must be dissolved before they can get into the blood.

The mineral group of substances was next examined. Although it was possible that these might be supplied by the drinking of impure water, this practice was denounced as dangerous, and the salts of the animal and vegetable tissues used as food were regarded as the sources of these materials. Ashes obtained from the incineration of various plants used

as articles of diet, were exhibited, as from water-cresses, potatoes, apples, flour, cheese, and others. The danger of depriving the system of the mineral elements of food by cooking, was pointed out, and the benefit derived from eating uncooked foods, as salads and fruits, in certain forms of disease, referred to. Attention was drawn to the following table as containing the quantities of inorganic or mineral matters in certain common articles of diet. In 100 parts:—

Wheat	contains . . . .	1.6
Barley	" . . . .	3.5
Rye	" . . . .	1.7
Rice	" . . . .	0.5
Oats	" . . . .	3.0
Potatoes	" . . . .	0.9
Maize	" . . . .	1.0
Coffee	" . . . .	7.0
Cheese	" . . . .	5.0
Milk	" . . . .	0.6
Butchers' meat	" . . . .	0.5
Fish	" . . . .	1.0

Of the thirty-four pounds of solid matter found in a human body weighing 154 lbs., twelve of them had been computed to be mineral. A large proportion of this was phosphate of lime in the bones, but as this was removed, and needed renewal, it was of great consequence that food containing it and the other mineral substances should be constantly supplied. The elementary constitution of the mineral food was next examined. The first element spoken of was sulphur. This substance was not only present in the inorganic compounds as an element in sulphates, but it was frequently found in combination with protein, as in albumen and fibrin. Sulphate of lime was found in the pancreatic juice, and sulphates occurred in the secretions, as the result of the decomposition and oxidation of the proteinaceous tissues of the body.

Phosphorus and its compounds were next examined. Like sulphur, it presented itself with the protein compounds, but its more important combination was that of phosphate of lime, which entered so largely into the composition of the bones of all the higher vertebrate animals and man. The great source of this substance to man, and the animals on which he fed, were the *Graminaceae*, a family of plants which would only grow when supplied with phosphates. The history of the supply of phosphates as manures for the cereal crops in the artificial agriculture of Europe, was then gone into, and the relation between these mineral elements and the life of man pointed out.

## NORTH LONDON MEDICAL SOCIETY.

APRIL 14, 1858.

MR. ERICHSEN, President, in the Chair.

The PRESIDENT made a communication on

### DISEASE OF THE SACRO-ILIAC SYNCHONDROSIS.

He stated that in the observations he was about to make he intended to depart from the usual custom of the Society, that of "reading a paper." His communication would be oral, not written. Medical Societies were of two kinds, the purely scientific, which published transactions, and those which partook of a mixed character, being social as well as scientific, having for their object the bringing together of Practitioners practising in the same neighbourhood, and thus establishing a good and friendly feeling in the Profession. Now, in the purely scientific Medical Societies it was desirable that the communication made should be in writing in order to secure that accuracy which was necessary for purposes of publication, and to avoid the possibility of after disputes, as to opinions advanced. But in local societies, such as this, he thought that written communications might very advantageously be dispensed with in many instances, and oral ones substituted. He believed that the labour of "writing out" a paper deterred many, as it had often done him, from bringing forward communications, and that members listened with more interest and attention to what was spoken than to what was read. He, therefore, would make the following commu-

nication orally, and hoped that that example would be followed, as he felt sure it would be advantageous to the Society.

#### SACRO-ILIAC DISEASE.

MR. ERICHSEN remarked that this disease had received less attention from writers on surgery than its importance deserved. It was of especial importance in reference to those forms of hip disease, which commenced in the pelvic bones, and which had acquired special interest of late in consequence of being subjected successfully in many cases to operative interference. The disease in question appeared to be of a strumous character. It affected chiefly young adults between the ages of 18 and 30. He had not noticed it in children. The nature of its occurrence in young adults might possibly be that the sacro-iliac articulation undergoes a change as the subject approaches adult life. In infancy a synovial membrane is found there, which, according to anatomical writers, disappears when the period of puberty is reached. The symptoms that characterised this disease are, pain of a dull, aching character, about the hip and gluteal region, increased on pressure along the line of articulation; the occurrence of an indolent swelling, which slowly suppurates; a degree of lameness as characterised by stiffness of gait and inability to stand on the affected limb; lengthening of the limb on the affected side in consequence of the side of the pelvis being pushed forwards; and lastly, abscess in several situations in the gluteal or lumbar regions. The prognosis in these cases was unfavourable, the patients generally eventually dying of hectic. The diagnosis was important; it had to be made from hysterical affections of the hip, from sciatica, from coxalgia, and from spinal disease. The author entered minutely into these points of diagnosis. As to the treatment, rest, counter-irritation, and anti-strumous measures, constituted the chief means to be employed. In connexion with this subject, Mr. Erichsen mentioned the particulars of two cases in which he had recently resected the upper end of the femur, laid bare considerable portions of diseased pelvic bones, in one case removing the tuber ischii, the ascending ramus of the ischium, the acetabulum, and a portion of the ilium, the patient doing well.

MR. PART proposed, and Dr. SHARPEY seconded, a vote of thanks to the author, and a discussion followed, in which Mr. Part, Mr. Lord, Dr. Sharpey, Mr. Jackson, and Dr. Hare, took part.

#### MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 7th inst. :—

CODRINGTON, OLIVER, Castle-street, Falcon-square.  
COOKE, GEORGE P., Her Majesty's Dockyard, Woolwich.  
DALTON, HENRY AUGUSTUS, Royal Navy.  
DANIEL, RICHARD SYLVESTER, Manchester.  
DRYSDALE, CHARLES ROBERT, London.  
HALL, EGBERTON FRANCIS, Middleton Cheney, Banbury.  
HEELAS, NEWTON, Wokingham, Berkshire.  
HUDSON, ARTHUR CORT, Manchester.  
LEWER, ALFRED, Merley-hall, Wimborne, Dorset.  
SEWELL, WILLIAM MALLETT, Barnsbury-park, Islington.  
THOMAS, ROBERT GRIFFITH, Swansea, South Wales.

Also on May 10,

DEVLIN, HENRY WILLIAM, Greenhill, Ballygawley, county Tyrone.  
EARLE, JAMES NEALE, Brunswick-street, Trinity-square.  
FAWKNER, JOHN, Manchester.  
GRIFFITH, THOMAS, Warrington, Lancashire.  
HOLLINGS, ROBERT, Woodlesford, near Leeds.  
JACKSON, JOHN, Leicester.  
ORD, GEORGE RICE, Brixton-hill.  
SPENCER, HENRY BANKS, Chippenham, Wilts.  
TOWNSEND, EDWARD RICHARD, Cork.  
WAIT, JOHN STUBBS, Bury, Lancashire.  
WALKER, HENRY, Malton, Yorkshire.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 6, 1858 :—

BAYLEY, JOSEPH, Odiham, Hants.  
BEDFORD, ROBERT JAMES, Sleaford, Lincoln.  
BOND, FLORENCE ST. QUINTIN, Brighton.  
EATON, FREEMAN JAMES, Kimpton, Leicestershire.  
HARRIES, JOHN DAVIES, Shrewsbury.  
JEPSON, OCTAVIUS, Gainsborough.  
SLATER, ROBERT, Denton, near Manchester.  
STOCKER, EDWARD CLEMENT, Congleton, Cheshire.

**UNIVERSITY OF ST. ANDREW'S.**—List of Gentlemen on whom the Degree of Doctor of Medicine was conferred, May 7, 1858 :—

BARBOR, THOMAS, M.R.C.S.I., Dublin.  
BRALE, GEORGE B., M.R.C.S. and L.A.C., London.  
BECKETT, CHARLES, M.R.C.S., Hull.  
BOWEN, E., M.R.C.S. and L.A.C., Late Royal Artillery.  
BREMNER, GEORGE, M.R.C.S. Ed., Huntley.  
BRENNAN, THOMAS W., M.R.C.S.I., Dublin.  
CHAPLIN, THOMAS, M.R.C.S. and L.A.C., London.  
COOK, HENRY, M.R.C.S., H.E.I.C.S.  
DOUGLAS, ALLEN E., M.R.C.S.I., Kingstown.  
DOWN, G., M.R.C.S. and L.A.C., Kennington, London.  
GRIFFIN, R. W. W., M.R.C.S. and L.A.C., Weymouth.  
HARRIES, GEORGE J., M.R.C.S., Bath.  
HARRISON, J., M.R.C.S. and L.A.C., London.  
HILSTON, DUNCAN, M.R.C.S. Ed., Glasgow.  
HOGE, F. R., M.R.C.S., and L.A.C., London.  
INCE, EUGENE S., M.R.C.S. and L.A.C., London.  
KNAGGS, HENRY G., M.R.C.S. and L.A.C., London.  
LAING, JOHN, M.R.C.S. Ed., Aberdeenshire.  
MACKENZIE, JOHN, M.R.C.S. Ed., Fort Augustus.  
O'NEILL, EDWARD, J., M.R.C.S.I., Dublin.  
PALFREY, JAMES, London.  
PALK, HENRY, M.R.C.S., Southampton.  
POTTER, HENRY, M.R.C.S.I., Limerick.  
PRICE, WILLIAM P., M.R.C.S., Margate.  
RULE, SAMUEL, M.R.C.S., Plymouth.  
SHETTLER, R. C., M.R.C.S. and L.A.C., Rumbold, Dorset.  
SPACKMAN, W., M.R.C.S. and L.A.C., Lutterworth.  
THOMSON, ALEXANDER, M.R.C.S., Ed., Dublin.  
WAYLEN, A. R., M.R.C.S. and L.A.C., Australia.  
WILLIAMS, J., M.R.C.S. and L.A.C., Wrexham.  
WOOD, ALFRED J., F.R.C.S., Gloucester.

#### DEATHS.

DINHAM.—April 30, at Stratton, Cornwall, John Dinham, L.S.A. 1838; M.R.C.S. Eng. 1839, aged 45.

EDWARDS.—May 5, at Howley-place, Maida-hill, Dr. Edgumbe Windeatt Edwards, late Physician-General, Bombay Army.

FOWLER.—Mr. Charles Fowler, of Cheltenham, died at Weston-super-Mare on the 4th inst., aged 61, sincerely regretted by all who knew him. Mr. Fowler was born at Uckington, in 1797, his father, the Rev. H. B. Fowler, Vicar of Elmstone Hardwick, being at the time also Head Master of the Cheltenham Grammar School. He received his early education at Christ's Hospital, and, being intended for the Medical Profession, was articled to his brother, then practising as a Surgeon in Cheltenham. He subsequently pursued his studies at St. Bartholomew's Hospital, at Edinburgh, and Paris; and, having passed the Royal College of Surgeons in 1822, shortly after entered upon that professional career as a Surgeon and General Practitioner which, earnestly and zealously adopted and persevered in, in due course acquired for him an extensive practice, and afforded a field for the exercise of that skill

as an operative surgeon and of those abilities which ultimately obtained for him a rank in his Profession to which it is the good fortune of comparatively few provincial practitioners to attain. He was elected an Honorary Fellow of the Royal College of Surgeons when that Institution obtained its new charter. His services through life were as generously rendered to the suffering and the afflicted in the humblest walks of life, as in the wealthier circles of society. He obtained, in 1825, the honorary appointment of Surgeon to the Cheltenham General Hospital and Dispensary, an appointment which he held for nearly thirty years, only resigning it when the claims of his extensive private practice, and, still more, the premonitory symptoms of declining health, compelled him to retire from this arduous and honourable office. The *Cheltenham Looker-On* says:—"How much Cheltenham is indebted to the late Mr. Fowler for his zealous and disinterested exertions in behalf of this institution, will never be fully known; but those who were personally intimate with him will bear cheerful testimony to the fact that but for those exertions, the noble and appropriate building we now see in the Sandford-road, would, in all human probability, never have been called into existence. In a philanthropic sense, therefore, the deceased may be considered to have been essentially a public man, and the public was not slow to recognise its obligations to him; for, in 1856, when Mr. Fowler's physical system experienced that severe shock which incapacitated him from further professional labour, and his private friends and patients proposed to present him with some substantial evidence of the respect they entertained for his personal character, many parties came forward as contributors to the fund whose knowledge of that character was derived solely from his public acts, not being themselves either personally or professionally acquainted with him. Probably a more spontaneous expression of feeling was never rendered than that which, upon this occasion, marked the close of Mr. Fowler's professional career—between sixteen and seventeen hundred pounds being subscribed in the course of a very few weeks, wherewith to purchase a suitable testimonial to the value and efficiency of his eminent public services, and of the regard entertained for him in the various relations of private life. Of this large sum £1600 was invested in Bank Stock, settled upon Mrs. Fowler and her two children; the balance being expended in the purchase of a very handsome casket, surmounted by a model, in silver, of a beautiful group of marble statuary, representing the 'Good Samaritan,' presented by Mr. Fowler and his friends to the Cheltenham Hospital, the vestibule of which it most appropriately adorns."

**FURSE.**—April 30, at Southmolton, Devon, Robert Furse, jun. aged 22.

**HERDSON.**—January 28, on board the Omer Pasha, Robert Herdson, Grange, Edinburgh, aged 23 years.

**LANGMORE.**—May 5, at 40, Finsbury-square, William Langmore, M.D. M.A. Edin. and Glasgow, 1809; M.R.C.S. Eng. 1806; L.R.C.P.; aged 74.

**THORBURN.**—April 29, at Liverpool, William Thorburn, M.D. St. And.; and L.R.C.S. Edin. 1844.

**APPOINTMENTS AT VAL-DE-GRAVE.**—M. Perrin has been appointed by concours as *agregé* or assistant professor at the Military Hospital, Val-de-Grâce, having to fill the chair of operative surgery, left vacant by the nomination of M. Legouest to the Professorship.

**PRIZE QUESTION.**—M. Ferrus has offered a prize for the best essay on the following question:—"A comparative examination of cretinism, imbecility, and idiocy under the threefold point of view of their etiology, symptomatology, and pathological anatomy." The essay to be forwarded to the Secretary of the "Société Médico-Psychologique," or to M. Masson, the Medical Publisher, Place de l'Ecole de Médecine, before January 19, 1859.

**SWALLOWING ARTIFICIAL TEETH.**—Scarcely a month passes in which we do not hear of some one swallowing artificial teeth, and that serious consequences have not more frequently resulted from it, is really wonderful. A Medical

gentleman of Baltimore called on the senior editor a short time ago, in a state of great alarm from having swallowed, an hour or two before, a gold plate, extending from the first molar on one side to the second bicuspid of the superior maxillary on the other, with three artificial teeth, two bicuspid a lateral incisor, and a clasp at each extremity. His first impulse after the occurrence of the accident, was to call on one of his Medical friends, who regarding the case as one of dentistry, and as not coming strictly within his province, advised him to consult the senior editor. Although the teeth and plate were now beyond the reach of the dentist, he nevertheless expressed the belief that inasmuch as they had made their way through the oesophagus into the stomach without much difficulty, they would traverse the remaining portion of the alimentary canal, and escape from the anus without injury, which they did in seventy-two hours from the time they were swallowed. A similar accident occurred in Cincinnati, Ohio, about four years ago, and more recently, another in London. We have also heard of several other accidents of the same kind, and it is stated in a late number of the Boston Traveller, that Mr. Bartlett, of Swampscott, Mass., swallowed while asleep a gold plate with six artificial teeth attached, which lodging in the upper part of the oesophagus, came very near causing his death, but fortunately he was relieved the next day, by the removal of the piece by Dr. Pearson of Salem. The only fatal result from an accident of this kind of which we recollect to have ever heard, occurred some months ago at the Bellevue Hospital, in New York. The subject, Mr. McDougall, having swallowed a gold plate with two artificial teeth attached, they lodged in the oesophagus about two inches above the cardiac orifice of the stomach, as was, after his death, ascertained by post-mortem examination of the body. They produced ulceration at the point where they had lodged, which extended through into the pericardium, and ultimately caused the death of the patient. Dentists applying artificial teeth which are not securely attached by clasps to remaining natural teeth, should impress upon their patients the importance of removing them from the mouth at night before going to bed, indeed this should always be done.—*American Journal of Dental Science.*

**CIVIL CONTINGENCIES.**—Under this head of government expenditure in 1857, appears the sum of £351 16s. 2d. to Professor Taylor for his services in the analysis and examination of bodies, and of £1165 to Drs. Thompson, Odling, and Sandison for helping to enforce the provisions of the Smoke Nuisance Abatement Act, of 1853.

**WIND OF A SHOT.**—The following extract from an Indian letter confirms the doubts entertained as to deaths attributed to the "wind of a shot":—"Brigadier Russell is also about to leave the army, under the advice of a Medical Board. Never, perhaps, in all the chances of war has there been such an escape as his. A cannon ball cut the gold watch-chain at the back of his neck as cleanly as if it had been a pair of nippers, and did him no further injury, except inflicting a shock to his nervous system."

**THE VACANT CHYMISTRY CHAIR AT EDINBURGH.**—Several candidates are in the field for the chair of Chymistry in Edinburgh University, rendered vacant by the death of Professor William Gregory; among whom are Dr. George Wilson, Regius Professor of Technology in that University, and Dr. Thomas Anderson, Professor of Chymistry in Glasgow University.

**THE GERMAN HOSPITAL.**—A ball, under the auspices of Her Royal Highness the Duchess of Cambridge, and Her Royal Highness the Princess Mary of Cambridge, took place at St. James's-hall, on Friday week. This hospital, which is situated at Dalston, was opened for the reception and cure of natives of Germany, and others speaking the German language, in October, 1845, and has been found to answer the most sanguine expectations of its promoters. Among the foreigners living in London it is estimated that no less than six-sevenths, or upwards of 30,000, are natives of Germany, or of German provinces subject to other States. It is supported entirely by voluntary contribution, and the receipts during the year 1856 were £3617 5s. 7d., while the expenditure during that period, exclusive of repairs, scarcely exceeded £2850. The number of in-patients was 919, and that of the out-patients who obtained relief at the hospital and the two dispensaries, was 9323, besides 770 dental cases.

**COMMISSIONER YEH ON ANATOMICAL STUDIES.**—The following is from a very interesting portrait of Yeh by the *Times*' China Correspondent:—"He is fond, also, of exhibiting his stock of quack medicines to Mr. Cotton, the ship's Surgeon. Report says, although we have been unable to get Yeh to tell us this, that the Viceroy's father was an apothecary. The son manifests great interest in European surgery. The most liberal admission I ever heard him make was upon this subject. Mr. Cotton asked him whether the Chinese surgeons study anatomy. He answered, 'No; it would be impolitic to do so in China.' Mr. Cotton replied that in former times it was so with our people. Their objection to dissection was so great, that Surgeons were obliged to study by stealth; but now people were so alarmed at having to be attended by Surgeons who had not studied the human body, that the practice is rendered legal. Yeh answered, that he could only say the people would not endure such a thing in China. 'But do you think it objectionable?' 'My individual opinion is, that dissection for knowledge sake is not wrong.'"

**DELIRIUM TREMENS IN THE GUARDS.**—A correspondent, referring to a late Parliamentary return on the subject of mortality in the Guards, denies that *delirium tremens* is a common disease among the privates of these regiments. He quotes from a report by Sir A. Tulloch and Dr. Balfour the following passage:—"Brain fever of drunkards, which is almost invariably the direct result of intemperance, prevails to a much less extent among the Foot Guards than in the cavalry or infantry of the line; the ratio of admissions by it has been among the Dragoon Guards and Dragoons 0.94, and of deaths 0.13; among the infantry 0.74, and of deaths 0.13; among the Foot Guards 0.16, and no deaths. We are not disposed to attribute this difference to the habits of the Guards being more temperate, but rather to the circumstance that while the troops of the Line, particularly in Scotland and Ireland, indulge freely in the use of ardent spirits, the common drink of the Guards, as of the lower orders in London, consists of beer, which has comparatively little tendency to induce *delirium tremens*, even when indulged in to a considerable extent."

**UNIVERSITY OF LONDON.**—On Wednesday week, the presentation of degrees took place, after an address from the Chancellor, Earl Granville. The hall at Burlington House was crowded, and there were many ladies in the assembly. The order for presentation for degrees was as follows, omitting those in Arts and Laws:—University College—Edwyn Andrew, M.D.; James Gibbs Blake, M.D.; John Footman, M.D.; Henry Maudsley, M.D.; John Dewherst Scurrah, M.D.; John Charles Thorowgood, M.D.; Julius Woldemar von Tunzelmann, M.D. King's College—David Conway Evans, M.D.; Henry Stevens, M.D. Guy's Hospital—Thomas Edwin Burton Brown, M.D. St. Thomas's Hospital—Edward Clapton, M.D. Jervis-street and Middlesex Hospitals—William Burke Ryan, M.D. Queen's University in Ireland—Thomas Dunbar Ingram, LL.B. University College—Alfred Bingham, LL.B.; George Knott, LL.B.; Henry Carne Oats, LL.B.; James Stevens, LL.B. Owens and University Colleges—William Dinwiddie, LL.B. University of Edinburgh—Thomas James Walker, M.B. University College—Michael Castaneda, M.B.; St. John Edwards, M.B.; James Fawcus, M.B.; William Tilbury Fox, M.B.; William Price Jones, M.B.; John Zachariah Laurence, M.B.; Walter Bassett Ramsbotham, M.B.; Henry Montague Duncan Smith, M.B. King's College—Francis Edmund Anstie, M.B.; Thomas Buzzard, M.B.; Charles James Devonshire, M.B.; Henry Stavely Thaddeus King, M.B.; George William Lawrence, M.B.; Alfred Meadows, M.B.; Augustus Pout, M.B.; John Lumsden Propert, M.B.; John Way, M.B.; Antony Whitford, M.B. St. Thomas's Hospital—William Miller Ord, M.B. Middlesex Hospital—Arthur John Cribb, M.B. St. Bartholomew's Hospital—John Lempiere De la Garde, M.B.; Michael Thomas Sadler, M.B.; William Turner, M.B. Westminster Hospital—Frederick William Wilson, M.B. Guy's Hospital—Uriah Perrin Brodribb, M.B.; Samuel Giles, M.B.; Frederick Moon, M.B. Queen's College, Birmingham—Francis Thomas Bond, M.B. Hull and E. Riding School—Henry Carnley, M.B. Trinity College, Cambridge—Edward Ernest Bowen, B.A. Trinity College, Dublin—Newton Price, B.A. The graduates having been severally presented to the Chancellor, the presentation of scholars, exhibitioners, medalists, and prizemen, then took place. The

names of all candidates who obtained honours in the course of the past year were read; but those gentlemen only who obtained scholarships, exhibitions, medals, or prizes, were presented to the Chancellor, in the following order:—Thomas James Walker, M.B. University of Edinburgh, scholarship and medal in physiology and comparative anatomy; Thomas Buzzard, M.B. King's College, scholarship and medal in surgery; William Tilbury Fox, M.B. University College, scholarship and medal in medicine; Francis Thomas Bond, M.B. Queen's College, Birmingham, medal in physiology and comparative anatomy; William Miller Ord, M.B. St. Thomas's Hospital, medal in surgery; George William Lawrence, M.B. King's College, medal in medicine; William Miller Ord, M.B. St. Thomas's Hospital, medal in midwifery. *First Examination.*—Felix Henry Kempster, M.B. University College, exhibition and medal in anatomy and physiology; Walter Moxon, M.B. Guy's Hospital, exhibition and medal in materia medica; Felix Henry Kempster, M.B. University College, exhibition and medal in Chemistry; William Miller Crowfoot, M.B. St. Bartholomew's Hospital, medal in anatomy and physiology; Walter Moxon, M.B. Guy's Hospital, medal in chemistry; Walter Rivington, M.B. London Hospital, medal in materia medica; Samuel Hoppos Adams, M.B. University College, medal in botany. *Matriculation.*—Frederick Brown, Trinity College, Cambridge, exhibition in mathematics; Edward Nicholson, St. Mary's Hospital, prize in chemistry; Charles Hilton Fagge, Guy's Hospital, prize in botany; Henry Charlton Bastian, self-tuition, prize in zoology.

**CHOLERA IN ST. PETERSBURG.**—The total number of cases that have occurred in this city from the commencement of the epidemic in October 1852 to the end of January 1858, amounts to 31,689; of these 17,174 have recovered, 14,507 have died, and 8 remain under treatment.

**REVACCINATION OF THE PRUSSIAN ARMY IN 1857.**—In the report for 1857 it is stated that there were during that year 45,521 soldiers vaccinated or revaccinated. The marks of prior vaccination were plain in 38,381, not plain in 4834, did not exist in 2306,—45,521. The vaccinations performed in 1857 pursued a regular course in 28,937, pursued an irregular course in 5627, were without effect in 10,957,—45,521. The unsuccessful cases were vaccinated again, with success in 3117, without success in 7840,—10,957. Hence it follows that there were 63 per cent. successful vaccinations, or including those vaccinated a second time with success, more than 70 per cent., a proportion agreeing with that observed during 1856. Among the soldiers who had been successfully revaccinated during 1857 or earlier years, there occurred during 1857, 4 cases of varicella, 2 of varioloid, and 1 of true variola, this last being very slight. Throughout the entire Prussian army there occurred only 35 cases, viz. 10 of varicella, 20 of varioloid, and 5 of variola. The majority of these cases—21, occurred in recruits not yet revaccinated, 7 occurred in subjects revaccinated without success, and 5, as already mentioned, in soldiers successfully revaccinated. And although variola prevailed in many places epidemically among civilians, yet we find in this large army so protected, only 35 cases of all the varieties occurred, of which only 5 were examples of true small-pox, and only 1 soldier died thereof!

**LIST OF Scholarships and Prizes awarded to the Medical Students of King's College, London, at the meeting held in the great hall of the College, on Saturday, May 8,—the Lord Bishop of London in the chair.**—**SCHOLARSHIPS.**—John Harley, Senior Scholar, George James Symes Saunders, Second Year Scholar; James Usher Huxley, George Fortescue, Charles Henry Allfrey, Junior Scholars; John Barr Brown, John Amos Woodhams, John Frederick Cobb, Warneford Scholars, First Class; Frederick Fawcett, Warneford Scholar, Second Class. **PRIZES AND CERTIFICATES OF HONOUR.**—*Winter Session, 1857-8.*—*Divinity:*—Robert Batho, Robert Charles Brown, second year; Charles Henry Allfrey, first year; *Prizes.* Warneford Endowment:—Edmund Symes Thompson, First Prize; Richard Whitfield Hewlett, Richard Hughes, Second Prize. Leathes' Endowment:—Edward Sharp, First Prize; Edmund Symes Thompson, Second Prize. Gill Prize:—Decimus Curme. *Anatomy:*—Edward Sharp, Prize; William Davies, John Sealy, George Moule Evans, second and third years; John Barr Brown, Augustus Robinson Hall, William Edger, first year; *Certificates of Honour.* Physiology:—

Robert Batho, Prize; Edward Sharp, James Beale Horton, second and third years; Augustus Robinson Hall, William Batho, first year; Certificates of Honour. Chemistry:—Robert Charles Brown, Prize; Edward Sharp, second year; William Edger, John Barr Brown, first year; Certificates of Honour. Medicine:—William Cayley, Prize; John Easton, Thomas Shadford Walker, Arthur Julius Pollock, Robert Batho, Edmund Symes Thompson, Certificates of Honour. Surgery:—James Beale Horton, Edmund Symes Thompson, Esq.; Thomas Cayser, Frederick Fawcett, Esq.; Walter Fry; Certificates of Honour. Dr. Todd's Clinical Prizes:—John Harley, First Prize; Arthur Ernest Sansom, Second Prize. Clinical Surgery:—Edmund Symes Thompson, Prize; John Harley, Frederick Fawcett, Walter Fry, Certificates of Honour. Clinical Medicine:—Thomas Shadford Walker, Prize; William Cayley, Edmund Symes Thompson, Esq., Certificates of Honour. Medical Society:—Arthur Ernest Sansom, Prize. Summer Session, 1857.—Practical Chemistry:—John Easton, Prize; Henry Banks Spencer, John Harley, Certificates of Honour. Forensic Medicine:—Henry Banks Spencer, Prize. Botany:—George James Symes Saunders, Prize; Robert Batho, Frank Pout, Certificates of Honour. Midwifery:—Thomas Cayser, Prize; John Easton, Edmund Symes Thompson, Frank Pout, Certificates of Honour. Materia Medica:—Robert Charles Brown, Prize; George James Symes Saunders, Reginald Croft Lever, Thomas Bowerman Belgrave, Certificates of Honour. Comparative Anatomy:—James Wyard Gooch, Prize; Charles Parsons, Edward Harris, Certificates of Honour. Clinical Medicine:—John Walters, Prize; John Henry Hartley, Certificate of Honour. Clinical Surgery:—William Liddon, Prize. NAMES OF THOSE ELECTED ASSOCIATES OF KING'S COLLEGE, LONDON.—John Alcock, Alfred Fleischmann, John Harley, James Beale Horton, Francis Mason, Edward Evan Meeres, Charles Bambridge Rendle, Arthur Ernest Sansom, Samuel Spradly, Montague James Sturges, Morris Tonge, John Walters.

REPORT OF THE BELGIAN ACADEMY OF MEDICINE ON VACCINATION.—The following are the conclusions of an elaborate report made to the Academy by a Committee consisting of M.M. Craninx, Verheyen, and Marinus:—1. The preservative power of vaccine virus is absolute in almost the totality of cases. 2. In a very small number of cases in which the virus has only imperfectly destroyed the constitutional predisposition to variola (which cannot be ascertained by any appreciable sign), this preservation lasts only for a time, the duration of which cannot be assigned, but which does not cease prior to the seventh, or even the tenth year after vaccination. 3. The cases of variola supervening on vaccination are few in number, and in general are very slight, consisting in most cases in an eruption called from its mildness *varioloïd*. 4. Variola may appear after variola, as well as after vaccination. 5. Human vaccine virus becomes gradually weakened by successive transmissions, without, however, entirely losing its preservative property. It is, therefore, both useful and necessary to renew the lymph whenever true cow-pox matter can be procured. 6. The regenerated virus produces a finer eruption, the course of which is slower and more regular than that of the old virus. 7. The reaction or vaccinal fever which accompanies the eruption is more marked and active—a condition of its preservative power. 8. The number of pustules produced by this lymph is greater, and they appear on individuals who had resisted the influence of the old virus. 9. The new lymph succeeds better in revaccinations than the old. 10. The lymph should be taken from the finest and the best-developed pustules. 11. Primary vaccine lymph exists in Belgium as well as in other countries. 12. To obtain a due supply of cow-pox, the Government should accord premiums to the proprietors of cows who promptly make known the existence of true cow-pox. 13. Rewards should also be decreed to medical and veterinary practitioners, who by their zeal contribute to its discovery and propagation. 14. Revaccination is the useful and indispensable complement of a first vaccination, not that it is always necessary, but in order that certainty may be acquired that all disposition to the receptivity of variola has been extinguished in the economy. 15. From the tenth to the fifteenth year is the best time for a revaccination, supposing the subject to have been vaccinated in early infancy. 16. If the revaccination succeeds, we have a right to believe in the continuance of the preservation against variola. If it fails it should be repeated at more or less distant intervals, so that

we may be assured by these test-vaccinations of the immunity of the subject. 17. Vaccination, far from having had an injurious influence upon mankind, has delivered it from the scourge of small-pox, and the various evils and infirmities which accompany or follow this. It is an error to charge it with having led to the physical and moral degeneracy of mankind. 18. Vaccination and revaccination cannot be rendered compulsory in Belgium, but it is incumbent upon the Government, having as its duty to watch over all that concerns public health, to employ all means at its disposal in order to extend and generalize the practice. Then follow various recommendations to this end.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, May 8, 1858.

### BIRTHS.

Births of Boys, 868; Girls, 820; Total, 1688.  
Average of 10 corresponding weeks, 1848-57, 1629.

### DEATHS.

	Males.	Females	Total.
Deaths during the week ...	550	506	1056
Average of the ten years 1848-57 ...	530.6	518.8	1055.4
Average corrected to increased population ...	...	...	1161
Deaths of people above 90 ...	...	...	6
Deaths in 15 General Hospitals ...	33	16	49

### DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Whooping-Cough.	Diphtheria.	Typhus.
West ....	376,437	2	8	6	8	1	3
North ....	490,396	..	9	3	14	1	6
Central ..	893,266	..	2	9	18	2	5
East ....	485,522	1	13	12	13	3	9
South ....	616,685	..	13	8	15	2	7
Total..	2,362,336	3	45	38	63	9	30

### METEOROLOGY.

From Observations at the Greenwich Observatory.

Mean height of barometer ...	...	...	29.832 in
Mean temperature ...	...	...	45.6
Highest point of thermometer ...	...	...	63.4
Lowest point of thermometer ...	...	...	32.1
Mean dew-point temperature ...	...	...	58.3
General direction of wind ...	...	...	N.E.
Whole amount of rain in the week ...	...	...	0.21 in.
Amount of horizontal movement of air in the week ...	...	...	355 miles.

## TO CORRESPONDENTS.

Dr. Heslop's paper, on "Diphtheria and its Treatment," is in type, and will appear next week.

Sir Philip Crampton.—The last bulletin was, "A quiet night, but very weak."

Dr. Budd's paper, on "Diabetes," arrived too late for this week's number.

M.D.—The following are the formulae alluded to in Dr. Symond's lecture last week:—

℞ Quin. sulph. ℥j. to 3ss. pil. galb. co. ℥ij. ext. Conii ℥j., ℥i. divide in pil. xx., cap. ii., bis terve die.  
℞ Zinc, ox. ℥j., ext. valer., ℥ij., hyos. ℥j., ℥i. div. in pil. xx., capt. ij., ter die.

Mr. Lloyd.—A paper, on "Displacement of the Ovary," by Dr. Rigby, will be found in our first volume for 1856, page 6.

Chirurgicus.—The salary of the Inspector of Anatomy is limited by Act of Parliament to £100 a-year.

Quæst.—The Rev. Doctor is of Cambridge University, not the University of Cambridge.

F.R.S.—We never heard of any Medical man introducing his female relatives to a speculum *à l'usage*.

Philothetes.—The pretended quotation is an impudent forgery. If our correspondent could suggest any plan of punishing the quacks who advertise their filthy works with pretended notices of approval by the Medical Journals, we should be only too glad to submit it to our Solicitor.

**Obstetricus.**—Some years ago a woman was run over in the Borough by a coach, and killed. She was taken to St. Thomas's Hospital, and a living child removed by the Cæsarean Section.

**A Poor Assistant.**—We know of no way of removing the red stains produced by nitric acid on black cloth. Probably some of the dyes sold as "Revivers" might answer.

The conclusion of Dr. Hamilton Roe's paper is unavoidably delayed until next week.

**Errata.**—In Dr. Symonds' Second Lecture, Page 395, 6th line from bottom, second column, for "constitutional" read "constitution, whether."—Page 396, 13th line from top, 1st column, for "sufficing" read "as."—Page 421, 5th line from top, 1st column, for "a distant organ" read "an organ."—Page 421, 33rd line from top, 1st column, delete "interesting."

Letters by Mr. Hulke, Dr. Morgan, Dr. Silvester, Dr. Whitehead, &c., are in type, but are postponed to a future number.—Letters by Dr. E. Lee, Mr. Field, of Brighton, Dr. Steavenson, of Hastings, on the Encouragement of Homœopathy, and several by gentlemen writing under anonymous signatures on the same subject have been received; but so much space has been devoted to this controversy in recent numbers that we are desirous of restricting the insertion of future communications to the report of resolutions passed at Societies, or by Medical men meeting to discuss the question.

**Horse-Taming.**—The President of the Farmer's Club American Institute, in a recent speech, said:—"In relation to the expense of keeping a horse, I will remark, that I keep my colts till five years old without work, and I can break such a colt in three hours so that he can be mounted, and in three days so that he can be safely harnessed. The secret of breaking a colt is to conquer him, which can be done by fastening up one fore leg, and when he is tired of walking on three legs, throw him by striking out the other fore leg; and when down he gives up, fully conquered. We spoil our colts by early breaking." Mr. W. Ward, writing from 124, Richmond-street, Toronto, Canada West, states that the American horse-taming secret has long been known in that province. Mr. Ward writes:—"I here state Mr. Rarey's theory of taming the horse. Having haltered your colt and caressed him, fasten his near fore foot with a strong strap round the pastern and radius, or fore-arm; fasten his foot up safe; make him hop round on three legs till tired; when he is tired, put a strap, with noose, round the off pastern; make him hop; then pull the strap that is on the off pastern, and he will come on his knees. When on his knees, keep the strap tight, that he cannot get his foot slack to get up. Bear against the horse's shoulder with yours steadily, and he will lie down in a few minutes. When he is down, stroke him the way the hair lies. Take off the straps as soon as he is down. You can now do anything with him you wish."

#### MELBOURNE MEDICAL COLLEGE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Will you have the goodness to inform me through the medium of your Journal, whether there is a Medical College in Melbourne, Australia; if so, what are the facilities for dissecting and obtaining a proper knowledge of the Profession, and whether the Diplomas conferred upon the students will enable them to practise in England. I am, &c.

May 7, 1858.

QUESTOR.

[Perhaps some Correspondent who has been in Melbourne will give a more detailed answer to the above than we can.—Ed.]

#### TYPHUS AND TYPHOID.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I request the favour of the insertion of this note, in order to correct a typographical error in your report of the discussion which followed my paper on Fever, read at the Medico-Chirurgical Society.

Dr. Jenner is made to say,—"Except among Medical men, he had only seen two or three cases of typhoid fever among the better classes."

This remark is directly opposed to what I endeavoured to establish in my paper, viz. that when fever breaks out among those in good circumstances, without any traceable contagion, it is almost invariably typhoid. The truth is, however, that Dr. Jenner said *typhus*, and not *typhoid* fever, was very rare in the better classes of Society. So that his experience is quite in conformity with the view expressed in my paper.

I have Dr. Jenner's authority for writing this note.

I am, &c.

CHARLES MURCHISON, M.D., Assistant-Physician

King's College Hospital, and London Fever Hospital.

31, Sackville-street, W., May 10, 1858.

#### CHLORODYNE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—There was an important error in the formula for making a compound of equal efficacy to Chlorodyne in my last letter, which I did not observe until my attention was drawn to it by your Correspondent, "Surgeon R.N." The formula should have been—dissolve 8 grains of muriate of morphia, and 20 grains of gingerine in an ounce of alcohol and chloroform. The reason why your Correspondent failed to dissolve the muriate of morphia is obvious. Eight grains of that salt are not soluble without the aid of heat in a mixture consisting of half an ounce each of alcohol and chloroform.

I did not promise that my compound was miscible with water. Like Chlorodyne, it can only be suspended in water by means of mucilage, or some such agent.

While writing on this subject I may take the opportunity of giving your readers interested in this Chlorodyne question my formula for preparing that incompressible compound:—Dissolve 8 grains of muriate of morphia in half an ounce of water, and 20 grains of gingerine in an ounce of chloroform. Add to the morphia solution half an ounce of treacle, and 10 drops of essence of peppermint, and mix both solutions together. The result will be a mixture corresponding in its physical and therapeutic properties,

whether disguised by a blue bottle or not, to the compound Chlorodyne, the title of which has been entered at Stationer's Hall, to prevent the piracy thereof; but such entry cannot forbid the employment and manufacture of an imitation under any name with as sweet an odour.

May 8, 1858.

I am, &c.

CHEMIST.

#### COMPULSORY VACCINATION.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The compulsory Vaccination Act is generally admitted to be a failure, and frequently found to be a nuisance. It fails, I think, because its principle is opposed to English notions of liberty, and is a nuisance, because by means of it the unscrupulous parish vaccinator may gain admittance to his neighbour's patient; and because the books and certificates are tedious.

Allow me to propose a method calculated to remove some of these disadvantages, and to induce the poorer classes to come forward more readily.

Let the notice served by the Registrar be somewhat modified, and divisible into two portions; the one to be signed by any qualified practitioner upon his personal inspection of each successful case, on the eighth day, on presenting which to the Registrar, to be endorsed by him and returned, the parent or nurse should receive one shilling. The other portion, properly signed by the same Surgeon, to be presented by him to the Registrar, in exchange for half-a-crown.

Thus we allow the patient to choose his own Surgeon, we allay his fears respecting parish or contract carelessness, compensate the most needy parent for loss of time, and, whilst furnishing to all parties the requisite certificates, avoid the necessity for complicated books.

Also let the time be extended to six months, as it is quite unsafe in winter time, and country districts, to bring from home children so young as three months.

If you will turn these notions adrift upon your columns, to find their own level, you will much oblige an old subscriber.

I am, &c.

JOHN WADHAM ROBINSON.

Mildenhall, Suffolk, May 10th, 1858.

COMMUNICATIONS have been received from—

MR. PAGET; DR. GUY; DR. MARKHAM; DR. CONOLLY; DR. DAY, St. Andrew's; DR. BROWN SEQUARD; MR. LIZARS, Edinburgh; DR. BARKER, New York; MR. H. SMITH; MR. FIELD, Brighton; DR. MURCHISON; DR. LAWRENCE; SECRETARY GENERAL BOARD OF HEALTH; MR. WIELE, Southampton; DR. SILVESTER; DR. CORFE; MR. DON; MR. GRIFFIN; DR. ALTHAUS; DR. STEVENSON, Hastings; DR. MCCORMAC; MR. GRANTHAM, Crayford; DR. CARTWRIGHT, Bradford; JUVENIS; JUSTA AUT NIHI; MR. ROBINSON; MR. CHALMERS; MR. SMART; REGISTRAR GENERAL; MR. HARDY; MR. CATER; MR. WATTS; MR. HAWKES; MR. MARTIN; MR. W. STEVENSON; DR. JEPHSON; MR. SQUIRE; MR. CLARKSON; MR. GREENWOOD; DR. R. ALLDRIDGE; MR. J. BRIDGFORD; MR. METCALFE; MR. BOWLES; MR. TOWNSEND; MR. CAMPBELL; MR. G. WALKER; MR. PLUMRIDGE; DR. BUDD, Bristol; MR. CARRUTHERS.

## APPOINTMENTS FOR THE WEEK.

May 16. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL COLLEGE OF SURGEONS, 4 p.m.: Professor Hewett, "On Tumours of the Head;" Professor Busk, "On the Invertebrata;" Professor Quekett, "On the Vertebrata."

ROYAL INSTITUTION, 3 p.m.: Edwin Lankester, M.D., F.R.S., F.L.S., "On the Vegetable Kingdom in its Relations to the Life of Man."

MEDICAL SOCIETY OF LONDON, 8 p.m.

### 17. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopaedic Hospital, 2 p.m.

### 18. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

ROYAL INSTITUTION, 3 p.m.: J. P. Lacaita, Esq., "On the History of Italy during the Middle Ages."

PATHOLOGICAL SOCIETY, 8 p.m.: (Council, 7 p.m.)

### 19. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopaedic Hospital, 2 p.m.

MICROSCOPICAL SOCIETY, 8 p.m.

PHARMACEUTICAL SOCIETY, 11 a.m.

### 20. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 1½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

ROYAL SOCIETY, 8½ p.m.

CHEMICAL SOCIETY, 8 p.m.

HARVEIAN SOCIETY, Dr. Charles Crote, "On Infra-mammary Pain."

### 21. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

ROYAL INSTITUTION, 8½ p.m.: Professor Huxley, F.R.S., "On the Phenomena of Gemination."

## EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday), at 2 o'clock:—

Lithotomy; staphylocyst; removal of tumour from lower jaw; removal of warty excrescences from labia; by Mr. Ferguson. For displaced testicle; for varicose veins; amputation of finger; varicocoele. By Mr. Farndale.

St. Mary's Hospital.—The following operation will take place on Wednesday next, at 1 o'clock:—

Vesico-vaginal fistula. By Mr. Brown.



## ORIGINAL LECTURES.

## LECTURES

ON

THE ANATOMY, INJURIES, AND DISEASES  
OF THE HEAD,

DELIVERED IN THE

*Theatre of the Royal College of Surgeons of England.*

By PRESCOTT HEWETT,

Professor of Anatomy and Surgery to the College.

## ON FRACTURES OF THE SKULL.

## LECTURE IV.

At our last meeting, I closed my remarks with a case illustrative of the diagnosis of fracture of the roof of the orbit, of the roof of the nostrils, and of the petrous bone.

There are yet other regions of the base, in which extravasated blood may make its appearance after a severe injury of the base, and thus serve as an indication of the damage done to the bones. Such appearances exist, however, much more rarely than those which we have already noticed, and they certainly do not possess the same value; still they may be of use under certain circumstances.

Extravasation of blood, and consequent discoloration of the skin, appearing in the mastoid region some hours after a severe injury of the head, may lead to the suspicion of a fracture involving the posterior part of the base, and all the more valuable will this sign become, if the injury did not bear directly upon this region, and especially if it bore on the opposite side of the head.

A discoloration of the integuments of the lateral parts of the neck, appearing subsequent to an injury of the head, may also serve as a guide to the diagnosis of a fracture of the base. The blood oozing from the fractured skull gradually infiltrates the cellular tissue of the neck, and thus ultimately reaches the skin which becomes discoloured, as if bruised.

A man, aged 58, was admitted into the Hôpital St. Antoine, with all the signs of an extensive fracture of the base, bleeding from the nose, the mouth, and the right ear, with ecchymosis of the eyelids. Four days after the admission of this patient into the Hospital, the integuments of the right side of the neck became discoloured, as if bruised. The skin becoming ecchymosed thus late, led to the inference that the discoloration was dependent upon a fracture of the base, with oozing of blood through the broken bones into the cellular tissue of the neck, from whence the blood had gradually made its way towards the superficial parts, and ultimately reached the skin. The man died, and the muscles and cellular tissue of the right side of the neck proved to be infiltrated with blood, which had escaped from the inside of the skull, through a fracture at its base.

And so too, may we make good use of a sudden puffiness appearing in the occipital region, with discoloration of the skin, some hours after a severe injury of this part of the head. The large venous sinuses, connected with the occipital, may, when this bone is broken, be torn across, and thus give rise to an extravasation of blood, which, gradually oozing through the line of fracture, may ultimately show itself in the superficial parts, and thus reveal the nature of the injury.

A man, aged 40, was admitted into St. George's Hospital, under the care of Mr. Cesar Hawkins, in February, 1829, with profuse bleeding from the mouth and nose. He was conscious when spoken to; had perfect command of the muscles, but the speech was somewhat indistinct. He had received a heavy blow from a piece of timber falling upon the back part of his head. Two days after his admission he was bled, and apparently with benefit. The following forenoon he suddenly became furiously delirious, and so strong were the convulsions, that he required several persons to hold him down. A considerable swelling now made its appearance at the back of the neck and occipital region. There was no tension, but it was thought advisable to cut down upon the swelling. The occipital was found broken and depressed; but the fragments were so loose, and the spaces between them

so freely open, that the blood escaped readily, and nothing further was done. He sank gradually, and died in the afternoon. The occipital was broken into several pieces. On the right side a fragment, somewhat triangular in shape, was perfectly moveable, and partly depressed. The fracture extended into the foramen magnum, and opposite to this fractured edge was a longitudinal rent in the dura-mater. The upper extremity of this rent just reached the end of the superior longitudinal sinus, from which the principal part of the blood, both internal and external, appeared to have come. Another angle of the fracture ran across the end of the right lateral sinus, whence some of the blood among the muscles of the neck might have proceeded; but it was not observed that the dura-mater was injured at this part. The brain itself was covered with blood, and its substance, as well as that of the cerebellum, was extensively lacerated.

Fractures of the base of the skull, even when clearly recognised, lead but very seldom to operative interference. All our treatment must be directed, not against the broken bones, but against the accompanying symptoms, which will demand all our care, and the strictest antiphlogistic remedies, bearing in mind that we cannot be too vigilant nor too cautious. But I refrain from saying any more on this point at present, as I shall have to bring the subject of the cerebral lesions under your notice in a future lecture.

It may happen, however, that we may be called upon, in some very rare instances, to resort to an operation even in the base of the skull.

A lad, 16 years old, was admitted into St. George's Hospital, under the care of Mr. Cesar Hawkins, in May, 1855, with a compound fracture of the skull. The wound, a lacerated one, and about two inches in length, was immediately over the right brow, and through it was easily felt an extensive and a comminuted fracture of the supra-orbital ridge, with in-driving of some of the fragments, the depression at the upper part being to the extent of half an inch, with a projecting ridge of bone overhanging it. It appeared that half an hour before his admission into the Hospital, this patient had been kicked on the head by a horse, that he had been stunned for about two minutes only, after which he had recovered himself, and spoke intelligibly. The complexion was pale; and the pulse, about seventy, was of natural strength. He answered questions, when sharply spoken to; but, shortly after his admission, became more oppressed in manner, so that it was difficult to get him to speak. This oppression passed off to a great extent after he had vomited freely. At a consultation of the Surgeons, it was determined to operate at once. The fracture was laid bare, and the upper projecting ridge of bone sawn off with Hey's saw; a loose fragment of bone was then removed, and this disclosed a rent in the dura-mater, through which escaped a small portion of brain-substance. Several other smaller fragments were then taken away from the supra-orbital ridge, but there still remained a depressed piece of bone, which appeared to be firmly locked in. After a good deal of trouble, this fragment was displaced, and cautiously drawn out. It proved to be the greater part of the roof of the orbit. The wound was then lightly dressed. It was found advisable to administer a small quantity of chloroform during the progress of the operation. This patient remained perfectly sensible during the day, the only symptom being some occasional twitching of the left arm; and thus he went on for two days, with some slight increase in the circulation, for which he was ordered a mixture with some antimony. On the fourth day, a piece of slough, apparently of brain-substance, made its appearance at the lower part of the wound. On the seventh day, the slough had increased much in size, and, when examined microscopically, proved to be brain-substance. The motions and urine were now passed unconsciously; a few twitches occurred occasionally about the face, and he rambled a good deal. On the following day, he appeared to be sinking; the discharge from the wound was very foul; he was allowed a little meat and porter, and he rallied for a couple of days. On the tenth day, he suddenly became quite blue, with scarcely any pulse, but this soon passed off, to recur again on the following day. A large mass of brain, pulsating very strongly, now protruded through the wound, which was still very foul. And thus he went on for the next three days, when he had another attack of syncope, from which he soon recovered, however, after he had had a little wine. He lingered for four days longer, gradually

getting weaker, with some loss of power about the right arm. During this time the condition of the wound had been improving, and the protrusion of the brain was much less. He died on the eighteenth day after the accident, never having made any complaint as to his knee, and without a symptom to lead to the suspicion that purulent infection had taken place. This is the preparation which was made of the lad's skull. There is a large gap at the anterior part of the base of the skull; in fact, the whole roof of the right orbit, as well as the upper part of the circumference of the orbital arch, is wanting. The preparation is completed by the large fragment of bone, forming the greater part of this roof, which was brought away during the operation, and by several other smaller fragments belonging to the remaining part of this region. The bones of the inner wall of the orbit are also extensively injured; the cribriform plate of the ethmoid, its os planum, and the lachrymal, are all, more or less, broken. In addition to these extensive injuries, there is a lineary fracture starting from the anterior and inferior part of the parietal, and passing obliquely upwards and backwards towards its posterior margin. Extensive suppuration existed between the bone and the scalp, in the neighbourhood of the injury; the dura-mater was torn through, but it was curious to observe how slight were the traces of inflammation in the cavity of the arachnoid. At the part where the brain had protruded through the dura-mater, the visceral and parietal arachnoid were intimately united to each other, and thus the cavity of this membrane was completely closed at this spot. A trace of recently-effused lymph was found at the upper part of the left hemisphere, extending slightly down the longitudinal fissure. The cerebral veins covering the right hemisphere were filled with pus, and pus mixed with blood was found in the longitudinal and in the lateral sinuses. Both lungs were thickly studded with several patches of secondary deposit. All the other viscera were quite healthy, save the spleen, which was large and soft.

Had it not been for the purulent infection which occurred in this case, this lad would certainly have had a chance of recovering. There was but a trace of inflammation about the membranes of the brain, and the cavity of the arachnoid was completely cut off from all external influences by means of the adhesions which had formed. The cerebral symptoms were but slightly marked throughout; the protrusion of the brain had become much less, and the wound itself had put on a healthier aspect; but, unfortunately, there was the deadly mischief of purulent infection, and this it was which killed this patient.

In the case which we have just been considering, a large portion of the anterior fossa of the base was removed during life. The following is a case in which a large portion of the posterior fossa was removed, and that, too, with perfect success. It was a trying case, and one which will ever remain as a beacon, pointing out what may be done in cases even of the most desperate character.

In November, 1808 (a), a midshipman, aged 14, fell from the booms of his ship into the hold, among some provision-casks, a height of about 30 feet, without touching anything in his descent by which his fall might have been broken. At first no marks of external injury were to be found in any part of the body; but there were symptoms of compression of the brain, with a good deal of bleeding from the ears and nose. The head was shaved, and then a puffy tumour was discovered upon the occipital bone. An incision was made into this swelling by the Surgeon of the ship, and thus was laid bare a fracture; but nothing further was done for the moment. The patient was at once removed to the Naval Hospital at Deal, where his ship was lying. Here Dr. Hutchinson carried the incision farther down, cutting through the fibres of the trapezius and complexus muscles. It was then found that the fracture passed perpendicularly down into the foramen magnum, and that there was extensive depression of the bone. Several fragments were detected, one of which was so jammed and depressed under the sound bone, that it was impossible to raise it without resorting to the trephine. A circular piece of bone was therefore cut out between the superior and inferior semicircular ridges. On the removal of the bone, the dura-mater at once protruded, so as to completely fill up, and even extend beyond, the trephine-hole; the membrane itself was quite healthy, but underneath it was some

fluid. The depressed pieces of bone were elevated, and the spicula removed. The brain-symptoms were not relieved by the operation; and, as the state of the parts was pretty much the same on the following morning, it was thought advisable no longer to defer opening the bulging dura-mater, which was still tense, and elastic to the touch. Half an ounce of blood-tinged fluid was thus evacuated, and the dura-mater instantly collapsed. The parts were lightly dressed. The inflammatory symptoms which subsequently supervened were treated by bleeding and purgatives, and under this treatment the patient gradually recovered; but a little oozing of a serous fluid was for some time observed from between the lips of the incision in the dura-mater. At the end of four months after the operation the wound was quite healed, and the patient left the Hospital in good health and spirits.

One other point remains for our consideration in reference to fractures of the base of the skull. What occurs about the broken bones, when the patient survives a fractured base? Does union take place? and if so, by what medium are the broken bones united?

A few years back great doubt existed as to these points. You will find, for instance, great doubt expressed in M. Malgaigne's surgical anatomy, as to the possibility of union taking place in these fractures of the base of the skull. It so happened that M. Malgaigne was acquainted with only two cases in which dissection of the parts had been made after recovery from a fractured base. Finding in both these cases that the fracture presented no traces of union, M. Malgaigne thought it doubtful whether broken bones at the base of the skull were capable of consolidation.

And the doubt thus expressed remained unsolved for many years, preparations illustrative of the mode of union of a fractured base being but very rarely to be met with.

My researches in our hospital museums have been all but fruitless, and few, indeed, are the museums in this great metropolis which contain even a single specimen. The College of Surgeons possesses but one solitary preparation.

At this we shall not, however, be surprised, if we recall to mind how seldom it happens that a patient with fractured base recovers, and, moreover, how very unlikely it is that a Surgeon acquainted with the accident will have to examine the body at any subsequent period; for it unfortunately too commonly occurs that we altogether lose sight of many of our most valuable cases.

(To be continued.)

## ORIGINAL COMMUNICATIONS.

### SUGAR AND DIABETES.

By WILLIAM BUDD, M.D.

Senior Physician to the Bristol Royal Infirmary.

In the *British Medical Journal* of November 14, 1857, and March 13, 1858, under the heading "Sugar and Diabetes; a Case," I gave some account of a young man, named Snailum, who had been for some months under treatment for that disease in the Bristol Royal Infirmary, and who, after having steadily got worse under a diet from which sugar and its chemical equivalents were in great measure excluded, got steadily and very much better under a diet which included the daily consumption of a large amount of sugar in substance.

In the *Medical Times and Gazette* of May 1, 1858, in an article entitled "Some remarks on Sugar as an Article of Diet in Diabetes Mellitus," Dr. Bence Jones has done me the honour to make these two communications the subject of some lengthened observations.

Dr. Jones opens his paper with citing a case, by Piorry, in which a very large diminution in the quantity of sugar excreted by the kidney, followed the daily administration of four ounces of sugar candy. This, I imagine, is the same case as that to which I referred in my first paper, as being what finally determined me to try the sugar plan.

Among the particulars recorded in my narrative of Snailum's case, were the following:—

1. When he began the sugar treatment he was voiding from seven to ten pints of urine daily, ranging in specific

(a) Med. Chir. Trans. vol. ii. p. 105.

gravity from 1036° to 1044°. After having continued this treatment for five months, he was voiding from four and a quarter to six and a half pints of urine daily, of specific gravity, ranging from 1031° to 1040°; the last figure being observed, moreover, on a single occasion only. During the last six weeks of this period, the average quantity of the urine was five pints and a-half, the average specific gravity 1034° (a).

2. A week before the change of plan he weighed 107lbs. After having continued the plan for five months, he weighed 130½lbs.

3. Before he began to take sugar he was confined to his bed from weakness. After he had taken many ounces daily for five months, he had so far recovered his strength that he walked on one occasion nine miles on a stretch without fatigue.

4. Before he gave up the old treatment his skin was dry, his tongue dry and brown, his pulse frequent, and he was harassed by cough and pain of the chest. Under the new treatment these symptoms speedily and entirely disappeared.

These results, it will be seen, are not only large, but precise. A gain of more than twenty pounds in weight, and a recovery in strength, enabling a man who could not leave his bed from weakness to walk nine miles on a stretch, are facts about which there can be no mistake. That such results should have occurred in a diabetic patient who was eating from six to twelve ounces of sugar daily, was considered by many eminent persons who saw him while he was under treatment, and by the still greater number who watched the progress of the case, to be deeply interesting, whatever might be the interpretation of the facts (b).

I may add here what was not stated in my papers, that with one or two trifling exceptions, no medicine of any kind was given to interfere with the simplicity of the treatment.

In laying these facts before the Profession, I purposely abstained, on philosophical grounds, from entering into any speculations regarding them (c).

I was still more careful not to make the case the occasion of any recommendations. For reasons which will be easily appreciated, I felt, in fact, especially anxious, that in such a matter every one should be left to his own judgment.

The facts recorded in my narrative being, in precise terms, those which have just been recapitulated, Dr. Jones introduces the most important among them to the readers of the *Medical Times and Gazette* in these words:—"The patient is considered by Dr. Budd to improve greatly, in consequence of this (the sugar) plan of treatment;" and, in another sentence, "the increase of weight is stated as being nearly twenty pounds" (d).

In subsequent passages Dr. Jones refers to the harm that is

(a) It is well known that the precise quantity of sugar eliminated can only be determined approximately, by taking the specific gravity and the quantity of the urine. Where the terms of variation are very wide, however, they cannot well be misinterpreted. In the present instance they were sufficiently so to show, as surely as if the urine had been analysed, that the quantity of sugar excreted by the kidney had decreased, notwithstanding the consumption of many ounces, daily, of sugar in substance. On this point, a writer of very high authority expresses himself in these words: "If by two or more of these tests (referring to the well-known chemical tests for sugar) the presence of sugar is established, it is not necessary to make any quantitative analysis: for the medical man, a sufficiently near approximation is obtained by taking the specific gravity of the urine. It is not even necessary to refer to Dr. Henry's tables, in which he gives the solid contents of diabetic urine of all specific gravities. All the information you can use you will obtain by comparing from day to day, or from week to week, the specific gravity and the total quantity of the urine passed in twenty-four hours."—*Animal Chemistry*, by H. B. Jones, M.D. F.R.S. (p. 115.)

(b) The following, among others, may be named as having seen the patient while he was under the sugar treatment: Dr. Symonds, Dr. Radcliffe Hall, Dr. Henry Frispi, Dr. Beddoe, Dr. Henderson, and Dr. Harley, of University College, London.

Some of these gentlemen were so surprised at seeing a diabetic man eating half-a-pound of sugar a-day, and presenting the appearance of robust health, that they were not content until they had verified the diagnosis by testing the urine for themselves.

(c) The precise words of the first three sentences of the very brief remarks which I appended to the case were these:—

"I have purposely abstained from burdening this narrative by any lengthened comments. There are few maxims in philosophy which are more entitled to respect than that which inculcates caution in drawing deductions from single instances. The striking result here obtained from this new mode of treating diabetes, must not only be repeated in other cases of the same kind, but must be sustained for a longer period in this one, before any general inferences can be safely founded upon it." In my second paper I maintained the same cautious tone.

(d) Dr. Jones adds, "in the first two months;" but if he will read my paper again, he will see that the increase of weight there recorded, refers to the date at which the paper was written, and that it had occupied, therefore, rather more than four months.

being done by my suggestion. As, however, I have made no suggestion—have *designedly*, in fact, abstained from making any—this phrase, as applied to myself, is a phrase without meaning. In illustration of "the harm that is being done," Dr. Jones refers to cases which are brought before him, in which the symptoms of diabetes have been much aggravated by the administration of sugar; but as what he says on this head consists merely of loose statements, unauthenticated by particulars of any sort, I need scarcely say that it is totally inadmissible as evidence in a scientific question.

The only part of Dr. Jones's paper which has any claim to this last character, has reference to two cases—one bearing date "1854" (the month and day of the month not being given), and the other bearing date Jan. 20, 1858. On these two cases, in which sugar was given—with various, but in the main, as it would appear, with opposite effect—I will venture to make a few remarks.

Of the first, the chief peculiarity is, that, while professing to be a record of chemical observations, it is entirely wanting in the precision which is the very essence of chemical data. The observations in question are divided into two series. In the first series the quantity of urine passed in the twenty-four hours is seldom given, and the vague expressions "sugar," "some sugar," "much sugar," occur where precise numbers should have appeared. In the second series, the ratio of sugar to the pint is carefully ascertained, but the quantity of the urine is absent throughout!

The endeavour to obtain greater accuracy in the second series only proved, therefore, to be a waste of power. Its object, Dr. Jones says, was "to determine more accurately the amount of sugar produced in the urine by the bread." But to attempt to determine this by ascertaining with elaborate care the ratio of sugar to the pint, when the number of pints passed is not forthcoming, is much as if one should attempt to determine the cubic contents of a given mass by taking its length with microscopic minuteness, while failing to give its breadth and thickness (e).

These deficiencies in quite fundamental points, strike the reader the more, from the contrast which they present in those respects to the few simple and precise results which Dr. Jones has quoted from Piorry at the head of his paper.

One point does, however, emerge from the observations made by Dr. Jones on his first case, and that is, that in a diabetic patient, fed otherwise on a purely animal diet, moderate quantities of saccharine matter (two ounces of sugar or four of honey) may be given at intervals for a day or two together, without causing sugar to appear in the urine. This result is not without its importance, although in what way it helps the writer's general argument, it is not so easy to divine.

Under the circumstances, we have, perhaps, no right to complain that the case is deficient in all the particulars that most interest the Physician. Throughout the narrative no data are given to show in what way the health and general condition of the patient were affected by the changes of regimen to which she was subjected. The only fact bearing at all on these all-important points is set forth in the solitary, and, for a scientific production, somewhat singular record, "She had not gained in weight above one pound." (*Sic*.)

This record, whatever may be meant by it, embodies the result of six weeks' trial of a purely animal diet, as measured by the weight of the patient.

The second case is more full, and the chemical data, as far as they go, appear to be accurate. Altogether they cover a period of twelve days. The general results are given in a table in the body of the paper. From the tabular statement as first published it would appear as if sugar, in the quantity of eight ounces, had been given during seven days. From a list of *errata* inserted in the ensuing number of the *Medical Times and Gazette*, we learn, however, that this substance was only given during three days! (f)

(g) It is true that Dr. Jones apologises for this fundamental omission by stating that the register of the quantities has been mislaid. But that being the case it might have been worth considering whether the other results were worthy of being recorded in a paper which rests its claims to attention on the superior accuracy of its proceedings. Under the circumstances, the phrases, "sugar," "some sugar," "much sugar," would have done very nearly as well as the more precise indications of Soleil's Saccharometer.

(f) There is a serious discrepancy still remaining between the table and the context which requires explanation. In the report for the 3rd April, this note occurs:—"She complained of the sugar, and the experiment was discontinued." According to the table the sugar had been left off two days before this.

An experiment confined to a single case, and extending only over three days, is a narrow basis for a physiological induction.

This, however, is far from being the only objection to which the case is open.

It is a principle too elementary to need enforcing here, that in attempting to estimate in a given result the effect due to the introduction of a new element, it is essential, as far as this can be done, to keep the old elements constant. Especially is this true of elements known to have great influence on the particular effect which is the object of research.

In endeavouring to determine the effect which the administration of sugar might have in diabetes, on the quantity of sugar excreted by the kidney, it is above all things important that the quantity of *bread* consumed by the patient should not vary.

On casting the eye over Dr. Jones's table, it appears, however, that his patient took on one of the twelve days 5 ounces of bread, on another 8½ quarter ounces, on another 7½, and on others 7!

In addition to these causes of disturbance, we are informed that during the same period she had a violent hysterical fit, and an attack of urgent diarrhoea; and that she also took *opium*, ether, and other medicines.

It would be strange to find in data such as these the elements for the solution of a difficult physiological problem.

Taking the facts, however, for what they are worth, the general result, stated in precise numbers, is this: The days on which sugar was given, when added together, amounted to three. During these three days the average quantity of sugar excreted by the kidney exceeded the average quantity excreted on the five days when sugar was not given by 1153 grains; but as, for every 1153 grains of saccharine matter eliminated, as much as *eight ounces* were taken in, the proceeding must have issued, supposing the surplus to have been appropriated, in a daily gain of many thousand grains of respiratory aliment to the system. So that, as far as chemical grounds go, the case offers a strong confirmation of the principle of administering sugar in diabetes.

I say, "as far as chemical grounds go," because I am particularly anxious to guard myself from the imputation of supposing that, in the present imperfect state of science, chemical data, taken alone, can ever be safely trusted as guides for practice.

In the present instance, I need scarcely add that the saccharine regimen was not continued long enough to enable the practitioner to judge of its effect on the general condition of the patient. Dr. Jones has, it is true, given the weight of the subject for every day that figures in the tabular statement. The precise object of this, however, does not appear, as it is evident enough from the facts, that these weights may represent something quite other than the effect of the sugar.

The sum of Dr. Jones's investigations appears, therefore, to be this:—As far as can be judged from the evidence which he has placed before us, both of his cases testify in favour of the sugar plan. As, on the other hand, the cases are only two; as the experiments were continued for a very short time; and, lastly, as both cases are chemically as well as medically very imperfect, they cannot be counted for much either on one side or the other.

In more than one passage of his paper Dr. Jones speaks of my results being answered by the opposite results which he and others have observed as the consequence of the same plan of treatment. If I were to adopt his method of philosophising, I might say in return, that the results obtained in his second case are answered by the precisely opposite results obtained by Piorry; or that his second case is answered by his first; or, to take yet another instance, that the disappearance of sugar from the urine in his first case, on the institution of a purely animal diet, is answered by the case published by Andral, in which, under the same regimen, the sugar excreted by the kidney, after undergoing a temporary diminution, gradually rose from 27 grammes to the pint, to the enormous ratio of 49 grammes to the pint; or by the still more remarkable instance recorded by the same eminent Physician, in which a diabetic patient, who lived "entirely on flesh," voided, notwithstanding, nearly 20 ounces of sugar daily.

But I have always been taught—and these very illustrations establish the position—that facts are self-subsistent. One argument may be answered by another, or a theory by a

theory; but to speak of a fact being *answered* by a fact, is to utter a logical solecism.

The facts which have just been referred to are only a few among the many that might be cited, which show, in the most striking manner, that the true law which in diabetes regulates the relation borne by the quantity of sugar excreted, to the nature of the ingesta, yet remains to be discovered. And it is not difficult to see that if this law is to be made out, it must be as the reward of a much larger induction than any that has hitherto been attempted, and of a very different order from that of which Dr. Jones has here given us an example.

My present purpose, however, is not so much with Dr. Jones's paper, as to take the opportunity which this discussion affords, of communicating some particulars of another case of diabetes, in which, under circumstances the most unpromising, results, in some respects, even still more striking than those which were observed in the case of Snailum, followed the adoption of the same line of treatment.

Elizabeth Hilliard, a widow, aged 53 years, a diminutive person, and already for a considerable time the subject of diabetes, was admitted on the 11th of March, 1858, into ward 2 of the Bristol Royal Infirmary, where she still remains under treatment.

The symptoms which first arrested her own attention were frequent calls to make water, with great increase in the quantity passed, which amounted to several quarts daily; insatiable thirst, progressive weakness, and loss of flesh; and severe pruritus of the external parts. These complaints had come on rather suddenly about fifteen months before admission, in immediate sequel to severe mental anxiety. During the interval, she had been for some time an out-patient of the Infirmary, and subsequently, and for a period of rather more than two months, a patient at the Clifton Dispensary. She had never before, within her recollection, had any illness requiring Medical attendance.

When admitted her debility and emaciation were extreme. The degree of wasting may be estimated by the fact that when placed in the weighing machine she was found to weigh only sixty-five pounds. She was unable to stand or even to sit up in bed, without being supported. The skin was peculiarly harsh and dry; the pulse 100. On the day after her admission, and for many subsequent days, the tongue was dry and brown. Her nights were much disturbed by calls to make water, and her thirst was very great. There was a hectic flush on the cheek, and she was much harassed by frequent dry cough and by pains of the chest. Although there were no physical signs of lung-deposit, my impression was that she was most probably the subject of tubercle.

She had reached, in fact, what Dr. Prout describes as "the last and usually the briefest" stage of diabetes.

On the day after her admission she was placed for five days on the ordinary (technically, "the middle") diet of the house. No medicine was given.

During these five days she passed six pints of urine daily, of sp. gr. 1040°.

On March 17 she was ordered to take ten ounces of the best white sugar daily, and was put on the following dietary:—

Bread (common) 12 ounces; meat 12 ounces; butter 3 ounces; greens 8 ounces; beef-tea 1 pint; sherry 4 ounces,—to all which, two eggs were added on March 22. An ounce of cod-liver oil, which she took daily from the day after her admission until April 16, may also, I presume, be fitly included in this list.

On March 18, twenty-four hours after the adoption of this scheme, there was an increase of three pints in the quantity of urine passed, which now amounted to nine pints, of sp. gr. 1040°. Her thirst had also increased, and she was weaker. The pulse had risen to 116. In short, she was in all respects worse.

On the 19th, under the same treatment, the quantity of urine fell to eight pints, and the specific gravity to 1037°.

As, with the exception of the sugar, the new dietary differed from that for which it was substituted chiefly in containing much less amylaceous matter, it was tolerably clear that the sudden aggravation of the diabetic symptoms was due to the administration of the sugar.

Under the idea that the fault might be, not in the principle, but in the application of it, I did not withdraw the sugar, but merely reduced its quantity from ten ounces to five.

As the patient complained much of inability to sleep, I, at the same time, ordered five grains of compound soap pill to be taken at night. I may add that as this prescription seemed to answer it was continued for the next ten days, when it was left off on account of constipation.

The opium probably had something to do with the sudden improvement which now occurred in the quality of the urine.

Be this as it may, the quantity of this secretion fell on the following day to five pints,—its specific gravity continuing at 1037°. On the next succeeding day five pints were again passed, of specific gravity 1036°.

Between this date and the 30th March, the urine fluctuated in quantity between five and a-half and six pints, and in specific gravity between 1037° and 1040°.

The only changes worthy of note in the patient herself were, that the tongue had become moist, and that she was somewhat stronger. She was able to sit up in bed, and could stand for a few moments without support. She relished the sugar, and it appeared to agree with her. Nevertheless, on being put in the weighing-machine on the 30th March, she weighed only sixty-four pounds; so that in sixteen days she had lost one pound.

As from the history she gave of herself there was reason to believe that her loss of flesh for some time prior to her admission was more rapid than this, the true interpretation of this fact probably was, that some check was already being put to her downward progress.

In the next fortnight she steadily improved. On the 13th April, this note occurs in the journal of her case:—

"Weighed yesterday, 69½ lbs. Pulse 76; tongue clean and moist; skin soft and moist, having entirely lost its original harshness; gains strength daily; appetite good."

She was now sitting up for an hour or two every day. The cough and other chest symptoms had entirely ceased. The only change made in the treatment during this last interval was, that on the 30th of March the sugar was increased to six ounces daily, and on the 3rd of April a quinine mixture was ordered to be taken three times a-day. Half a pint of bitter beer was also substituted for the sherry. The urine, meanwhile, continued pretty steadily at six pints, its specific gravity ranging from 1035° to 1040°.

On the 20th—that is, seven days later—there is this further note:—"Weight, 72 lbs.; better in every respect; remains up six hours every day, and walks about."

In the week following she scarcely held her ground. In the early part of the week some relatives came to visit her, with whom she was on bad terms. A violent altercation ensued, and she was much agitated during the night. On the day following the urine had increased more than a pint, and the specific gravity had risen several degrees. She continued to be very poorly for some days, and on the 27th she weighed only 71½ lbs., being half-a-pound less than the week before. Annoyances of the same kind have occurred to her several times since, and have always been followed by a similar change for the worse.

On the 24th the quinine was left off, and twenty minims of the dilute nitric and muriatic acids, in equal parts, were given three times a-day, instead. This last medicine she still continues to take.

On the 27th of April the sugar was increased to eight ounces, that is to say, to within two ounces of the quantity first prescribed. It is deeply worthy of remark that without any other change being made, the urine on the day following, instead of increasing, showed a large diminution. On the 25th, 26th, and 27th, she passed 6 pints on each day; the respective specific gravities being 1035°, 1036°, and 1034°. On the 28th of April she passed only 5 pints, of specific gravity 1034°. On the 29th, 4½ pints, of specific gravity, 1035°, and on the 30th, again, 4½ pints, of specific gravity 1034°.

On the 4th of May, her weight had further increased to seventy-three pounds: a point at which she still remains. Beside this, she is in all respects very much better. The tongue is clean and moist, the appetite is good, the bowels are regular, and the thirst is moderate. She is generally up the greater part of the day, and on fine days often passes much time in the infirmary garden. On the 3rd of May, after having spent a good part of the morning in that way, she went out, on foot, to visit a sick relative, and walked more than half-a-mile without fatigue.

During the last ten days the urine has only once reached

six pints: the average quantity for the other nine days being somewhat short of four pints and a-half; and the average specific gravity for the whole period 1034°.

One change has occurred in the patient while under this treatment, which deserves to be specially mentioned on account of its physiological interest. When she came into the Hospital she was almost as dark in complexion as persons affected with bronzed skin. As the treatment proceeded she became visibly lighter, week by week, to such a point that it would be difficult to recognise her now as the same person.

The speedy subsidence of the chest symptoms equally deserves to be brought into prominent notice. We might, no doubt, attribute this to the opium employed. I would observe, however, that a precisely similar result occurred in the case of Snailum, to whom no opium was given. I withhold all comment from these facts, at present, beyond suggesting that they may both very possibly be eventually found to possess an interest extending far beyond the present topic.

In summing up the results detailed in the preceding narrative, the leading facts appear to be these:—

1. In the interval between the 30th March and the 4th May the patient gained nine pounds (a gain representing one-seventh of her whole weight), with a proportionate recovery of health and strength.

2. During the same period she was taking from five to eight ounces of sugar daily.

And 3. Notwithstanding this large daily consumption of sugar, instead of an increase, there was an abatement of the proper diabetic symptoms.

In connexion with these results, I shall confine myself at present to two remarks.

The first is the very obvious one, that whatever may happen in other cases, or whatever may be the ulterior issue of this one, these facts will abide.

The second is, that as it is impossible to suppose the sugar to have been without effect, the results here detailed must have been obtained either in consequence of its administration or in spite of it. If in consequence, then the facts are of extreme importance; but if in spite of it, they are scarcely less remarkable in the extreme opposition they offer to all we have hitherto been taught on the subject.

In regard to this point, Dr. Prout, who is confessedly one of the highest authorities in these matters, uses these remarkable expressions: "Every variety of the saccharine principle in its crystalline form, is absolutely inadmissible as an article of diet in diabetes. This rule excludes, therefore, at once all fruits, whether subacid or sweet, as well as every compound, natural or artificial, into which sugar enters. The practical importance of this rule is so great, that I am doubtful if it be neglected whether good can be obtained from any plan of treatment" (g).

But here we have a diabetic patient eating from five to eight ounces of sugar daily, and not only rallying from a stage of the disease which Dr. Prout describes as being all but irretrievable, but adding in little more than a month a full seventh part to her weight, and becoming the while (what perhaps is most extraordinary of all) gradually less diabetic.

Antagonism more extreme than this it is impossible to conceive.

And there cannot, I think, be a more complete vindication than is to be found in it of the course I have taken in laying these facts in a simple manner before the public.

I may add, in conclusion, that in publishing them I do so in the full confidence that they will be regarded by the Profession generally as not without interest, in spite of attempts to disparage them, from whatever quarter they may come. Of this, at any rate, I feel very sure, and that is, that all such attempts will fail of their object when they come before us, seasoned by jests on Homœopathy, having neither point nor good taste to recommend them.

P.S.—Since the foregoing notes were sent to press, this patient has continued steadily to improve. Her weight, now (May 18), is 75 lbs. During the last five days her urine has varied in quantity from 4 pints to 4½ pints; in specific gravity from 1034° to 1037°. She is still taking eight ounces of sugar daily.



# AN INSTANCE OF THE OCCURRENCE OF POISONOUS EFFECTS FROM ARSENIC

FOR THE FIRST TIME WHEN REPEATED  
AFTER THE ADMINISTRATION OF ANTIMONY DURING THE  
INTERMISSION OF ITS USE.

By JOHN ELLIOTSON, M.D., Cantab. F.R.S.

ON the 5th of July, 1856, a communication by me was honoured with insertion in the *Medical Times and Gazette*, illustrating the greater power of antimony, unaided by other measures, over inflammatory croup, when given so freely as to render frequent visits of the Medical attendant advisable during the twenty-four hours, and its tendency to occasion tetanic symptoms when exhibited so freely, although I did not contend that such symptoms were requisite or desirable. Palmer, before he murdered Cook with strychnine, had attempted the crime with antimony; and, notwithstanding some gentlemen imagined that he gave antimony first in order to prepare the system for the deleterious effects of strychnine, I said—

"There is no reason to suppose that he had any deep views of preparing the system for the action of strychnine, which is potent enough without preparation, or of rendering the detection of strychnine by the chemist more difficult, which is not known to be a fact. His course appears to have been simple enough—to attempt to murder Cook by antimony, as he probably had murdered his other victims—and, not succeeding so soon as he anxiously desired, to resort, at the last moment, to strychnine, with which also he failed, till, on the Tuesday night, he gave it again."

Upon the question—whether antimony renders the body more easily affected by strychnine—I did not enter. But in the following case the effect of arsenic may have been increased by the previous exhibition of antimony.

On the 24th of last October I visited, in consultation with Dr. Hamilton Roe, a middle-aged lady suffering from chronic rheumatism of the hands, feet, and some other joints, after the failure of excellent treatment. I recommended a trial of arsenic, which has long enjoyed a deserved reputation in such cases when little or not at all inflammatory. In chronic diseases it has always been my habit to begin with small doses of energetic medicines, whatever may be the extent to which there may at length be a necessity for augmenting them. She took at 10, 4, and 10 o'clock, one minim of the liquor potassæ arsenitis, for three days; then two minims each dose for three days; then three minims each dose for three days; and ultimately four minims every dose until the 25th of November, without nausea or any other inconvenience, but with a very great diminution of the rheumatism, and I did not visit her again till the 7th of December. I understood that in the meantime she had been attacked with bronchitis, which was successfully treated by Dr. Roe with the potassio-tartrate of antimony only, in doses of a grain, given at first every four hours, and afterwards less frequently, till eight grains had been taken at the end of four days. It had occasioned temporary nausea and depression. She was quite free from bronchitis, her rheumatism remained at the same point of improvement as when I last saw her before the attack of bronchitis, and she appeared to have the same strength and general health. The arsenical solution was, after an intermission of twelve days, and the omission of antimony for eight, recommenced, but in a dose of two minims only. On the fifth day of this dose, taken as originally three times a-day, she lost her appetite and strength, her face became pale, she had a sense of weight after eating, nausea, redness of the eyes, and great nervousness. I was sent for. The arsenic was at once discontinued, and those effects ceased.

On the 16th it was resumed in the last quantity, but discontinued in three or four days for the same reason as before.

On the 29th, as all discomfort from the arsenic had ceased for several days, and she still suffered from rheumatism, though greatly improved with the exception of one knee, the rheumatism of which was inflammatory, we repeated her

medicine in the same quantity of two minims three times in the twenty-four hours; but she could not bear it more than two or three days, notwithstanding her great anxiety to take it on account of the good which it had done her.

Whether the first disagreement of the arsenic with her arose from the previous exhibition of the antimony, I will not presume to assert, because the susceptibility to the influence of individual drugs occasionally changes. I have known the same person readily affected by mercury, who formerly resisted its influence; and one person, who, though a large and hearty man, could never take more than the sixteenth of a grain of iodide of potassium formerly without extreme depression, bear on a subsequent occasion doses of a grain perfectly well: and all this without any obvious reason. But, in the present case, the period of extreme susceptibility followed too quickly upon the previous tolerance, I think, for this change to be without some obvious circumstance; and there was an obvious circumstance, and a possible cause, in the free exhibition of antimony, some of which, I presume, still existed in the body; and, though the same might be true of the arsenic, this, it must be remembered, had never disagreed in the least. If debility had been left by the antimony and bronchitis, the increased susceptibility might have been ascribed to it; but, if it existed at all, it was inconsiderable, too inconsiderable, I fancy, to be regarded as the cause. Still, a positive conclusion appears to me impossible, and I have therefore detailed the facts after heading them as merely "poisonous effects from arsenic for the first time when repeated after the administration of antimony during the intermission of its use."

Conduit-street, Regent-street.

P.S.—April 27.—As my communication has not yet been printed, I take the opportunity of mentioning a circumstance which has come to my knowledge to-day. After my communication was sent upon the 12th instant, the lady was so desirous of taking the arsenic again, to secure still greater benefit, that she resumed it on the 14th, and, beginning with one minim each dose the first twenty-four hours, augmented the dose on the fourth day to four minims, which she has taken up to this time without the slightest inconvenience. This is an additional reason for presuming that the greater susceptibility was due to the antimony, which, it may be presumed, has now left the system.

## ON THE TREATMENT OF SEROUS EFFUSION INTO THE PLEURA.

By HAMILTON ROE, M.D.

Senior Physician to the Brompton Hospital, and late Senior Physician to the Westminster Hospital.

(Continued from p. 479.)

Mr. Evans thought this reasoning fair; we therefore submitted to the gentleman's father our reasons for thinking that the operation ought to be performed. They appeared to him so satisfactory, that he requested it not to be delayed. Mr. Evans made a short incision over the fifth rib, in the place where the grooved needles had been introduced; drew down the wound over the fifth intercostal space, and passed his trochar through it into the chest; on the withdrawal of the stilette clear straw-coloured serum, with some floccul, gushed out; we observed that very little air, much less than usual, entered during the operation, which we attributed to the lung expanding as it was relieved from pressure; the fluid withdrawn measured nearly six pints. He felt faint after the operation, but soon recovered; one grain of opium was given him that night, and two grains of calomel with a little opium were given him three times a-day for three days; it did not affect his mouth, but as he appeared weak it was discontinued; at the same time, he was directed to make use of a very spare diet. On Monday, the 20th of March, I saw him again, he felt considerably better, and much relieved in his breathing, but weak; respiration was audible both anteriorly and posteriorly on the left side, but it was very deficient; the heart had moved a little to the left, but was still displaced; there was dulness in the lower part of the chest only to the height of about three inches. Mr. Evans



and I now agreed that he should be dry cupped, and afterwards blistered, and that he should still remain on low diet. Between the 20th of March and the 1st of April dry cupping was performed twice, and two blisters were successively applied on the back, and front of his chest; from the last, however, he suffered so severely, that we abandoned the intention of blistering him again. On the 1st of April he came to London, his heart had moved considerably to the left side, the respiration had become more audible, but the dulness continued up to the same level at which it was on the 20th; his pulse was 120, feeble, and his countenance was pallid; he was now allowed to take meat, and a little wine twice a-day. Tincture of sesqui-chloride of iron was prescribed to be taken three times a-day, and exercise in an open carriage; on the 4th of April his general appearance had greatly improved, he was strong enough to walk a little, and his food had not disagreed; the tincture was continued, and on the 8th of April he was able to go to Bangor, where he quickly regained his health, but the sudden change from mild to very cold weather after he had been in Bangor a fortnight, reproduced his disease, and obliged him to return home to Liverpool, where I saw him on the 26th of April in consultation with Dr. Dickenson and Mr. Bickersteth: we all agreed that he should be tapped again without delay: a considerable quantity of serum was then withdrawn from his chest by Mr. Bickersteth; he remained in a very weak state for some time, under the care of Dr. Dickenson. The fluid again accumulated, but this time it soon made an opening for itself in one of the intercostal spaces below that through which it had been withdrawn, and continued to discharge itself daily.

Dr. Dickenson's report was, "that from this time he continued gradually and steadily, though slowly, recovering his strength and health, till he went to Madeira in the last week of September; his cough had entirely ceased, and his expectoration, which never had been great, had for some time disappeared; and he was gaining flesh considerably, had a good appetite and refreshing sleep, and in all respects was proceeding satisfactorily with the following exceptions: his pulse kept up to nearly 100 per minute, and increased slightly in frequency towards night, when he had a little hectic flush; he had rather profuse night perspirations, and there was a continual discharge of purulent matter from the fistulous opening in the side, amounting to perhaps three or four ounces daily. His treatment was good diet, with bitter ale; quinine, iron, and when the weather permitted it, outdoor carriage and walking exercise. Dreading the effects of our severe climate, I recommended his removal to Madeira."

He there placed himself under the care of the late Dr. Ross: lived well, and took a good deal of exercise on horseback. He returned home in May, 1855, very much improved in health, but with the fistulous opening still discharging a very small quantity of purulent matter. He returned in the autumn to Haylebury, resumed his studies, and after passing his examinations in a highly creditable manner, went out to India in the autumn of 1856; the fistula having closed just before he left England. I have reason to believe he is now in good health.

The following cases afford good illustrations of the value of paracentesis as a remedial agent in the variety of serous effusion into the pleura.

**Case 4.**—W. Cormack came under my care at the Brompton Hospital in October 1845, supposing himself labouring under consumption, though without its aspect. A superficial examination disclosed considerable pleural effusion of the left side. He was pallid, and much enfeebled; a brass-finisher by trade, having enjoyed good health till the 7th of the previous June, when he had a slight sore-throat, and since that time his health had declined. His breathing had gradually become distressed after exertion. A short cough had come on, unattended with expectoration, succeeded by progressive emaciation, debility, and night perspiration. A month subsequently, slight epigastric and infra-scapular pains were felt, continuing for six weeks, and then subsiding. During the last month the patient thought he had gained flesh, his appetite having been always good. The left side measured three-quarters of an inch more than the right, and was motionless, and sounded dull up to the clavicles on percussion. The breathing was somewhat tubular in the upper part of the chest, and indistinctly heard inferiorly. The heart sounds and impulse were perceived to the right of the ensiform cartilage. No egophony could be detected.

He was admitted into the Westminster Hospital on the 22nd of October, and was tapped on the 28th, when six pints of clear straw-coloured serum were taken from the left pleura: sp. gr. 1.025, alkaline, and coagulating when boiled with nitric acid. Air entered freely during the operation; next day respiration could be heard, though feebly, over the left side. Doses of calomel and opium were given him every six hours, but on the 1st of November he seemed so feeble that these medicines were omitted, and he was put on full diet, and was directed to be dry cupped all over that side as often as he could bear it. On the 11th the heart had moved considerably nearer towards its natural situation; respiration was heard over the upper part, but still obscurely at the lower part of the lung. From this time he improved steadily, and was discharged in good health on the 18th of December. He is now in good health.

**Case 5.**—I was requested on the 26th of January, 1848, to see a young lady, pronounced to be in a hopeless condition by two of our best Physicians, and an eminent Hospital Surgeon; and after having been tapped in the chest three times, I had no expectation that I could do anything for such a case; but her father was so urgent for my opinion that I yielded to his wishes. I found a young lady, aged 14, thin, pallid, and very feeble, with dulness in the lower part of the left side of her chest, tympanitic clearness of the upper part; metallic tinkling, and amphoric breathing heard during respiration. The pulse was 120. She complained of cough, and nightly perspiration. It was clear that in her condition there was every probability of the fluid reaccumulating as fast as it was withdrawn, and that she could not bear many more tapings. On the other hand it was very improbable that she could get well if so much fluid and air were allowed to remain in her chest. Under these circumstances, it occurred to me that by establishing an opening through which the fluid might be drawn off daily, and by strengthening her system, a chance of recovery, perhaps the best chance, would be afforded to her; and accordingly I requested Mr. Wigan of Somerset-street, whose patient she was, to pass in a double-edged bistoury between the fifth and sixth rib, and the moment he had done so, I introduced a small piece of a gum-elastic catheter, closed by a stopper, and guarded by a button of ivory, into the wound, and secured it in its position by a piece of tape passed round her waist. This operation was performed on the 2nd of July, and two pints of turbid serum were withdrawn. On the next and following days she seemed in a state of fearful prostration. Her tongue now became aphthous, she was troubled with a diarrhoea that forbade strengthening medicine; she perspired a good deal at night, and a large quantity of sulphuretted hydrogen escaped with the fluid, which was drawn off daily. Her condition was so perilous, that we felt justified in making an experiment. On the 12th, she was rolled in blankets, and laid on a sofa in the garden. She was so much revived by this, that next day she was carried on a litter along the roads. In a couple of days more she was driven out in an open carriage. On the 21st she was taken twenty-six miles into Essex. Respiratory sounds began to be heard at the apex of the left lung in the beginning of August; the discharge, which had gradually become more and more serous, ceased early in September; and on the 29th, she went to Brighton. On the 28th of October she returned to London in good health, and without any contraction of the chest or deformity.—(See *Lancet*, vol. ii. 1851.)

**Case 6.**—Mr. Hamilton, a friend of Dr. Pollock's, had serous fluid removed from his chest. He was a well-made man, a Surgeon, aged 28. He was residing in Paris, enjoyed good health till Christmas, 1854, when he became languid, lost his appetite, and suffered from dyspepsia and confined bowels. On the 20th of March, 1855, he had a shivering fit, followed by great heat. Next morning he awoke with pain in the left side, but this soon subsided, and he had no idea that he had fluid in the chest, till Sir J. Olive examined him and told him so. On the 3rd of April, 1855, he was tapped by M. Trousseau, and three quarts of clear serum were withdrawn. In fourteen days he was up, and in three weeks he went out, took exercise, lived well, and soon perfectly recovered his health.

**Case 7.**—Mr. Jas. R., aged 50, called on me with Mr. Odling, of Devonshire-street, on the 27th of August, 1856, with unmistakable marks of effusion into the left pleura. He was then pallid and feeble. Mr. Odling stated that he had seen

him on the 16th of June, on his return from Oxford, suffering from great pain in the left side, close to the diaphragm, which was increased by motion, but that his breathing had not been affected. He had given him calomel and opium till he was salivated; he had then blistered him three times. On the 3rd of July he was seen by a Physician by no means likely to make a mistake, and who thought the pain rheumatic, and said there was no fluid in his chest. He tried change of air to Ramsgate, took hydriodate of potash, and afterwards the tincture of the sesqui-chloride of iron, but without any benefit. I advised tapping, on the grounds that he was in a very depressed condition, and therefore unfit to take mercury, and that there was no evidence of any active inflammation then going on. He did not like this advice, and went to several other Physicians, but he returned to me, and on Sunday, the 2nd of September, he was tapped to thirty ounces by Mr. Walton; and on the 11th, sixty-eight ounces more were drawn off. Good diet, and tincture of sesqui-chloride of iron were given him, but he became heated and feverish, and therefore the iron was omitted, and he was put upon low diet for a few days. When the feverishness had subsided he was dry-cupped frequently, and his diet was gradually improved. Various forms of iron were next administered to him, and he was directed to take horse-exercise and to use shower-baths. In a few months he recovered his health and good looks, and he is now perfectly well.

*Case 8.*—This man's case appeared to be so unfavourable for tapping, that we felt very unwilling to submit him to it, and were very doubtful as to its result. Charles Baker, aged 18, scrofulous, and consumptive-looking, a porter, residing at Brockley, near Lewisham, was admitted into the Brompton Hospital on the 13th of October, 1856, under the care of Dr. Cursham. His complexion was fair, hair light, figure spare, and he was below the average height. He stated that, though he had never been strong, he had not suffered from any serious ailment except measles, until about two years ago, when he felt severe pains under both scapulae and the lower ribs on the right side, for which he was salivated, on the supposition that they indicated disease of the liver, and he was kept under mercurial treatment for seven weeks. At the end of this time he went to the sea-side, and recovered sufficiently to resume his usual duties. He continued well till June last, when he had, as he was told, inflammation of the left lung, accompanied by a troublesome cough, hectic fever, and nightly perspirations. Since August he had been gradually losing flesh and strength, though his appetite was good. He was free from pain, his bowels were open, and he appeared free from fever. Tonics and a nutritious diet were given, and under this treatment he appeared to improve. Early in November the mammary region of the right side was observed to bulge out a great deal, and its lower part to be dull on percussion; at this part the respiration was deficient, and the vocal resonance increased. The right side measured 16 inches above the nipple, the left 15½; pulse 100, respirations 32. I examined him about this time at the request of Dr. Cursham, and found the above report perfectly correct. We consulted together as to the propriety of tapping him; but we feared to do it, neither of us having had experience of its effects upon such patients. It was true there was no well-marked dullness under the clavicles on either side; but I thought that I perceived a degree of dullness mixed with clearness, which indicated the presence of tubercles. He remained very much in the same condition till January, 1857, when the right side was observed to be more prominent than it had been, and the dullness to extend upwards as high as the third rib. A grooved needle was introduced, and clear serum followed; but Dr. Cursham and I felt it so doubtful whether tapping would be useful or not, that it was not performed; and Dr. Cursham was afraid to salivate him, thinking him to be an unfavourable subject for mercury. His time for remaining in the Hospital expired on the 21st of February; he then went to Lewisham, where his health considerably improved. Dr. Cursham saw him again on the 17th of March, and made the following note:—"The dullness extends an inch at least beyond the mesial line. Great dyspnoea, much cough, no improvement in any way. His breathing became more and more difficult, and on the 10th of April I took him into the Westminster Hospital at Dr. Cursham's request, and had him tapped on the 18th. Fifty-two ounces of clear serous fluid were withdrawn by a flat trochar from his chest, with great

relief to his breathing: no bad symptoms followed the operation, and on the 20th respiratory murmur was audible below the nipple. From this time he went on favourably till the 3rd of May, when he had an attack of fever, after which the upper part of the affected side became more prominent, and the respiratory murmur less distinct. Dry cupping was prescribed to be performed as often as it could be borne: on the 8th of May the breath-sound was deficient and tubular. From this time his breathing became more and more impeded; the dullness of the right side of the chest was observed to extend more upwards. Nevertheless, his general health and appearance improved. Early in June he was tapped a second time, and ninety ounces of clear, but dark coloured serum were abstracted, and a large blister was placed on his chest. He had had for some weeks a scrofulous inflammation of the ulna, near the elbow-joint; this soon became so much worse as to require attention, but all his pulmonary symptoms ceased; the fluid was not re-secreted, and in three weeks from the last tapping he was advised to go into the country to recruit his health. I have heard that he was obliged to go into Guy's Hospital on account of the state of his ulna, but that he had no return of the effusion.

*Case 9.*—Miss P., aged 27, caught cold in the latter part of the month of November, and felt a sharp pain in her left side; but it only lasted a few minutes, and then went away. Her appetite and strength failed, occasional cough came on, and she found that she could not stoop without losing her breath, neither could she lie on her right side. She consulted Dr. Frederic Bird, who detected fluid in the left pleura. On Thursday, the 17th of December, 2½ pints of clear serum were removed from her chest. Relief followed immediately, she was down stairs in the drawing-room on the following Tuesday, and in a month rode on horseback, never having had any bad effect from the operation.

*Case 10.*—On the 24th of March last I was requested to meet Dr. Elliott, of Denmark-hill, in consultation on the case of a patient of his, who was suffering from fluid in the left side of his chest. This gentleman was about 28 years of age, thin, very pallid, and generally out of breath; his left side was extremely dull from the clavicle to the margins of the ribs; his heart was felt beating a little to the right of the sternum, and in the epigastrium. No respiration could be perceived in the left lung except at its base, nor was egophony heard. His breathing was very much embarrassed by the least movement, and his pulse was feeble and rapid. He stated that, though not strong, he had not been laid up longer than three weeks; that he felt unwell, but did not know what was the matter with him, till Dr. Elliott examined him on the 11th of March, and found a very small quantity of fluid in his left pleura. From that time his breathing daily became worse, the indication of the presence of fluid gradually more marked.

It was clear that the fluid could not have been in his chest more than a few days; the absence of bronchial breathing showed that the lung had not undergone much compression. We therefore concluded that the quantity of fluid could not be great, that the vesicular portion only of the lung had been temporarily consolidated, and therefore that it was a favourable case for operation.

Next day, Dr. Elliott, Dr. Nicholls, his partner, and I, met at the gentleman's house. The operation was performed, and a little more than thirty ounces of high-coloured serum were withdrawn, which coagulated into a thick jelly on cooling. His breathing was immediately relieved. He was kept on low diet, dry-cupped frequently, and in a week from the day on which he was tapped respiratory murmur was heard all over the left side. The heart was felt beating in its natural situation; but there was still dullness at the very lowest part of the affected side, showing that there was still some fluid in it. His breath, however, was improving, the symptoms of fluid were gradually disappearing, and he was regaining strength when I last heard of him.

I have now given ten cases, in four of which tapping once performed cured the disease, in four of which it required to be repeated, but in which it also effected a cure, without giving rise to a single bad symptom, and in one progressing so favourably that cure may be expected. I beg leave to assure the Society that I have not published successful cases, and kept back those which were unsuccessful. My object is to deduce just conclusions from the results of every kind of treatment to which this form of disease has been subjected; and therefore I have given all the cases in which paracentesis

has been performed under my direction, distinguishing those in which it was expected to be successful from those in which there was only a faint hope that it might be useful, as in cases where a large quantity of fluid had been a considerable time in the pleura. To these I have alluded in my former paper; but the necessary failure of the operation under such circumstances does not constitute a valid objection to its employment. For myself, I must say that the results of a good many cases have convinced me that tapping will cure most cases of this kind, if it be performed sufficiently early; and that even were salivation proved to be equally efficient in removing effused fluid, which it certainly is not, it is a much more hazardous, more painful, and more injurious mode of treatment. I am at a loss, therefore, to understand why it should be preferred to tapping, or what reason there can be for deferring so trifling an operation, when once the symptoms of inflammation of the pleura have been subdued. M. Trousseau has had great success in treating these cases, as I am informed, because he withdraws the fluid at once. I cannot, therefore, doubt that anything but time is required to remove the prejudices now entertained against the operation, and to introduce it into general use. The most cautious Medical practitioner may surely feel justified in having recourse to it, when he finds that the remedies he is employing fail, or cease to produce a diminution of the effused fluid. To insure the success of the operation, it will in all cases be advisable, and in some necessary, to keep the patients upon whom it has been performed on low diet for ten or fourteen days, and to dry-cup their chests frequently.

Of the second subdivision of this variety of slow effusion with latent pleurisy, where the quantity of fluid is small, and the inconvenience produced by its pressure is slight, it is not necessary to say more than that such cases are of frequent occurrence, and that they are generally curable by the ordinary means used to improve general health, as open-air exercise, a generous diet, and tonics, especially iron, the tincture of the sesqui-chloride being the preparation which seems most suitable.

#### THE LONDON

### PRACTICE OF MEDICINE AND SURGERY.

#### HOSPITAL NOTES.

##### TREATMENT OF STRICTURE NEAR THE URETHRAL ORIFICE.

Two cases of troublesome stricture, close to the orifice of the urethra, have recently been under the treatment of Mr. Teale in the Leeds Infirmary. The subject of the first was a young man, aged 20, in whom the stricture had existed several years. Mr. Teale adopted the plan of cutting the stricture freely through, in the median line below. The skin and the mucous membrane were then stitched together on each side. The parts healed well, and a permanent oblique opening of good size was secured. The subject of the second case was a man, aged 53, in whom the same treatment was adopted, with an equally good result. Strictures at the meatus, although rare, are, when they do occur, usually very troublesome. Their most frequent causes are, phagedæna of the gland, or urethral chancre. The plan adopted by Mr. Teale in the above cases appears to be a very simple and effectual one. We have often known the most persevering treatment of these strictures by dilatation end in disappointment.

##### REMOVAL OF A NEEDLE FROM THE KNEE-JOINT.

A young woman, aged 22, was admitted into the West Norfolk Hospital a short time ago, having run a large darning-needle into the right knee-joint. The limb was first placed in a Macintyre's splint, and a small incision was then made over the needle, at the inner side of the joint. The needle was easily reached, and was withdrawn in two portions. The limb was carefully kept quiet on the splint, and no inflammatory symptoms worth mention followed. The girl was discharged quite well three weeks after the accident.

##### STOMATITIS PRODUCED BY CHLORATE OF POTASH.

Amy Wasford, aged 3, admitted with pustular ophthalmia and a great intolerance of light on March 9. She had been troubled with more or less of the same affection from early infancy. Ordered ten grains of chlorate of potash in an ounce of water three times daily. Much improvement resulted both in the condition of the eyes and in the general health, and as there was no evidence of disagreement on the part of the medicine, it was continued in the large dose first prescribed. She attended on March 16, 23, 30, April 6, 13, 20, 27, May 4, and 11. Several times the eyes had seemed almost well, and then, owing most likely to the unfavourable weather and continued easterly winds, they relapsed. Her mother considered that the child's appetite and general health had been very greatly improved by the remedies. From having been feverish and restless at nights she had got to sleep well and soundly. The medicine which had been throughout regularly taken and in full dose, never seemed to disagree in any way. On May 11, the dose was reduced to five grains. On May 18, she came with a very sore mouth. The saliva dripped from her lips, there were numerous follicular ulcers on the tongue and inside of lips, and one large one occupied a surface the size of a shilling on the back part of the dorsum of the tongue. The salivary glands were enlarged and tender, and the mouth full of saliva, although the pyalism was not extreme, nor were the gums sore. In this latter respect and in the existence of the larger ulcers on the tongue, the stomatitis differed from that caused by mercury. The eyes were nearly well.

##### AMPUTATION AT THE SHOULDER-JOINT FOR FIBRO-PLASTIC TUMOUR OF THE HUMERUS.

Mr. Holthouse has just had an interesting case under his care in the Westminster Hospital, in which amputation at the shoulder-joint was rendered necessary by a large tumour, involving the upper third of the humerus. The patient was a healthy-looking man, aged 30, who gave the history of his having fallen down and struck the left shoulder in August last, after which he had much pain in using the arm. In October the pain had become such that he was obliged to give up work, and he was subsequently for several weeks in one of the Borough Hospitals. At this time no tumour could be discovered. When admitted into the Westminster, under Dr. Radcliffe and Mr. Holthouse, in February last, the existence of a large bony tumour beneath the deltoid was very apparent. The forearm was partially paralysed, and liable to attacks of neuralgia. Passive motion at the shoulder was free, and unattended by pain, but he could not raise the arm without assistance. On February 23 he was taken into the operating theatre, and having been placed under the influence of chloroform, exarticulation of the humerus was performed. The joint was found quite healthy. Some difficulty in the amputation was experienced, owing to the shaft of the bone having broken at the diseased part, in the attempt to lift it from the glenoid cavity. The tumour proved to be a growth of fibro-plastic structure surrounding the bone, and apparently springing from the periosteum and outermost shell of bone. The medulla was, however, infiltrated with a softer material than that which made up the bulk of the growth. Its microscopic structure was carefully examined by Mr. Christopher Heath, the Demonstrator to the Hospital, and no elements resembling those of cancer found. Unfortunately the man's death afforded an opportunity for confirming the opinion, as to its non-malignant nature by the evidence obtained at the autopsy. No secondary growths were found in any organ. The fatal result was due to gangrene of the wound, followed by pleurisy.

##### CONGENITAL DEFICIENCY OF ONE BREAST IN A GIRL.

A girl, aged 10, now attending as an out-patient at the Metropolitan Free Hospital, under the care of Dr. Staveley King, affords an example of a rare congenital abnormality, viz. the entire absence of one mammary gland and its nipple. It is the right gland which is wanting. The opposite one appears naturally developed. As is, we believe, usual in these cases, the lower serrations of the pectoralis major muscle are also deficient. There is no history of any of the child's relatives having had a similar abnormality, but her mother states that at

an early period of her pregnancy she saw a woman who had had an operation performed on her breast, and that the circumstance made a vivid and painful impression on her mind.

#### TWO SUPERFLUOUS EARS.

A little girl, recently under Mr. Birkett's care in Guy's Hospital, might have more than answered to Macbeth's requisition, "Had I three ears, I'd hear thee!" since she possessed no fewer than four aural appendages. The two superfluous ones were situated on the sides of the neck somewhat lower than the angles of the jaw, and were well developed as far as regards their external contour, and the possession of fibro cartilage. They had, of course, no deeper structures, and merely grew from the skin. Mr. Birkett had had the child under observation almost from the time of birth.

In connexion with these examples of congenital deviations from natural formation, we may mention that the curious in these matters may have an opportunity of seeing a case in which one lower extremity is nearly two inches longer than its fellow, by looking into Mr. Birkett's wards. The muscles in this case appear proportionately developed to the extra length of the bones.

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## Medical Times & Gazette.

SATURDAY, MAY 22.

#### THE ROYAL MEDICAL BENEVOLENT COLLEGE.

EVER since the commencement of the effort to found this noble Institution, we have done our utmost to make known and assist in the objects of its indefatigable and benevolent founder, and have constantly urged our readers of every class, however divided on other points, to unite cordially in relieving their poorer professional brother, and in supporting his widow and orphans.

By the generous co-operation of the Profession, and the sympathy of the public, about £50,000 have been collected, and an annual income is subscribed which might supply the necessities and comforts of life to many deserving but unfortunate men, and educate a considerable number of orphans.

It would be too much to expect that so much could have been done without some difference of opinion as to the manner in which the money subscribed has been expended. Men will differ in opinion, and although they are striving to attain the same end, they will take different roads. So in the Medical Benevolent College there are subscribers who are dissatisfied with what has been done, and who think that the interests of the Institution would be furthered by the infusion of some new blood into the Council.

At the recent annual meeting of Governors of the College there was anything but a feeling of harmony displayed. All were unanimous in the benevolent desire to confer the greatest amount of good upon the greatest possible number of their suffering brethren; but there was a wide difference of opinion as to the best way of attaining the common object.

The questions raised at the meeting by the report of the Council were numerous. In the first place, there is a doubt, and the doubt has been strengthened by opposite opinions of

Counsel learned in the law, whether any portion of the funds raised by charitable contributions can be diverted to assist in defraying the expenses of the paying scholars, or "Exhibitioners." It is urged that the board and education of the sons of living medical men who are not in affluent circumstances were among the main objects of the College, and that the sum originally named as payable by the parents of £30 a-year should not have been exceeded, whatever might prove to be the real cost of those scholars. The Council reply, that by the 38th section of the Act of Incorporation they are compelled to charge the prime cost of each exhibitioner, and have, therefore, been obliged to alter the annual payment from £30 to £40.

Supposing the legal point to be decided in favour of the view taken by the Council, it is then argued that under economic financial management, the cost of each exhibitioner ought not to exceed £30 a-year. It is stated that the original estimate of £18,000 for the building has been unduly exceeded, as upwards of £45,000 have been expended, and many of the sums charged in the Treasurer's report against the school account are considered excessive. This is supported by a comparison with the expenditure and charges of the Royal Naval School.

These questions have been discussed at various meetings. but, unfortunately, the discussion has never been fully carried on to a satisfactory decision. On one occasion it was met by a vote of confidence in the Council; and at the meeting last week the Chairman took a most unwarrantable course in refusing to listen to gentlemen who spoke in favour of adjourning the meeting for a month in order that the Treasurer's report might be printed and circulated among the members, so that each particular might be fully considered. Any attempt to stop full and fair discussion is so contrary to the feeling of a British assembly that we cannot be surprised at the occurrence of a scene of considerable confusion and excitement. The ballot for the election of members of Council took place under circumstances which may inflict injury upon the College, unless a more conciliatory spirit be evinced on the 8th of June next, when it has been agreed to hold the adjourned meeting at the Freemasons' Hall.

On the whole it must be confessed that the dissentient party of the Governors of the Royal Medical Benevolent College have some reasonable grounds of complaint, and are, therefore, entitled to a fair hearing. Without ourselves entirely endorsing the opinion that the sum of £40 per annum is too high a charge for a boy's board and education, we cannot help recollecting that in the prospectuses issued at the foundation of the College, it was distinctly promised that the sum charged should be only £30; and many of the less affluent members of the Profession were no doubt induced to support the new scheme in consequence of the promise thus held out. The prospect of a cheap education for their sons was a legitimate cause for inducing many hard-worked practitioners to join the new College; and there was no more reason why the commodity should not be supplied at cost price to the subscribers, than in the case of the club-houses, where the articles are furnished to the members without the profits of the dealers. Nor is the complaint unreasonable, that the amount of good hitherto effected by the new College at Epsom is somewhat disproportionate to the large sums subscribed and expended. At all events, we think that the Governors have a full right to demand an ample and detailed statement of the manner in which the funds have been expended; and any refusal or hesitation in affording such a statement is likely to be interpreted into a cloak for mismanagement.

We must also, in candour, allow that the personal character of the complaining party is entirely in their favour, and that there is no suspicion whatever that any of them are actuated by other than the purest and most honourable motives. They are all sincere well-wishers to the College, and they consider (whether justly or not) that the result of their agitation will

be to give greater stability and prosperity to the Institution than it has hitherto attained. Now it appears to us that the remonstrances of these gentlemen, instead of being met by argument and softened by conciliation, have been usually drowned in clamour, or silenced by the votes of overwhelming numbers of persons, brought down to support the Council under all circumstances. Hence has arisen an amount of irritation which it is not difficult to explain, and hence the schism has been gradually spreading, until it actually threatens the well-being of the College.

To one proposed change, it is hoped that no serious objection will be made, namely, to the infusion of new blood into the governing body of the Institution. We are far from uttering a word of disparagement against any of the gentlemen of whom the present Council is composed; on the contrary, we think that great merit is due to them for their generous and disinterested services, and for the high state of efficiency to which the College has already been brought. But surely there can be no reason why new men should not occasionally be introduced into the Council, and bring with them from without the force of public opinion, which may make itself heard within. According to the present system, a certain number of new members of Council must be elected every year; but practically the object of this rule is defeated by the re-election of gentlemen who have already served, there being at present no rule against such re-election. In casting our eyes over the list proposed by the Council themselves, and that which is supported by the opposition, we find names of the highest respectability, and indeed several names occur in both lists; but on the mere ground that an infusion of new material adds life and vigour to every human institution, we would suggest the propriety of a compromise on the part of the Council, by admitting some at least, if not all, of the names proposed on the opposition list. Such a graceful concession would prove the sincerity of the Council and their friends, while it would go far to satisfy their opponents, and we earnestly hope that some such course will be adopted.

At the adjourned meeting it is desirable that both parties should come determined to display a conciliatory spirit; and it is only fair to observe, that at the last meeting the Council were in fault, by attempting to stifle discussion by mere noise. The dissentients, though comparatively small in numbers, had much reason and justice on their side; and the vehement resistance which they encountered has probably gained for them an amount of public sympathy which they might not otherwise have received.

### THE WEEK.

ONE can laugh at Sydney Smith, in his horror of gigs, jocularly maintaining that, as regarded the prolongation of human life, the invention of this description of vehicle had more than counterbalanced the discovery of vaccination. But there can be but one feeling of contempt for the ignorance of the dandy Democrat, Mr. Duncombe, who had the audacity to state in the House of Commons, that, although "cow-pox was a very good thing in its proper place," yet, everybody who heard of Jenner's statue, "spoke of it with ridicule and disgust;" and actually implored the House "not to pollute (!) and desecrate the ground (!) by erecting a statue there to that promulgator of cow-pox;" and this was listened to without rebuke in an assembly of men who owe their own unscarred visages, if not their very existence, to a man whose discovery has saved in each European generation more lives than were sacrificed in all the wars of Napoleon, more lives than the whole population of England; whose discovery has reduced the mortality from small-pox in Great Britain alone from 30,000 annually in a population of 11,000,000, to less than 10,000 in a population nearly three times as large! The example set by

the Prince Consort, and the sentiments expressed at the important meeting for the inauguration of the statue will, we trust, be felt as a rebuke by men like Mr. Duncombe, and not be lost upon the country.

Mr. De Morgan made a useful suggestion at the last quarterly Court of Governors of the Middlesex Hospital. He said that, although a large number of patients was sent from the neighbouring workhouses, nothing was awarded by the parochial authorities for their support, either annually or in payment for individual cases; and he suggested that the rule, as adopted at St. Bartholomew's, Guy's, and other Hospitals, should be pursued at the Middlesex Hospital, requesting the parochial authorities to pay for the support of patients sent in by the workhouse officials. The Lord Mayor, whenever he sends patients to St. Bartholomew's, or other Hospitals, from the Mansion-house, always makes an allowance for their support; and in all cases sent by the city authorities to St. Bartholomew's, 9d. a day is given for their board. It certainly seems advisable that such a system should be adopted in other Hospitals;—the parochial authorities could scarcely refuse to accede to such a request, were an application made.

The examination, just concluded, at the East India House has resulted in the appointment of twelve Assistant-Surgeons to the service of the Company. There were twenty-five vacancies, and only fifteen candidates presented themselves. This paucity of numbers is attributed to the short notice which was given of the proposed examination, the necessity of preparation on the part of the competitors rendering a somewhat lengthened course of study imperative. It is gratifying to find that so much employment is now offered to the younger members of our Profession; and that while merit is pretty sure of reward, the system of nepotism and favouritism, by which incompetent persons were formerly thrust into lucrative and responsible offices, is fast dying out, at least as far as the Medical service is concerned.

Two children of a manufacturer of "air-balls" of coloured India-rubber, have been declared by a coroner's jury, to have been "accidentally poisoned by the continuous inhalations of particles of deleterious powder, used in the colouring of air-balls." The father deposed that he used ultramarine-blue, Chinese red, and rose-pink, adding, "I did use Brunswick-green, but desisted when another maker told me he had poisoned his finger with it." The balls would burst occasionally during the process of inflation, and the powder would fly about the room like smoke. Sometimes the children would pick up a ball after it had burst, and the father had seen the powder about their mouths. It should be remembered that the children of those who buy the balls as well as of those who make them, may be poisoned in this way; but we suppose any attempt to introduce a clause into the "Sale of Poisons" bill, prohibiting the use of the poisonous pigments in the manufacture of paper-hangings or air-balls, would be looked upon by Mr. Tom Duncombe and the Pharmaceutical Society as an unpardonable interference with free trade and the principles of the British Constitution.

At a meeting of the Bedford Branch of the Medical and Surgical Association, held at Bedford, yesterday, May 21st, it was to be moved that no member of the Association should meet a Homœopath in consultation. If resolutions such as that alluded to were generally passed and acted upon throughout the country, the members of our Profession who are said to dally with the Homœopathic quacks would soon

be forced by their interests to adopt the course for which a regard for their own dignity and that of their Professional brethren seems not to be a sufficiently adequate motive.

A new Society, entitled the Playground and Recreation Society, has lately been instituted for the purpose of providing adequate means and facilities for the healthful and innocent recreation of the poor children in this metropolis and our large towns. A dinner in aid of the funds is announced to take place on the 1st of June next, at the London Tavern, when Mr. Charles Dickens will preside, supported by the Marquis of Clanricarde, Lord Ebury, Lord Haddo, the Right Hon. T. Sotherton Estcourt, and other influential noblemen and gentlemen. The efforts of this Society are directed in a proper course, and in the interests of sanitary improvement we wish that they may be successful.

### INAUGURATION OF THE JENNER MEMORIAL BY PRINCE ALBERT.

On Monday afternoon the Jenner Memorial erected in Trafalgar-square was duly inaugurated by His Royal Highness Prince Albert, in the presence of a large body of noblemen and gentlemen, including the leading members of the Medical Profession.

The memorial, consisting of a bronze statue, has been erected on the west side of the square, immediately adjoining that of General Sir Charles James Napier, K.C.B. It represents the immortal Jenner in a thoughtful mood, the figure being seated. The memorial, raised by subscriptions from all nations, including America as well as from the European states, was designed by Mr. Calder Marshall, R.A., and as a work of art it is excellent.

The statue having been uncovered in the course of the afternoon, at 3 o'clock His Royal Highness the Prince Consort arrived at the Royal College of Physicians in Pall-mall East, where it had been arranged that the ceremony of inauguration should take place.

Amongst those present were the Marquis of Lansdowne, the Earl Ducie, the Earl Stanhope, the Bishop of Oxford, the Bishop of Bath and Wells, Lord Ashburton, Lord Littleton, the Dean of St. Paul's, the Lord Mayor, Sir R. I. Murchison, Sir Henry Holland, Bart., Sir James Clark, Bart., Sir C. Lynch, Sir John Forbes, Sir John Rennie, General Sir J. Wilson, Governor of Chelsea Hospital; Sir J. M'Gregor, Bart., Mr. B. Botfield, M.P., Professor Fergusson, Alderman Salomons, Professor Browne, Professor Brande, Mr. F. J. Pettigrew, Mr. E. Stanley, President of the College of Surgeons; Mr. W. Lawrence, Dr. Elliotson, Dr. Hawkins, Dr. Copland, Dr. Alderson, Dr. Billing, Dr. Conolly, Dr. Watson, Sir Charles Landseer, R.A., Mr. D. Maclise, R.A., etc. etc.

The PRINCE CONSORT said, Gentlemen, I take the chair at this meeting, convened to commemorate the anniversary of the birth of Jenner, in order to do honour to his memory, and in order in common with you to acknowledge that inexpressible benefit, that inestimable boon which this great philosopher and philanthropist has bestowed on the human race. This discovery was not the result of accident, like many others, however useful they may be, but arose from long and thoughtful observation and reflection, to which a whole life had been devoted. Gentlemen, this country may be justly proud to number him among her sons, as no man has been able to save so many human lives as this man has been enabled to do. (Loud applause.) His contemporaries have testified their approbation and their feelings of gratitude to Jenner by several important public acts, but it was reserved to us not the less to show how highly we valued and appreciated his services in the cause of humanity, by erecting this statue. May it long be preserved to give the features of this benefactor of humanity to the people of ages and generations to come. (Loud and continued applauded.)

Mr. G. V. IRVING then read the following report from the Committee.

*Report of Committee, May 17, 1858:—*

"The merit of having been the first to assert the claims of

Edward Jenner to the distinction of a national and metropolitan monument, is undoubtedly due to his friend and biographer, Dr. Baron. It was chiefly owing to his exertions that a statue was erected in Gloucester cathedral, shortly after the death of Jenner; but he felt that no provincial monument would ever be a fitting memorial for one who had conferred such inestimable benefits on the whole civilized world; and that it was only in the metropolis of Jenner's native country that the grateful recollection of these could appropriately be recorded. These views were not only ably stated by Dr. Baron in the closing pages of his *Life of Jenner*, but were inculcated by him on every opportunity. To this Committee he rendered most valuable assistance in the earlier part of its proceedings; but we had too soon to deplore his loss, and can only express our regret that he was not permitted to witness the successful achievement of the object for which he had so ardently longed and laboured. Although it is believed that attempts were made on more than one occasion to carry out the idea of a metropolitan monument to the discoverer of vaccination, nothing practically effective was done previous to the autumn of 1850, when a number of gentlemen having learned that Mr. Calder Marshall, R.A., had designed a statue of Dr. Jenner, arranged a meeting at which a resolution was passed, 'That the labours of Dr. Jenner in the cause of humanity have never been sufficiently acknowledged, although his great discovery of vaccination has been of such universal benefit; and that immediate steps be taken for the erection of a suitable national monument to his memory.' Having seen Mr. Calder Marshall's model for a statue of this eminent philanthropist, a general opinion was expressed that if it was executed in bronze and placed in a proper public situation in the metropolis, it would form an appropriate monument; and, in accordance with this, a preliminary committee, with a view of raising subscriptions for the purpose, was immediately formed. Dr. Conolly having consented to act as chairman, and your reporter having been appointed honorary-secretary, they were requested to write to a number of influential persons and solicit their assistance and co-operation. The result of these applications was so favourable that in the month of December following the Committee assumed a permanent form. On the same occasion a new feature was introduced into the scheme, to which our ultimate success must in a great measure be attributed. It is contained in the following resolution: 'As the benefit of Dr. Jenner's great discovery is not limited to British subjects, but has extended to the whole civilized world, the Committee are of opinion that the subscriptions should not be confined to his compatriots, but means should be taken to permit persons of other nations to contribute, and that a number of distinguished foreigners be requested to act on the Committee.' This appeal was responded to in a manner which exceeded the most sanguine hopes of the Committee, and it soon numbered in its ranks eminent men from every country in the world anxious and eager to do honour to the memory of Jenner. Acting on a suggestion of the late Chevalier de Carro, whose successful exertions in communicating vaccination to Turkey and India are well known, the Committee succeeded in giving a concentrated force to this new element by recommending the formation of national sub-committees. America with her usual energy, early took the lead, and chiefly through the zealous activity of Drs. Jackson, Ware, and Warren, of Boston, and those of Drs. Dunglison, Nutter, and Wood, of Philadelphia, speedily transmitted subscriptions to a large amount. Russia also came forward in the most liberal manner. It is well known that during the long war in the beginning of this century, the reputation of Jenner was often sufficient to mitigate some of the misery which must attend such a contest, and that his name alone was, on more than one occasion, found to be a talisman powerful enough to obtain the freedom of prisoners. Something of the same character occurred in reference to this subscription from St. Petersburg. They had transmitted the first instalment before the outbreak of the late war. During its continuance all intercourse was, of course, suspended. No sooner, however, was it renewed on the return of peace, that they hastened to forward the balances which they had kept through all the asperities of the contest, as a deposit sacred to the great cause of humanity. Several contributions were also received from Professors Retzius, of Stockholm, Holst, of Christiania, and Schröder van der Kolk, of Utrecht, as representing the



committees of their respective countries; and last, not least, from Professor Buniya, and the sub-committee at Turin; the subscriptions in Sardinia being perhaps larger in proportion to its population than that of any other country. As France is erecting a statue of Jenner in her own capital, the Committee could not expect large pecuniary assistance from that country, but her sympathy with the general cause is significantly marked by the subscription of His Imperial Majesty. Liberal donations have also been received from their Majesties the King of Prussia, and the King of Denmark, and many subscriptions have also been forwarded through other channels than those of the committees. In this country the Committee have relied exclusively on the individual exertions of its members, and having been so fortunate as to obtain the patronage and support of H.R.H. the Prince Consort, the Committee have succeeded in raising a sum sufficient with the aid of the foreign subscriptions to defray the expense of the monument. The statue has, by the permission of Her Most Gracious Majesty, been erected on a most eligible site in Trafalgar-square, and is now placed under the care and guardianship of the British Government. Having brought their labour to a successful termination, the Committee take the opportunity of expressing a hope that while the monument records the universal gratitude so justly due to Dr. Jenner, it may also direct public attention to the importance of vaccination, and lead to the erection of similar memorials to other men of distinguished literary and scientific eminence.

The reading of the Report was received with a loud and unanimous outburst of applause.

Dr. CONOLLY then rose and said:—As chairman of the Committee, I presume to address a few words to your Royal Highness on this occasion; chiefly to express my joy that after long delay, and after many difficulties, the Committee for erecting a statue to Jenner in London, can now have the satisfaction of saying that it is done. (Applause.) Thus with the help of almost every country in the world, they have succeeded in paying some measure of the large debt owing from this nation, and from all the nations of the world, to one of the greatest benefactors of the human race. It will, I trust, be eventually gratifying to all who take just views of the various modes in which good may be done, to behold in a place already adorned with the statues of distinguished commanders who bravely fought and bled, and even gave their lives to secure our homes and our possessions, the addition of this simple statue to a physician who banished from those cherished homes, and from our possessions all over the globe, an enemy more destructive than armies and fleets, and more productive of sickness and pain, and disfigurement and death, than war itself. (Cheers.) What has been done to-day will, it is to be hoped, perpetuate the memory of Jenner, and re-awaken attention to his services, and confirm the unquestionable benefit of the great discovery meditated and perfected by a country doctor, a clergyman's son, in the quiet valleys of Gloucestershire, but for the benefit of all mankind. In all future years it will give rise, let us also hope, to an exalted ambition in many young and aspiring students, and animate them with the Divine wish to do some good to their fellow-men before they themselves grow old and die. (Hear.) Jenner began life with no remarkable advantage of fortune or of education. He was brought up in the country, and received the usual amount of instruction afforded to English boys in the middle of the last century, a routine which continued to prevail long afterwards, and than which nothing could be duller or less inspiring. But there was implanted in him a power of observation, and a strong love of the works of nature; and even before he was nine years of age, a fondness for natural history had strongly displayed itself in his mind. Some seven years of surgical apprenticeship succeeded to his school-days, years chiefly devoted to composing pharmaceutical mixtures, and to taking country rides by night and day in the service of the sick. But all this ordeal passed, Jenner had the great good fortune to be placed, at the age of 21, as a pupil in London in the house of one of the most distinguished of physiologists—in the house of John Hunter—(applause)—a house in which no day passed without some occupation or some observation calculated to animate the mind, to extend knowledge, and to promote truth. (Hear.) The ability he displayed as a pupil of so great a teacher, led, at that time, and afterwards, to offers of appointments promising many advantages. But there was entwined in the

heart of Jenner, with the love of natural science, a deep-seated desire to return to the village in which he had been born, and to observe and worship nature in rural scenes dear to his memory. We can scarcely refuse to assent to the belief of his devout biographer, the late Dr. Baron, that his inclination was as the direction of a Higher Power, for in no other locality than that of the district he so loved,—nowhere but in the meadows and dairies of Gloucestershire could he, perhaps, have become the discoverer of vaccination. The first suggestion of the important fact of which his life was thenceforth devoted to proving the truth, seems to have caught his attention even before he went to London, and when he was but 20 years of age. A young woman had come one day into the surgery at Rodbury; the small-pox happened to be talked about, and the young woman said, "I cannot take that disease, for I have had cow-pock." This expression was never forgotten by Jenner. He mentioned it to his great master John Hunter, when in London, who never discouraged useful inquiries; yet thirty years more passed before Jenner published his first work on "Variolæ Vaccinæ." On quitting London, we find that he cheerfully devoted himself to the life of a country Surgeon. His pursuits in natural history were continued, and would alone have distinguished him; but he was also most assiduous in his Profession, practised it with great success, was esteemed for his skill, and beloved for his humanity. (Applause.) None of the affectations of inferior genius seem to have deformed him; no assumption of superiority, no rudeness of conduct, no seclusion from his country neighbours—he spared no pains to diffuse knowledge among them; of those whom sorrow and pain afflicted he was the tender consoler, and in the cheerful circle of his friends he was the lively partaker and promoter of every honest gaiety. But wherever he was there was one idea ever lying deep among his thoughts—the influence of the cow-pock in preventing small-pox. In this subject he constantly endeavoured to interest others, and although often listened to with sympathy, yet sometimes it must be confessed with impatience. To all reasonable objections Jenner was invariably attentive; and to all instances of failure, and to anomalies of every kind, he devoted his utmost powers of investigation, so as in the end to explain them, and to establish more and more firmly the great truth which was ever in his view. Ten years after its first dawning in his mind he saw history clearing through the various obscurities and contradictions which had so long obstructed it; and riding with his friend, Mr. Gardner, on a day in May—perhaps on his birthday; if so, his thirty-first birthday—he first ventured on a full disclosure of the dearest hope of his heart, yet not concealing his anxiety lest disappointment should await him after all. He had caught a glimpse of the great task he might live to perform; but lingering clouds and shade had not quite passed away from it. It would be tedious to my learned and distinguished audience if I were to attempt to detail, or even to enumerate, the various points which still called for Jenner's careful consideration. The student of medicine may with great profit give his attention to them in the memoirs of Baron and Pettigrew, so as not to be discouraged in the pursuit of truth, although it is still and ever difficult "to climb the steep where Fame's proud temple shines afar." (Applause.) Sixteen laborious years passed after Jenner's communication to Mr. Gardner before the first great experiment was made of vaccinating another person from one casually affected by cow-pox in milking. On the 14th of May, 1796, a healthy boy, named James Phipps, had the matter of cow-pox, taken from the hand of Sarah Holmes, a dairymaid, inserted into his arms by two superficial incisions. He went through the vaccine disease favourably. The great question remained—was the boy safe? On the 1st of July in the same year, James Phipps was carefully inoculated with the matter of small-pox by several incisions, and no small-pox followed. What anxious days and nights must have been passed by Jenner between the inoculation and the great result—who can tell? But it is worthy of remark as characteristic of his sedate and earnest temperament, that now, immediately after this success, which might have made an ordinary mind giddy, when briefly relating what he terms the delightful part of his story he adds, "I shall now pursue my experiments with redoubled ardour." With this first successful vaccination began a series of events surpassing fable. A mortal man had been permitted to stay a wasting pestilence. On reading the subsequent steps of Jenner's progress through many long years—his further successes, the difficulties patiently over-

come, the honourable and cordial reception given to his discovery at home and abroad—the feeling left in the mind, and which seems ever to have been in the mind of Jenner, is that of profound gratitude to the Giver of all good, who allows the creatures of His hand to be elevated into the instruments and dispensers of His blessings. (Applause.) If I did not fear to trespass on your Royal Highness's time and attention too long, I could dwell with pleasure and with truth on the generosity as well as on the genius of the artist whose graceful statue of Jenner we are assembled to inaugurate, and on the untiring zeal and labour of the honorary secretary for the advancement of the object of the committee now after many years effected. (Renewed applause.) One circumstance more I cannot silently pass over: of those distinguished persons who more than half-a-century ago were among the first to acknowledge the merits of Dr. Jenner, few remain alive; but we have the singular happiness as well as honour of seeing here this day a nobleman who presided at a meeting of the friends of Jenner in 1805, and powerfully advocated his claims in Parliament in 1807, and whose patronage of art, science and literature, and his many virtues, have long made the name of Lansdowne one of which the English are most proud. (Loud applause.) I rejoice that at least this illustrious person has lived to see that we are not altogether forgetful of Jenner. Among our grateful and glad feelings in connexion with the name of Jenner, we never forget that the discovery of vaccination has immeasurably contributed to preserve the health and strength and beauty of the sons and daughters of England, and to enrich the domains of our beloved Queen with women who adorn, and men who can defend, a country which arts and sciences and liberal institutions make worthy of being defended. (Applause.)

Dr. SEATON, then rising, said, It has been thought desirable by the Committee for erecting a statue to Jenner, that a short statement should be submitted to your Royal Highness and to this meeting, illustrative of the great benefits conferred upon mankind by this discovery. There are comparatively few now living, whose recollection can carry them back to the end of the last century when small-pox continued to be, what the most eloquent of modern historians describes it as having been a century earlier, the most terrible of all the monsters of death. "The havoc of the plague," he says, speaking of the death from small-pox of Mary, wife of William III., "the havoc of the plague had been far more rapid, but the plague had visited our shores only once or twice within living memory, but the small-pox was always present, filling the churchyards with corpses, leaving on those whose lives it spared the hideous traces of its power—turning the babe into a changeling, at which the mother shuddered; and making the eyes and cheeks of the betrothed maiden objects of horror to the lover." The ravages, indeed, which this disease made sixty years ago, were even more severe than those of the period of which the historian writes, for the practice of inoculation of the small-pox, introduced in the meanwhile, though it procured for individuals who submitted to it (not, however, without some risk of life) immunity from any further attack of the disease, had the counterbalancing disadvantage of perpetually keeping alive the source of infection. It was the calculation of Dr. Heberden, that in consequence of this there occurred in London at the close of last century, five deaths from small-pox for every four which there had been at the commencement of it. One-tenth, indeed, of the entire mortality of this metropolis is said to have been due to this disease; and it was computed, that of every million of persons living in England, 3000 perished from it every year. Then it was that Jenner made known that he had discovered and matured a process whereby, without risk to themselves, without the possibility of doing harm to others, mankind might be secured against this pestilence as completely as they were known to be secured when they had already passed through an attack of the natural or inoculated disease; and it was evident that if this representation should turn out to be correct, the ultimate result to be expected from the universal adoption of this process would be the extermination of this frightful scourge. No wonder that a discovery which promised so much should have been received with enthusiasm by some, with distrust by others. It was eagerly subjected to experiments and inquiry. It speedily received the sanction of the highest Medical authorities, and became an established practice at home and abroad. Within a few years of its promulgation,

it was submitted by Parliament to the Secretary of the Royal College of Physicians, and upon their most favourable report the foremost members of the House of Commons of that day vied with each other in honouring the great benefactor of mankind. Fifty years more of observation have but served to confirm the opinions expressed by the College, and to extend the practice of vaccination. Its universal performance in early life is recommended now by the whole Medical profession with an unanimity unknown in almost any other point of Medical or hygienic practice. And there is scarcely to be found an educated man in civilized Europe who does not consider the vaccination of his children to be as much his duty as the providing them with clothing or with food. The effect of this discovery was soon felt throughout the world. There is no civilized nation which has not every year to count up its thousands reserved from death and hideous deformity by this priceless boon. In exact proportion to the extent to which it has been adopted, and the care with which it has been performed, has small-pox, in its fatal and disfiguring form, receded before it. Once this disease constituted a tenth of the whole mortality of this metropolis, now it does not greatly exceed one hundredth. Did it prevail in England and Wales at this present day, as it did at the close of the last century, we should be losing from it more than 55,000 persons every year; whereas the annual average of the last eight years—from 1848 to 1855—for which the death records are accessible, scarcely amounts to 5000. In this division of the kingdom alone there is an annual saving of 50,000 lives; and if our calculation were extended over the world, and through the entire period which has elapsed since the discovery was offered to mankind, its saving influence would be found to have been felt by millions.

Sir JAMES CLARK, Bart., next rose, observing—The Committee, your Royal Highness, have assigned to me the pleasing duty of returning thanks to foreign nations for the support they have given to this movement, and I beg, accordingly, to move, "That this meeting recognises, with a deep sense of admiration, the enlightened and generous spirit in which foreign nations have sympathised with England in their estimation of the benefits conferred on mankind by the discovery of vaccination, and hereby tenders to them its cordial thanks for their liberal contributions to the fund for erecting a statue to the memory of Jenner." (Applause.)

Dr. HAWKINS seconded the motion, which was put, and carried at once with acclamations.

The MARQUIS OF LANSDOWNE then said—Before moving the resolution I now hold in my hand, your Royal Highness, I feel sure that it will meet with the warm concurrence of all present, and be carried at once amid acclamation, I must apologize for my position here, surrounded as I am by men of so much superior talent; and I am bound to explain my presence here to-day, from the fact that I have actually been invited to be present on what may be called a festive occasion, for it brings back to life the services of one of the most eminent men that ever lived. (Applause.) Here a layman and an unlearned person—while the most able and learned could not form a judgment on the subject—was the means, by his indefatigable studies, to complete one of the greatest discoveries ever made. (Hear, hear.) To an accidental circumstance, your Royal Highness, when a member of the House of Commons, I had the pleasure of proposing a motion, to confer on the great discoverer of vaccination an ample, but not more than an ample reward for his important services to the State; and I experienced on that occasion, which I always did in the House of Commons, and in the representatives of this country, a ready disposition to acknowledge superior merit when superior merit is laid before them, and a readiness to open the public purse to reward that which the public considered as worthy of being rewarded. My experience in the House of Commons led me to have some intercourse with that eminent person Jenner, both in town and country. Objections were made to his scheme, but this was generally only amongst the vulgar classes; among the higher classes there was a willingness to admit the merit of the great discovery. Every opposition was tried for a long time; the opponents tried to throw ridicule on it; then it was made a religious question with some; and then some tried to argue that the effect of vaccination would be to injure the human understanding by mixing it with that of animals. (A laugh.) The opposition was met by great perseverance on the

part of the great discoverer himself, and he was enabled at length to bring the voice of the country to bear with him, so that he received in his latter days that reward from the public he so richly merited; and now as a last mark of public estimation, we are assembled in this room, with His Royal Highness at our head, to do honour to Jenner.

Dr. MAYO seconded the resolution, which was carried amidst loud applause, the whole assemblage at the same time rising.

PRINCE ALBERT replied: As the resolution just passed concerns myself, I beg to return you my best thanks, and I trust that the result of this meeting may be to awaken and arouse attention to the merits of the great discoverer of vaccination, and that it may be the means of preventing that neglect of vaccination, which I am sorry to say calls for no less than 5000 victims in this country annually. I beg once more to return you my thanks for the honour you have done me. His Royal Highness then retired, and the proceedings terminated.

## MEDICAL REFORM.

### DEPUTATION TO THE SECRETARY OF STATE FOR THE HOME DEPARTMENT.

On Saturday last a numerous deputation of Medical men waited upon the Right Hon. Spencer Walpole, Secretary of State for the Home Department, for the purpose of enlisting his support and that of the Government to the Medical Bill introduced by the Hon. W. Cowper, M.P. Mr. Adderley, M.P., President of the Board of Health, and Mr. Sotherton Estcourt, M.P., President of the Poor-law Board, were in attendance with Mr. Walpole.

The deputation consisted of Sir Charles Hastings, M.D., President of the Council of the British Medical Association, of members of the Medical Reform Committee, and Secretaries to various branches; Professor J. Hughes Bennett, M.D., Edinburgh; Dr. C. H. Lect, Secretary to the Apothecaries' Hall of Ireland. The deputation having been introduced,—

SIR CHARLES HASTINGS said, that as representatives of the British Medical Association, they had agreed upon certain principles as to the basis on which any Bill for improving the condition of the Profession should be framed. These were—registration of all duly-qualified practitioners, uniformity of qualification, as far as practicable, equal right to practise, and the establishment of the representative principle in governing bodies. The right hon. the member for Hertford, acting on behalf of the late Government, undertook to form a Bill with the view of carrying out those sound principles of Medical legislation for which the British Medical Association has ever contended. That Bill has been introduced into the House of Commons, and stands for a second reading on the 2nd of June.—“As a Committee of the Association which we represent, it has been our duty to examine that Bill carefully, and we have come to a deliberate conviction that it is worthy of our best support. We do not assert that it is a perfect measure, but we are convinced that the Bill is calculated to remove many of the evils that have been so long felt by the public as well as by the Profession. We have ventured to suggest certain alterations to Mr. Cowper, to which he has kindly consented to give his best attention. We come, therefore, to you to give the sanction of your high name and station to this Bill, and to prevail upon the Government, of which you form a part, to lend their aid in passing it into law. Believing, as we do, that any Government will deserve well of the country which, by improving Medical education, shall ensure, in times to come, that sanitary laws shall be more generally obeyed, for then much of the misery which now oppresses a large portion of the community may be mitigated, and health and happiness more generally prevail; and we may here, perhaps, without impropriety, remark that, as an independent body, having no corporate interests or vested rights to defend, we may be fairly presumed to take an impartial view of the Bill.”

MR. WALPOLE: You say you have made some suggestions to Mr. Cowper, and that he has accepted them. Will you tell me what those suggestions are?

SIR CHARLES HASTINGS said, they were in reference to the standard of education which should be required by medical

practitioners. It was most desirable—whether they had one or more councils of examination—that they should have a law which should come up to a certain standard of education. In the present instance there were no less than twenty-one bodies which had the power to pass medical men, so as to enable them to practise, and each of them adopted a different basis or standard of education, the result of which was that only half-educated medical men, in accordance with some standards, got into practice; and they felt that there should be one council and one standard of education, and that the very highest that could be obtained before the candidate should be permitted to pass. Another suggestion was that they thought it most undesirable to keep up the distinction of apothecary.

MR. SOUTHAM, of Manchester, said the committee of the British Medical Association were of opinion that the three distinctive appellations should be abolished, and that there should for the future only be two, namely, that of physician and surgeon.

Dr. BURN, of Bristol, said it seemed to them, in the first place, that it would be desirable that there should be a central council, which should not only fix the standard of education for medical practitioners, but that they should also have the power to enforce it—without that the powers of such a council would be useless. It would be no use whatever to give power to a council to draw up a scheme to regulate the standard of education required for medical men, unless they had also the power given them to ratify or refuse to ratify their credentials, which credentials should be the only guarantee to the public that the person holding them was a duly qualified medical practitioner. He (Dr. Budd) believed he was speaking the sentiments of the entire deputation, when he said that they looked upon the point as the very essence of a measure calculated to benefit the profession and the public, and that they would rather not have the bill at all if this power were withdrawn. (“Hear, hear,” from the deputation.)

Dr. LANKESTER said, the great point they had in view was to get rid of a third person in the medical profession, known as a General Practitioner. In all the large cities and towns of the kingdom a general practitioner was a Surgeon, and what they wanted to do was to let there be but two classes in the profession—Physicians and Surgeons. It was in their opinion unwise in legislation to keep up these professional distinctions. The College of Surgeons, for the last 25 years, had compelled an examination, only applying to particular branches of the medical science; but what they contended for was, that every one taking the position of a Surgeon, ought to have the same education as a Physician; not merely to be enabled to understand the science of anatomy, but that he should have a thorough knowledge of all the branches of the healing art. (Hear.)

Dr. GEORGE WEBSTER, of Dulwich, thought the term apothecary should be abolished in connexion with Surgeon, and that there should only be two classes, Physician and Surgeon, and above all, the necessity for a licence from the Apothecaries' Company ought to be at once abolished. That licence from the Apothecaries' Company was a licence from a mere trading society, and had tended to throw upon the professors of the healing art a great deal of obloquy. There was also a great reform required in the abolition of the term general practitioner. The College of Surgeons gave a diploma for examinations in anatomy, surgery, and physiology; latterly they had added midwifery (the examination in midwifery was not necessary to be a member of the College; it was only an additional means of obtaining increased funds); but those examinations alone were an exceedingly low standard of education for a properly qualified Medical man. It was very different in Edinburgh and Dublin. There, proficiency in the whole range of Medical science was insisted upon, and the result was that Medical men, who had been educated and passed in those schools, possessed a higher standard of Medical education than was obtained in England, on account of the foolish prejudices of the College of Surgeons. He would contend that the necessity for a licence from the Apothecaries' Company should be abolished altogether, although it must be admitted that as far as the Company's examiners went they discharged their duty well. They did not look upon this bill of Mr. Cowper's as a perfect Bill—it was a compromise; but although it was not so good a Bill as they could any of them draw up themselves, still this was the thin end of the wedge, and might lead to something better.

The Hon. Mr. GOWPER said, what he understood the Depu-

tation wanted to bring under the notice of the Secretary of State was, that there should only be two distinctive marks in the Profession, namely, that of Physician and Surgeon. At present, a member of the College of Physicians was prohibited from practising surgery; and to so great an extent was the etiquette of the Profession pursued, that there was a fact on record, that Sir Henry Hallford, whilst travelling in a railway carriage with a personal friend (the late Mr. Lockley), who was seized with apoplexy, and died for want of immediate bleeding, refused to bleed him, because it was contrary to the etiquette of a member of the College of Physicians to do so. (Hear, hear.) [Dr. Webster: He could not do it.] Now, it was a principle of his Bill that, for the future, a Physician should be versed in surgery as well as medicine, and *vice versa*. It was true, a Surgeon might write a prescription now as well as a Physician; but then the Surgeon must write his name in full, whereas the Physician had the privilege of writing a prescription, and simply putting his initials thereto. (Laughter.) That was the distinction. With regard to his (Mr. Cowper's) Bill, he did not repeal the Act of Henry the Eighth, or in any way interfere with the charter to the College of Physicians. Therefore there is nothing calculated to interfere with the dignity of the College of Physicians. The object of the Bill was to insist on the highest standard of education as a qualification to persons to practise medicine and surgery throughout the kingdom, and that that standard should be fixed by a council or body appointed for that purpose, and that there should be one standard of qualification instead of several. At the present time there was great difficulty in defining what is a Physician, in consequence of the conflicting claims of the Universities of Oxford, Cambridge, and London, each of which maintained the right to confer degrees as Physicians, each adopting its own standard of qualification. Therefore, in proposing to fix the standard of qualification in the way described by his (Mr. Cowper's) Bill, he did not see that the College of Physicians could in any point complain, as he left them just where they were. It did not interfere with them as Mr. Headlam's Bill did, but left them just where they were, so far as their rights and privileges as Physicians were concerned.

MR. WALPOLE: "I have paid much attention to this subject, and I think, in the first place, it is exceedingly desirable that there should be no exclusive practice within any particular limits; secondly, I agree that it will be exceedingly desirable that the Medical Profession should get a proper registration, so that the country might know who were duly-qualified Medical practitioners. In the third place, it seems necessary that the public should have a guarantee from some council as to the qualification of every practitioner. In all this I go with the deputation." Then came the question as to the licensing power to be kept up by the several Medical bodies now existing. If they were to commence to legislate *de novo* upon this subject, then it would possibly be advisable that the power of licensing should be in one central body, but he thought wherever it was otherwise it was advisable to legislate, so as to make charges as small as possible compatible with the public interest. His fear was, whether Mr. Cowper's Bill kept up proper distinctions between the various classes of the Medical Profession. The objections raised were, that if they gave all the power to a central council sitting in London it would have the effect of preventing the participation of duly and highly-qualified Medical practitioners throughout the country attending it, and the result would be that there would not be so many eminently qualified Medical men in the country as there were at present. Again, it was urged that the effect of having but one council sitting in London, which was to be the only medium through which a legal medical qualification could be obtained, would have the effect of destroying the competition which now existed in the various schools of medicine, and would thereby not get the best Medical practitioners to come up to town, but they would depute others. He (Mr. Walpole) was of opinion that if they could keep up the existing corporate bodies in conjunction with a council, the effect would be to send out throughout the country the best practitioners. There were four bills now before Parliament upon this very important subject, and what he proposed to do was this—to get the whole of those bills and see what was the best measure he could frame from them. He admitted that the principles enumerated by the deputation ought to be embodied, namely, the right of the public to a

guarantee as to the qualification of Medical practitioners, by means of registration, at the same time to maintain the rights and privileges of different existing Medical institutions. These were his opinions at the present time, but he did not wish it to be understood or to go forth that he was to be bound by them after further investigation of the subject. These were the objects he had in view, and he thought if they were carried out they would meet all the requirements of the Medical profession and the public.

The deputation having thanked the Home Secretary for his courtesy, then retired.

## MEDICAL ETHICS AND MODERN THERAPEUTICS.

We recommend the following portions of Dr. Sieveking's introductory lecture to his course of *Materia Medica*, to the special attention of our readers:—

"The greatest safeguard against quackery is the unity and uprightness of our own body. The proverbial dogmatism and opinionativeness of the medical man lowers him more than a confession of inability to solve questions that are beyond his reach. Few of the facts of therapeutics are capable of mathematical demonstration, therefore I repeat that, with the most intense zeal for science and the warmest devotion to the practical execution of your professional duties, you will consult your interests best by always bearing in mind your own liability to error, and by avoiding harsh and overweening judgments upon your professional brethren. While, however, warning you against an undue confidence in your own views, I have no desire to inculcate scepticism. The sceptical physician cannot but expect to find his patient devoid of faith—a state of things even more unsatisfactory than superstitious delusions on either side. How, then, are these two shoals to be avoided? By a conscientious acquisition of real knowledge, by rigid truthfulness on the one hand; by the avoidance of supercilious assumption or assertion, and of a familiar discussion of your proceedings with your patient, on the other. It is impossible for me to lay down a line of conduct which will apply to every individual case. You must be your own judges; but with the highest aim before you, guided by the rule, 'to do unto others as you would be done by,' you are not likely to err far. I cannot dismiss the subject of ethics yet. It is one of so much consequence in your relation to your patients, it will have so much influence upon your future social position, and it bears so close a relation to the subject I have undertaken to teach you, that I beg of you to listen to the few remarks I shall yet make, connected with this matter, with attention. I shall only be able cursorily to indicate the points which deserve your consideration.

"The relation of the medical man to his patient is one of peculiar intimacy. The former is more frequently made the depository of secrets of the individual and his family, than any other man. And at all times he has more opportunity of seeing the human heart bared, stripped of all conventional tinsel and disguise, than falls to the lot of the lawyer or even of the clergyman. The patient necessarily inclines to open his inmost thoughts to his physician; he himself feels the relation of his physical and mental acts, and he naturally expects the physician to appreciate that relation. The first condition then, is, that the medical man regards all professional communications as strictly confidential and sacred. Let all your acts proceed from a real interest in your patient, and he will be certain to feel that confidence without which your labour will not be blessed.

"One touch of Nature makes the whole world 'kin.'

"There is no need of a difference of behaviour to the poor and the uneducated, or to the wealthy and educated. In manners they may differ, but depend upon it, that upon none will real delicacy of thought and feeling be wasted. Your position gives you a privilege of speaking of, and entering into subjects of the most delicate character; in no case do so unnecessarily; in no case avoid it when the welfare of your patient demands it, from apurrious modesty. Uprightness of purpose, sincerity of heart, kindness of manner, will engender confidence in you and in your remedies. No scientific acquirements can stand in stead of such qualities; the success with

which the former will be brought to bear, will depend materially upon the gentlemanly and Christian feeling which serves as their basis.

"In no case do these remarks apply more than in your intercourse with children. It is often thought necessary to employ artifice and deception in order to secure their obedience. Nothing is more to be deprecated either in domestic life, or in regard to the Medical man. The child will respect and love you in proportion as you instil into it sentiments of respect and love by your behaviour; and though it may not be able to argue on the subject, it will instinctively attach itself to you, if it learns to feel that what you do is not done capriciously, but lovingly. It is a test of your fitness to be a professional adviser, if children love you though you administer nauseous remedies, or use painful operative measures. Discountenance as much as you can the prevailing tendency of mothers and nurses, to make the Medical man and his prescriptions, a bugbear and a means of punishment. Whether in the child or in the adult, bear in mind that 'the mind diseased' is but too often the result of disordered functions; while, in the adult more especially, and particularly among the higher classes, you cannot too constantly recall to your memory that 'Hope deferred maketh the heart sick, but when the desire cometh it is a tree of life.' In the treatment of disease you must never lose sight of the reciprocal influence of the mind and the body, whether it be the sentiment of love that occupies the mind of the youth or the maiden, the disappointment of ambition that harasses the man, the anxious care for the success of their children, or for the realization of the various hopes and wishes that animate mankind,—the desire of literary or social distinction, the endless phases of the overwrought brain or the anxious heart—all may engender or foster disease—all will influence the action of your remedies, aid or exalt, neutralise or counteract them, according as you correctly appreciate their influence in the individual case before you. Let not this multiplicity of considerations alarm you, it is this close connexion between all the different relations in which human nature presents itself to you, that offers one of the greatest and most enduring charms to the zealous student of Medicine. Approach the study with a devout mind, and it will never fail; like Antæus, you will gather strength from every contact with the soil of your profession; reserved vigour will infuse new zeal, new love, even new reward. . . .

"It is at the bedside that you must each of you learn to appreciate the true value and use of drugs. You will gradually learn to form your own opinions on this important subject. But if anywhere in medicine, it is in this department that no rash conclusions should be formed. It is here that hasty generalization proves particularly dangerous; it is here that you will be especially called upon to cultivate that modesty of judgment which is the main distinction between the man of scientific acquirements and the empiric. For this reason I give you a warning, which doubtless will be given you by your excellent lecturers on the practice of medicine and surgery, not to regard the contents of the Pharmacopœia as the sole means of curing disease at your command. Rest, abstinence, or other dietetic measures; the whole doctrine of hygiene and regimen of body and mind; form as essential a department of *Materia Medica* and *Therapeutics*, as any of the drugs which I shall have occasion to speak to you about. You will avoid one of the dangers most fatal to successful practice, scepticism as to the resources of your art, by duly appreciating all these points. Many of them come more under the province of the lecturer on Physiology, in whose hands I may safely leave them, rather than under my own; still it will be my duty to advert to these topics so far as they deserve consideration in the actual treatment of disease. You will have ample opportunity of studying and estimating their importance as soon as you enter into the practical performance of your duties as medical men. But you will save yourselves much thought and care, if you early learn to understand the wide scope of the curative agents at your command. It is by availing themselves of agents not contained in the Pharmacopœia, that the quack so often secures an idolatrous public. 'Fas est et ab hoste doceri,' we shall not desert the legitimate path of scientific medicine, while we turn ALL the gifts provided for our use by nature, and multiplied or adapted by her handmaidens, Physiology and Chemistry, to account. We render ourselves amenable

to the laws, not certainly of our own country, but of science, honour, and humanity, if we deal in specifics and panaceas. The empiric is our enemy and the enemy of mankind; but though we may learn from him, as you learn by the experience taught by your own errors, do not compromise your dignity or the dignity of your most honourable Profession, by the manner in which you wage war with him,—the best weapons you can employ to combat his prejudicial influence are the cultivation of your own mind, the careful and conscientious study of your profession, the formation of high principles, the strong attachment to the cause of science, and to your Professional brethren. If we secure our own camp by placing it on the loftiest and most impregnable eminence, the public, who are sure to appreciate us if we command their respect, will soon cease to run after the empiric, and will treat him with the contempt that every Charlatan deserves."

## REVIEWS.

*On the Painless Extirpation of Cancerous Growths by Congelation and Caustic; including a Report of the recent use of Prolonged Congelation in the Cancer Wards of the Middlesex Hospital.* By JAMES ARNOTT, M.D. Pp. 28. London. 1858.

In this pamphlet, Dr. Arnott advocates the employment of congelation as a painless method of removing cancerous growths; but as this method alone would probably occupy a very long period in its application, the use of caustic is recommended in addition to the freezing agents. The process by which a cure is effected in such cases is thus explained by Dr. Arnott:—"If a morbid growth is kept in a congealed or frozen state for a very long period by means of a powerful frigorific mixture, it is disorganized or destroyed; and if caustic be applied at the same time, or immediately afterwards, this disorganization is quickened, increased, or completed. The destruction of texture can be limited or controlled with the greatest accuracy, by confining the freezing mixture and the caustic to the part by a broad flat ring, or cup made of gutta-percha, fitted to its surface, and firmly pressed upon or adhering to it." One of the cases treated in this manner by the author at the Middlesex Hospital is described at length, and the treatment appears to have been successful; but the date of the operation is too recent to allow of a judgment being formed of the permanency of the cure. Another case is recorded, but it does not appear to have been watched to its termination.

*Evil Results of Overfeeding Cattle.* A new Inquiry, fully illustrated by Coloured Engravings of the Heart, Lungs, etc., of the Diseased Prize Cattle lately exhibited by the Smithfield Cattle Club, 1857. By FREDERICK JAMES GANT, M.R.C.S.E. Pp. 39. London: 1858.

Mr. Gant has here brought before the notice of the public a very interesting subject in connexion with the modern system of overfeeding cattle for the purpose of competitive exhibition. He has shown that when cattle are fattened in an excessive degree, the fat is not only deposited beneath the skin, and upon and around the muscles and other parts, but an interstitial deposition of fat takes place within the muscles, usurping the place of the muscular fibres, and rendering the animals liable to serious, and often fatal disease. Microscopical illustrations of healthy muscular tissue as contrasted with that affected with fatty degeneration, are given by the pencil of Mr. Lens Aldous, in corroboration of the statements contained in the text; and there are coloured representations of the heart, lungs, and muscular fibres of diseased sheep and oxen, showing the visible alterations effected in these structures by the process of overfattening. The miserable animals subjected to this treatment appear to suffer much during life, and their flesh, after death, is deteriorated as an article of human food. Mr. Gant has rather proposed a subject for further inquiry, than pursued it in all its details; but still the materials which he has collected possess a great importance in the present day, when the highest personages in the land are yearly pursuing



a course with regard to the feeding of animals which is opposed to sound physiological laws, and which does not seem to produce beneficial results of any consequence to counterbalance its obviously injurious tendency.

*The Medical Profession in Great Britain and Ireland, with an account of the Medical Organization of France, Italy, Germany, and America.* By EDWIN LEE, M.D. Part II. British Medical Organization. First Division. London: 1858.

In the present portion of this work, Dr. Lee gives a very unfavourable account of the two Royal Colleges of Physicians and Surgeons in London. While admitting the justice of many of the remarks which are made upon the former and present tactics of these Corporations, we must repeat the remark made in reviewing an earlier portion of Dr. Lee's treatise, that he seems more anxious to exhibit the ancient defects in our Medical institutions than to award them any credit for recent improvements. In the account of the College of Physicians, we are carefully informed of the obnoxious nature of the by-law which once prevented those who were not graduates of Oxford and Cambridge from becoming fellows of the College; but from Dr. Lee's remarks we are hardly able to discover, what is nevertheless well known, that this by-law was repealed long ago. Besides the history of the Colleges of Physicians and Surgeons, there is a short account of the other Medical Institutions and Hospitals of Great Britain and Ireland; but there is little information that may not be gathered from the "Medical Directory," or from our own "Student's Number": and the carelessness with which the materials have been compiled may be collected from the fact, that the University of London is described as being a handsome edifice, situated in an airy part of the metropolis, and possessing rich museums, spacious lecture-rooms, and a Medical school which holds the highest rank among the Medical schools of London. Dr. Lee is evidently unaware that the University of London is located in apartments in Burlington House, Piccadilly, and that it possesses neither lecture-rooms, museums, nor Medical school.

*The Institutes of Medicine.* By MARTIN PAINE, A.M., M.D., LL.D., Professor of the Institutes of Medicine and Materia Medica in the University of the City of New York. Pp. 1095.

Dr. M. Paine is a learned and erudite man. He is well acquainted with the Medical literature of ancient and of modern times. Forty years, he tells us, he has been actively engaged in the practice of his Profession, and seen more of bleeding than any man in the United States has; and we conclude that for many years he has also been an instructor of the rising generation of American Medical students. He writes in the language of a man who is profoundly convinced of the truth of what he teaches, and who feels that his authority should be submitted to without question. Such an author must naturally engage our attention; and a large volume from his hand must necessarily contain a vast amount of useful information. But nevertheless, the book and the author are quite beyond our powers of criticism. We see things in such a vastly different light from Dr. Paine, that we do not feel capable even of judging of the mode of his perception of them. What we call advances in Medicine, Dr. Paine calls retrogressions. What we look upon as useful aids to a knowledge of the Art, he would designate as spurious deceptions. Besides, with him in Medicine all is ultra-conservatism. He long ago settled his credo; and whatever rolling years, as they pass away, may have added to or taken from the edifice of Medicine, affects him not. Writing, in 1857, from 386, Fourth-street, New York, he says in three lines of preface to this the fourth edition of his "Institutes":—"The work, as originally published in 1847, remains without change, as the author has seen no reason to modify any of his doctrines." We should have been rather surprised to meet with such a statement in a book which embraces the whole circle of Medical knowledge, even from the hand of some musty Professor of an antediluvian university; but to hear an inhabitant of the chief city of go-ahead Yankee land speak thus, is astounding.

Under the Institutes of Medicine, Dr. Paine comprises physiology, pathology, and therapeutics. Let us glance at his opinions in these particulars.

"Solidism and vitalism," he says, "will form the basis of these Institutes. If consistent in all their parts, without a violation of facts, it is, *primâ facie*, a proof of their foundation in nature" (p. 1). "It will be my agreeable task," he says, at p. 5, "to expose in these Institutes the fallacies of the prevailing physical doctrines of life and disease." Modern chemistry, as applied to Medicine, he abhors: "chemical and mechanical philosophy are strangers to the philosophy of Medicine" (p. 8). "The language, and ambition, and hope or confidence, and the visionary speculations of the older and recent chemists are identical." "What we read in Fourcroy, we read in the works of Liebig" (p. 9). Men are leaving, he says, "the bulwark of knowledge, to rear up hypotheses upon distortions of nature, which, for their better success, they dignify by the name of 'experimental philosophy.'" "In Medicine there is but one kind of experimental observation, which consists in the simple study of the phenomena of nature."

Dr. Paine, in his "Pathology," has an equal contempt for morbid anatomists. "The Profession has been split into two classes, taking the names of the Hippocratic and the Neuroscopic or Anatomical Schools." A few of the most "eminent of the Neuroscopic School," Louis, Magendie, and Andral, for example, "have exploded inflammation as a disease" (p. 457). Wherever morbid anatomy is in the ascendant, the practice of Medicine is on the decline. "Look," he says, "at the present state of Medicine in the capital of France for a melancholy exemplification of what I now state." No wonder that Dr. Paine should lament over the fact that his young countrymen resort to such a place for knowledge, and return home imbued with Gallic pathology and Gallic therapeutics; and "that a few have been not a little employed in disseminating these corruptions in this stable land of sound Medical philosophy" (p. 460). He is also not a little angry (p. 462) that "Americans go on to decry the efforts of their own Medical scholars, degrade the whole Profession of their own country, and sacrifice their own Medical literature for what is conceded to be the present Medical literature of Great Britain." Still he respects somewhat the mother country; "I revere the ancestor as a fading luminary, of the largest magnitude, whose resplendent light has only passed into other regions to advance the welfare of other worlds."

It would be unfair, however, not to add what Dr. Paine says at p. 463, "In all that I have now said, I may not be suspected of undue partialities, for I am under no obligation to any portion of my Profession in America, or of the American Republic; while I am actuated by the deepest sense of gratitude to some foreign countries that can be inspired in a man of literary habits. To those countries I am the more indebted, as they are always just to my native land, do honour to her scholars, and are the great abodes of learning and philosophy" (p. 463).

Let us now say one word of our author's Therapeutics; and of that prime article especially—of Bleeding. "General bloodletting is the proper mode of depletion, especially after the age of infancy, in all forms of fever, and in all the active inflammations of the internal viscera" (p. 713). And Dr. Paine not only teaches but practises his principles. Dr. Paine, in 1847, was attacked by pneumonia. The first remedy used was bleeding to about two pounds; then ten hours later a second bleeding to twenty-four ounces; twelve hours later again twelve large leeches; the next morning he was again bled to about twenty ounces, telling Dr. Bliss, who objected somewhat to the proceeding, "that he would carry out upon himself the practice which he had inculcated in his writings, and had taught in his class." Nine days after this last bleeding, Dr. Bliss found his patient outside his house "at his usual morning exercise of sawing wood." Besides this, his general health, which had been infirm for a long time antecedently, became subsequently much improved.

We suppose that it would hardly do for us to suggest, that possibly the Doctor had never had pneumonia at all. In favour of large bloodlettings, our author quotes a most formidable array of authorities. He will admit of no change in the type of disease. One of his axioms is, that bleeding, which "is equally safe at all periods of life, is most indispensable, in a general sense, in old age" (p. 777); and he



also tells us, "that the local, and even the general abstraction of blood may be remedial, when inflammation is induced by excessive bloodletting alone."

Bouillaud's ill success in treatment arose not from over-bleeding, but because he was too timid in the taking of blood; "he rarely ventured beyond a pound or two." "I," says Dr. P., "am still apt to think with Botalli, that one hundred thousand men perish from the want of bloodletting, or from its not being timely employed, where one perishes from excessive bleeding, when prescribed by a physician" (p. 776). Elsewhere he informs us, that "too small an abstraction of blood is not an unusual cause of inflammation" (p. 773).

At p. 916, we find that Dr. Paine complains of a scientific larceny committed on himself. "The reader," he says, "will quickly find that much that is claimed by Dr. Marshall Hall, and all that is granted to Dr. Campbell in the foregoing quotation, and, therefore, all that Dr. Allen appropriates to himself abounds in this volume."

We have stated already that a modern critic cannot interfere with this volume. Indeed the doctrines contained in it, being unchanged, are the very doctrines which were many years ago submitted to scrutiny by Dr. Carpenter, and (according to the author) were unfairly handled in the *Medico-Chirurgical Review*. These Institutes, indeed, are founded on the "Medical and Physiological Commentaries;" for, in the thousand pages of the Institutes, the Commentaries are referred to at least a thousand times. Our author has his own opinions about medicine, and his opinions differ from those of most men who now administer the art. It would be unfair to him not to say, that a great deal of what he complains of in chemists and anatomists is perfectly true; for we all know what absurdities people run their heads against when they go building up theories of treatment on dead anatomical facts, and chemical or microscopical developments. But our author's grand error is in taking an enormously one-sided view of things. He thinks it impossible for a man to be an Hippocratic and a Necroscopic scholar. He is wrong. There is no reason, either, why a man should not be a first-rate chemist and an excellent Physician, both at the same time. The abuse of a thing is not the proper use of it; and this is just what, as we think, Dr. Paine does not properly understand.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### CASE OF POISONING BY SOAP-LEES.

By Dr. DEUTSCH.

At a soap-boiler's, a man, aged 55, drank by mistake a portion of a glass of soap-lees, which at a specific gravity of 1.33 to 1.36 contained 30 per cent. of caustic potass. It was calculated that the quantity drunk must have contained  $\frac{1}{2}$  oz. of the potass; and, notwithstanding his efforts at preventing the swallowing when he discovered his error, at least a fourth part must have reached the stomach. The author, called to him immediately, found the mucous membrane of the mouth and fauces of a bluish-red colour, easily bleeding on contact, and in places separating in shreds. The man complained of an insupportable burning stretching down from the mouth along the spine to the epigastrium, a continuous urinous taste, stabbing pains in the pharynx, and a sensation of constriction along the course of the œsophagus. He could not swallow, every attempt inducing constriction of the fauces. Choking, and an inclination to vomit, were constantly present, but he never completely vomited. He also suffered from irritation in the larynx, causing constant coughing. With all this there were conjoined cold sweats, excessive pallor of the face, collapsed features, faintness, slight convulsions, hiccough, and a very rapid, small, thread-like pulse. The abdomen was distended, and very tender to the touch. Trials having been made in vain to pour down some vinegar and water, some almond oil was got down at first in small quantities, and then in larger, by means of a syringe. This excited repeated vomiting, discharging bloody shreds of mucous membrane mixed with a little of the contents of the stomach, and causing great pain.

The irritation and constriction of the parts, however, became somewhat relieved, so that vinegar and water could be frequently swallowed. In the course of eight days the inflammation of the mucous membrane of the fauces was entirely subdued by the frequent use of cold water gargles; and the patient was able to take milk, and other mild fluids, with little difficulty. He now went into the country, and was only seen again by the author six weeks afterwards; but he now complained of difficulty in swallowing, referring this to the cardiac region. There was no pain, but only an obstacle which allowed only fluids to pass with difficulty, and a large portion of these were soon rejected by vomiting. He had become weak, and his countenance was expressive of deep-seated suffering. The difficulty of swallowing continued to increase, and he perished at last from inanition twenty-eight weeks after he had swallowed the alkali. In the autopsy excessive emaciation was found to prevail. There was nothing abnormal in the appearance of the fauces and upper part of the œsophagus, the latter first showing itself to be considerably thicker where it turns to the left and front of the aorta in the posterior mediastinum. This thickness continued to increase, so that at the cardia it lay in a roll-like form at the upper part of the stomach, measuring in places two inches in diameter. The interior of the tube had undergone a corresponding infundibular diminution, so that the cardiac aperture would scarcely admit a crowquill. The increase in thickness was entirely confined to the mucous membrane, the folds of which were obliterated, and its epithelium unusually developed, and softened as if macerated. The muscular coat, on the other hand, had well nigh disappeared, some thin pale, scattered, circular fibres only remaining. Neither indurated nor ulcerated spots were observable. The stomach, completely empty, was small, contracted, and bloodless, but free from all organic degeneration.

Cases of poisoning by caustic alkali, Dr. Deutsch observes, have been seldom observed. Orfila only relates one case, in which the far milder article, carbonate of potass, was employed. Sobernheim and Simon relate two cases, taken from English sources, one of which (Charles Bell's *Surg. Obs.* Part I. p. 82) bears some resemblance to the one now related. It is upon the fauces and œsophagus that these poisons must chiefly exert their effects, their repulsive taste preventing large quantities being swallowed. The small quantity, moreover, which may still reach the stomach, becomes greatly neutralized by the acids of the organ, or saponified by any fat it may contain. In the present case no gastro-enteric symptoms appeared, the stomach and intestinal canal being entirely normal.—*Berlin Med. Zeitung*, 1857, No. li.

#### EXCERPTA MINORA.

*Light of the Glow-worm.*—As the results of recent anatomical and experimental investigation, Professor Kölliker comes to the conclusion that the illuminating power of the glow-worm does not depend upon phosphorus deposition, illuminated by the access of oxygen; but that it is produced by a nervous apparatus having some analogy to electrical organs. The light is generated just in proportion as the nerves influence the organ. Whatever stimulates nervous action increases the light, and *vice versa*. The proximate cause of the light may be due to electrical or chemical action, and he believes most probably to the latter. He is about to follow out the subject more completely.—*Wurzburg Verhandl.* Band viii. p. 217.

*Charcoal in Burns.*—A Petersburg surgeon speaks in strong terms of the great advantage which is derived from the application of fresh-burned, powdered charcoal.—*Med. Zeit. Russlands*, No. i.

*The Operation for Resection.*—During a recent discussion in the Belgian Academy of Medicine upon a case of resection of the elbow, M. Seutin took occasion to observe that the inclination of Surgeons for having recourse to resection was very much subsiding; and that, for his own part, once a great partisan of this operation, he now very rarely had recourse to it, finding that by patient care, extending over not merely a few months, but for two or three years, an operation may frequently be averted, and a useful stiff joint secured.—*Bulletin de l'Acad. Belgique*, tom. xvi. p. 278.

*Caustic Charpie.*—The nitrate of silver, when applied in its solid form to wounds, sometimes acts too forcibly, while when used in the fluid form its action is too temporary. M. Riboli dissolves some of the nitrate in a small quantity of water, and

having soaked charpie in the solution allows this to dry. Charpie so prepared exerts a more permanent effect upon ill-conditioned wounds than the ordinary solution, while its strength is just as capable of gradation.—*Bulletin de Thér.* April, p. 379.

*Phlegmasia Dolens in Cancer of the Stomach.*—M. Blachez related an interesting case to the Paris Anatomical Society, in which, with a large cancerous ulceration of the pyloric extremity of the stomach, there was phlebitis of the vena cava inferior, the iliac veins, and the right femoral vein, these veins on the right side being completely obstructed and diminished in size. The changes in them were of old standing, and had been accompanied during life with phlegmasia dolens. M. Poisson insisted upon this coincidence of phlegmasia dolens and cancer of the stomach, observing that phlebitis occurring without obvious cause is often connected with a cachectic affection, especially cancer. By this symptom in one case M. Trousseau was enabled to successfully declare the existence of deep-seated cancer.—*Bulletin de la Soc. Anat.* 2nd series, tome ii. p. 28.

*A new Bursa of the Face.*—M. Verneuil demonstrated to the Paris Anatomical Society a new serous bursa of the face, enveloping the fat of the cheek nearly in the same manner as the tunica vaginalis envelopes the testis. This bursa, which is easier found in fat than in thin subjects, because it is in them more superficially placed, is situated behind the zygomaticus major and Steno's duct. It extends below the external edge of the masseter muscle, and under the arch formed by the malar bone, behind which it becomes united to another serous bursa, in the vicinity of the coronoid process. The two bursæ often communicate with each other, and thence extend as far as the base of the cranium. The buccinator forms the internal limit of the genial bursa, which adheres to its surface. It is easy to see how some of the varieties of cysts of the cheek may have their origin in this serous cavity, and its disposition explains the irregularity and depth of the extension of some of them. The existence of the bursa is easily explained by the great mobility of the mass of fat of the cheek during mastication.—*Ibid.* p. 170.

## PROVINCIAL CORRESPONDENCE.

### IRELAND.

DUBLIN, May 19, 1858.

The last meeting for the session 1857-8 of the Dublin Obstetrical Society, was held at the Rotundo on Wednesday evening, 12th May, Dr. Beatty in the chair. After a very able and practical paper had been read by Dr. Sawyer, Professor of Midwifery to the Royal College of Surgeons, Dr. Churchill, Professor of Midwifery in the King and Queen's College of Physicians, rose to reply to an article on "Obstetric Morality," which appeared in No. 87 (for April, 1858, p. 100) of the *Dublin Review*. The article in question was written to show the immorality of the operation of craniotomy under any circumstances, if the child be alive, and Dr. Churchill expressed his dissent from both the theological and obstetrical reasoning of the author, and stated his belief that the writer is not a Medical man. Dr. Churchill entered fully into the subject in a moral, theological and obstetrical point of view. He showed that hastening the death of a child that cannot be born alive is not murder, as the reviewer has termed it, but that according to the law of morals and to the law of the land, it is justifiable and right. He expressed his own faith in the safety of the child's soul when baptism is impossible, and putting aside the question of when and how the soul is first joined to the body, showed that of children dying *in utero*, nothing whatever is said in Holy Scripture, though the reviewer, who based his reasons upon that sacred authority, deduced from the texts he brought forward, that the souls of such children are "not saved." Dr. Churchill argued that the responsibility of the accoucheur for the life of the child ceases when his power over it fails, but that in the one essential particular, his responsibility for the mother does not cease, but rather augments, because that condition is within his own control. He pointed out that craniotomy is not recommended for any case in which the child can be delivered alive *per vias naturales*, and

that, although the mortality to the mother is very high when assistance is deferred until the death of the child has taken place, it is comparatively small when it is afforded in seasonable time. As to the alternative of the Cæsarean section, Dr. Churchill proved that whatever be its mortality, on the one hand, when deliberately planned and arranged previously, with assistants and all the various appliances necessary; when hurriedly performed on the other, with the patient exhausted by prolonged sufferings, and the operator deprived of the advantages of due preparation, the mortality must inevitably be so fearfully high, while the number of children saved would be so small, that were we prepared, as the reviewer is, to sacrifice so many mothers in our endeavours to save the children, the sum total of lives saved would at the best not be more, but might very probably be much less, than by the operation of craniotomy.

The foregoing is a very faint outline of Dr. Churchill's masterly paper; but as the latter will shortly be published *in extenso*, the sketch I have given may for the present suffice. On the termination of the paper, Professor MacSwiney of the "Catholic University," and Dr. James Brady rose to bear testimony to the very courteous and delicate manner in which Dr. Churchill had treated the theological portion of his subject.

## GENERAL CORRESPONDENCE.

### PROVIDENT MEDICAL ASSOCIATION.

LETTER FROM WILLIAM OGLE, Esq.

[To the Editor of the Medical Times and Gazette.]

SIR,—As Secretary to a Provisional Committee of the Provident Medical Association, I write to ask the assistance of those of your readers who know anything of the working of Medical Institutions—whether Dispensaries or not—which are established on Provident principles. I shall be happy to supply any such persons with a tabular form, which will enable them, with comparatively little trouble, to furnish me with the required information.

The Provident Medical Association has discussed very fully the principles, which have recently been revived in your valuable Journal, and these principles have been generally approved. It is now desirable to obtain information as full as possible of the results, in so far as such principles have been applied, that we may test principle by practice, and profit by the experience of those who have laboured in the same field. The following particulars, as they may be expressed numerically, are readily and conveniently brought under notice in a tabular form:—

1. The age of the Institution.
2. Number of Medical officers; (a.) in ordinary; (b.) consulting.
3. Number of ordinary members on the books.
4. Of new members (inclusive of 5).
5. Of members admitted when sick.
6. Of cases of sickness.
7. Of cases visited at home (exclusive of 8).
8. Of cases of midwifery.
9. Of deaths.

#### Income.

10. Subscriptions, donations; interest of funded property.
11. Payments of ordinary members.

#### Expenditure.

12. Paid to Medical officers.
13. Salaries to House-Surgeon, Dispenser, servants, instruments.
14. Rent, rates, and repairs of house.
15. Drugs and leeches.

These facts, when tabulated, give at a glance valuable information; valuable both as regards the history of each institution in successive years; and by way of comparison of one institution with another.

Thus: 1. The age is *pro tanto* evidence of durability. Thus Coventry P.D. has reached its 26th year.

2. The number of Medical officers is a professional testimony, but this requires further investigation; for we must also note the length of time during which the Medical officers

are found willing to continue their services. A separate table might with advantage be devoted to this important item.

3—8. tell of the popularity of the institution, and furnish other information of great social value. It is of importance to record the number of ordinary members (3) as an entry distinct from (4) the number of new members, for otherwise we might be misled. The number of ordinary members in successive years will give the total increase or decrease of the numbers; but unless we have a separate record of the number of new members, we cannot learn how many members have left the institution, and this might be a fact of great significance.

Again, a separate record of the number of members admitted when sick (5) is very important, for bearing in mind that the aim is to encourage providence; a large entry in time of sickness points to failure in this respect, and may disclose the fact that our institution is little better than a shop for cheap medicine!

The number of cases of sickness as compared with the number on the books, gives information as to the comparative health of the members. It is hardly necessary to observe that cases of sickness do not mean persons attended so many weeks or months and then re-entered. There is no purpose to serve in making it appear that a great many patients have been attended during the year. On the contrary, a progressive diminution in the numbers attended, as compared with the number entitled to assistance, is evidence of moral as well as physical soundness.

The cases visited at home, and the cases of midwifery represent the demand which is made on the Medical officers, and the results obtained, which includes much more than the £ s. d., must bear comparison with this sacrifice.

The number of cases of sickness (6) and of the deaths compared with each other, and with the number of members on the books, gives information not otherwise readily obtained.

The income is divided into that which arises from (10) benevolence, which must have a ? attached to it, if letters of recommendation are allowed to be given by subscribers; and (11) the payments of the ordinary members, which speak of their willingness to help themselves.

The expenditure should also be divided into the different headings indicated, because in some Institutions, such as the one at Barham Downs, the payment to the Medical officers would, without such sub-division, seem unaccountably liberal.

Having mentioned Barham Downs, it is but justice to say that in its rules for the admission of ordinary members it is pre-eminent, as far as I have information, for the care that is taken to prevent abuse of the privileges offered. The cost of drugs and leeches (15) should be separately recorded, because in certain questions, such as the equitable remuneration of the Poor-law Medical officer, the information is valuable.

I enclose a table wherein all these facts may systematically be recorded, and I wish to draw the attention of those to whom is intrusted the duty of drawing up reports, to the fact that their labour in recording such particulars as have been noted is not in vain; that it is of great importance to use the same form year by year; and unless there be special reason to the contrary, that Institutions based on the same principles should record the same facts for the sake of mutual edification.

As these benevolent Institutions are generally worked by gentlemen, lay and Medical, of great zeal as well as benevolence, and as good cannot but ensue to each such Institution from the careful compilation of the facts above referred to, I trust that those gentlemen who have it in their power will apply to me without delay for a printed form, and will send me the particulars respecting their own Institution, which can be gathered from the published reports.

I am, &c.

WILLIAM OGLE.

9, Lower Belgrave-street, S.W.

## THE CONSTANT GALVANIC CURRENT.

LETTER FROM MR. H. W. LOBB.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your last week's impression there is a letter from Dr. Althaus, in which he calls in question the beneficial effects of the "Constant Galvanic Current" in the hands of M. Remak of Berlin, in the treatment of rheumatism, hemi-

plegia, atrophy, chorea, etc., quoting some cases in which M. Remak failed to relieve confirmed paralysis. But, because M. Remak failed to cure paralysis with the constant current, that is no reason why he might not succeed with rheumatism, chorea, etc.; in fact, that is the very reason why he should, as they are antagonistic affections.

Now, I know nothing of M. Remak's success with the continuous current; but I know what it has done in my hands, and I believe that the continuous current will eventually be found more useful and manageable than the induced current.

Both are valuable, but in different cases. The Induced in paralysis, and as an excitant generally; the Continuous in neuralgias, rheumatism, cramps, chorea, and, in fact, in all hyperaesthesiae.

I am, &c.

HARRY WM. LOBB.

63, Gloucester-terrace, Hyde-park,  
May 17th, 1858.

## IMPULSE OF THE HEART DURING DIASTOLE?

LETTER FROM ROBERT CARTWRIGHT, M.D.

[To the Editor of the Medical Times and Gazette.]

SIR,—In my letter, January 2, I suggested that in Mr. Groux's case the impulse produced by the base of the right ventricle would immediately precede the second sound; and on the 25th March I went to Manchester and saw Mr. Groux. My arrangements allowed me only a very short interview; but on examination I found that the tumour "a" was evidently the right auricle, and on placing the thumb just below this swelling, under the edge of the sternum, the impulse of the base of the right ventricle immediately preceded the second sound; I therefore consider his case corroborates my views; it should also be stated, Mr. Groux is himself a firm believer in the diastolic theory, and says, "the heart sucks the blood in."

It is surely a deep disgrace to the Medical profession, that after thirty years' discussions, experiments, &c., all that is really known about the action of the heart amounts to the wonderful fact, that the heart either ascends or else descends during its contraction; but the funniest fact of all is, that strictly speaking, it neither ascends nor descends.

In a former letter I mentioned having seen in 1851 a case of stricture of the mitral valve, in which the radial pulse and impulse were synchronous. Dr. Peacock reports, that in dilatation of the mitral valve, there is a greater interval than usual between the radial pulse and impulse; now these variations of the pulse are easily explained by the diastolic theory, but are in my opinion quite inexplicable according to the systolic theory. It might, perhaps, be advanced in Dr. Peacock's cases, that the enlargement of the heart causes the impulse to be felt sooner than usual, but this is not a satisfactory answer, for I have seen two cases, in the one there was the usual interval and no dilatation; in the other there was the greater interval and the dilatation.

It is received as an established fact in Germany, that the impulse is synchronous with the carotid pulse; this objection was made to me by the Assistant-Physicians at the Würzburg Hospital, in Dec. 1851: the objection appeared fatal to the diastolic theory, and made me feel extremely anxious and depressed; for here were two facts apparently irreconcilable, the synchronism of the impulse with the carotid pulse, and the impulse occurring during the diastole, of which fact I was certain from experiments on rabbits. However, after a restless night, on the following morning the happy thought struck me, that the pulse-wave did not pass instantaneously, but occupied exactly the period of one whole beat in passing through the arterial system, (say) from the heart to the ankle. Now the synchronism of the impulse and carotid pulse is readily explained by this hypothesis; but the common explanation, that the carotid pulse appears to be synchronous with the impulse, because it is so near the heart, is not satisfactory; for the carotid must be synchronous with the axillary pulse; and taking it as the representative of the latter, there ought consequently to be, as far as distance explains the fact, no perceptible interval between the carotid and radial pulse.

In 1853, I pointed out to Dr. Alison, at the Edinburgh

Infirmary, a case where the radial artery distinctly preceded the pulsation at Poupart's ligament, and that such was the normal state; he replied, it might be so, but he was not aware of it. Dr. Chaumont, a member of the Physiological Society, corroborated my observation, saying, that he had lately read an article on the pulse, containing a similar statement, but he could not remember the author's name.

Furthermore, I can assure Dr. Halford, that his vivisections were not more carefully or accurately performed, than what I made for the Physiological Society in Edinburgh, in the winter 1853-4. I failed in showing the beautiful and harmonious action of the heart, because the dogs were over-chloroformed; and Dr. H. failed from the same cause; or perhaps the chest was not opened with sufficient rapidity, since the active dilatation of the apex ceases almost immediately, and all the artificial respiration in the world will not re-excite it.

I therefore beg to call the attention of the Profession, and particularly of the Clinical Lecturers, to the following points:—

1. The carotid pulse is synchronous with the impulse.
2. The radial pulse follows the impulse.
3. The radial pulse precedes the pulsation at Poupart's ligament.
4. In stricture of the mitral valve, the interval between the radial pulse and impulse is less than usual.
5. In dilatation, the interval is greater than usual.

In conclusion, allow me to observe, if Physiologists and Clinical Lecturers will mark, learn, and inwardly digest the above five points, the truth will gradually dawn on their minds; for it is utterly impossible that the mitral valve can, according to the systolic theory, have anything whatever to do with the variations of the radial pulse and impulse.

I am, &c.

ROBERT CARTWRIGHT, M.D.

#### PLACENTA PRÆVIA.

LETTER BY E. D. BYRNE, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—I send you an account of a case of Placenta Prævia, which occurred in my practice this week, and I think from the success which attended the treatment will be read with interest by some of your readers, more especially as I do not find it recommended by obstetric writers, so far as I have consulted them, and I shall be glad to learn the opinion, through your valuable Journal, as to the treatment of the case, had it terminated fatally. I first saw my patient, Mrs. S., in the morning, and found I had been summoned on account of severe floodings she had had within the last three weeks. Upon inquiry I found she had borne some eight children, and never had such symptoms before, but recovered well. I had no prior knowledge of her whatever. She stated that the last flooding took place the day before she sent for me, when, for the first time, she was alarmed from the quantity, etc.; at the same time she experienced no pain, and as I found her in bed and expecting daily, I recommended absolute rest, cold drinks and nourishment, and gave a mixture of acid. sulph. dil., magnes. sulphat., and inf. rose, to be taken thrice a day, and left strict orders that I was to be sent for immediately labour commenced. About 10½ p.m. I was sent for, and on arrival found my patient walking about, with slight continued pain and no flooding. Upon examination per vaginam, I found the uterus dilated and soft, flabby, and in the os a soft mass through which the liquor amnii could be felt. At 1 a.m., as she appeared to be growing weaker without any increase of pain, I administered a dose of ergot, viz., ʒj of the powder infused; this took very little effect, and at 2½ a.m. flooding came on, when I introduced my hand and succeeded in rupturing the membranes. The quantity of liquor was very great, much more than ordinary; shortly afterwards, a stronger pain than she had yet experienced forced the placenta into the vagina; immediately after a gush of blood sent it into the world, and from that time my patient lay in a quite unconscious and half-fainting state, and flooding more or less, with a total cessation of all pain. At 3 a.m. I introduced my hand, intending to try and bring down the child's feet, but did not succeed in reaching them, owing to the difficulty of

getting my hand into the uterus. I then gave her a second dose of ergot, viz. ʒas, but it struck me if I could succeed in producing contraction of the womb by direct stimulation, I might save my patient yet; in the meantime I had sent a messenger to Gateshead for my friend, Dr. Barkus, to bring the instruments, as I thought it advisable to deliver as speedily as possible under the circumstances, and being, as I was, three miles from home or medical assistance, and without an instrument, I was very much afraid I should lose my patient before the necessary aid arrived; at this juncture she was lying speechless, when I called one of her attendants and made her rub her abdomen in the same manner you would knead dough, in a quarter of an hour I got a fresh one to work in the same manner, and at the end of half an hour I had the satisfaction to find I had produced slight uterine action, but still without much, if any, pain; I worked on in this manner for an hour, when I found the head of the child descending most decidedly; this gave me great encouragement, and I still persevered with the rubbing up to 5½ a.m., when the child was born—a large, full-grown male. The uterus contracted kindly, and my patient is so far doing well, and Dr. Barkus arrived but in time to congratulate me on my success. Now I do not know whether to attribute (although I am decidedly inclined to do so) the success of this case to the continued action on the parietes, or the ergot; against the latter I remarked that the moment the women ceased their labours there was a total cessation of all uterine action, and I impute the whole success to the unwearied exertion of the women. On returning home I consulted "Ramsbotham," and find no mention of this mode of treatment, therefore I have troubled you at this length, as it is a simple remedy if (as in this instance) it prove successful in more of these fruitful cases.

I am, &c.

E. D. BYRNE.

Whickham, February 26, 1856.

#### THE ABUSE OF HOSPITALS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your Journal some very just remarks were made recently by Dr. Ogle, respecting the abuses arising out of the Hospital practice of this great city. I would ask your numerous readers, especially those who intend educating their sons as medical men, what prospects of obtaining anything like a comfortable existence will be open to them? Gaudy chemists' shops at the corner of every street, with windows decorated with showy placards, announcing, "A physician of experience prescribes here daily," etc. etc. Dispensaries got up in every direction by gentlemen hoping to talk themselves into practice, and who go round, hat in hand, to the tradesmen of the district soliciting the honour of their votes should a vacancy occur in the staff, although the surgeons of that staff are going out in the night to attend gratuitously in their confinements the wives of well-to-do mechanics and tradesmen, who could well afford to give a guinea on such occasions: as the agricultural labourers constantly manage to do when they have not more than three children. Hospitals with from five and six hundred out-patients a day, many, no doubt, truly deserving relief, and many, especially the well-dressed class, who arrive in cabs (*vide* the Borough), most undeserving. Eminent men, who ought to know better, setting apart a portion of the morning (although themselves in large and lucrative practice, and also attached to hospitals) for gratuitous practice, and taking the bread out of the mouths of well-educated practitioners, by prescribing for publicans, old-established tradesmen, and mechanics earning good wages. And what will be the result of all this? Talk about medical reform! the reform must come from within—no Act of Parliament can effect it. The consulting men are made by the senior General Practitioner, and in their turn crush the younger ones. Of course it suits the interest of a few to sit two or three hours three times a week at a general hospital or dispensary, seeing from forty to sixty patients per hour (how valuable his diagnosis under such circumstances!); it brings grist to the mill—he gets talked about; but should he not be true to himself and his professional brethren by, so far as he can, refusing his advice to those whom he is satisfied are not in circumstances requiring gratuitous Medical relief? Of

course the evil originates with the persons, "governors" or otherwise, who distribute the letters of admission. Tradesmen find it promotes their trade connexion by distributing letters across their counters to all who ask. The rich nobleman or landowner or merchant, too, often sends a faithful man-servant direct to an hospital for an affection which would frequently be well treated at home, the consequence being that the respectable but poor mechanic, who spurns the workhouse relief, is told on applying for admission, "No beds!"

The evil has arrived at such a pitch that an organisation of some kind must eventuate to meet so great an abuse. Let means be taken, by an association of a few practical men earnest in the cause, who would arrange to meet one lay and one professional member of each of the committee of the ten hospitals in London, and some good of a permanent nature will arise out of it, especially if aided by the powerful pens of the editors of Medical journals.

Trusting this important subject will not be allowed to drop,  
I am, &c. A CONSTANT READER.

March 8, 1858.

P.S.—Can any reader point out in the Inns of Court the establishment where gratuitous legal advice is given to all comers?

### THE CASE OF MR. SYMES.

In our last impression we stated that Mr. Symes had received a communication from the Poor-Law Board requesting him to tender his resignation. The following additional correspondence on this subject has been handed to us for publication:—

"Bridgwater, May 13th, 1858.

"My Lords and Gentlemen,—I have to acknowledge the receipt of your Secretary's letter of the 10th instant, and to inform you that I decline to accede to the request made to me therein, viz. to tender my resignation to the Bridgwater Board of Guardians.

"I feel that by adopting such a course, I should be sacrificing my professional character, be quite unworthy of the sympathy which I have received from public opinion, and be virtually admitting the truth of the charges which have been so unjustly brought against me.

"I am, my Lords and Gentlemen,

"Your obedient Servant,

"To the Poor-Law Board."

"Henry Symes.

"Poor-Law Board, Whitehall, (S.W.)

"17th May, 1858.

"Sir,—I am directed by the Poor-Law Board to acknowledge the receipt of your letter of the 13th instant, in which you state that you decline to tender to the Guardians of the Bridgwater Union your resignation of the office of Medical Officer.

"This intimation leaves the Board no alternative but to remove you from the office which you hold by formal order under the seal of the Board. As, however, the issuing of such an order is attended with the disqualification specified in the statute 4th and 5th William IV., cap. 76, sec. 48, the Board will not issue it until Wednesday next, in order still to afford you sufficient time to send in your resignation if, upon reflection, and under the circumstances, you are desirous of so doing.

"I am, Sir,

"Your obedient servant,

"Courtenay, Secretary.

"To Henry Symes, Esq., Medical Officer, Bridgwater."

"Bridgwater, 18th May, 1858.

"My Lords and Gentlemen,—I have to acknowledge the receipt of your Secretary's letter of yesterday's date, in answer to my communication of the 13th instant, wherein I declined to tender my resignation to the Guardians of the Bridgwater Union.

"In reply, I beg to state that, perfectly regardless of the disqualification specified in the statute you allude to, it is still my intention—with many thanks for the kindness the Board have shown me in proposing not to issue their formal order until Wednesday next—not only to adhere to my former

letter, but to protest against the decision of your honourable Board, the result apparently of the partiality of the Inspectors before whom the various charges preferred against me were heard. I can now only feel it is quite impossible to obtain justice at your hands, and that no other alternative remains but to appeal for what you deny me to a higher tribunal.

"I am, my Lords and Gentlemen,

"Your obedient servant,

"HENRY SYMES."

"To the Poor-Law Board, Whitehall, London."

### EAST INDIA COMPANY EXAMINATION.

QUESTIONS PUT IN THE WRITTEN EXAMINATION OF CANDIDATES FOR THE APPOINTMENT OF ASSISTANT-SURGEON IN THE HON. EAST INDIA COMPANY'S SERVICE, HELD ON THE 10TH AND 11TH INST.

SURGERY.

Monday, May 10, 1858.—2 to 5 o'clock.

MR. STANLEY.

1. Describe the chief consequences to which stricture of the urethra may lead; and state briefly the best modes of treating them.

2. Describe the ordinary progress of a case of psoas abscess; and in the event of death, the most usual appearances found on the autopsy.

3. Necrosis of the last phalanx of a finger often follows a rough puncture in a person in feeble health; describe the appearances of the finger during this disease, and say how you would treat such a case.

4. Describe the usual appearances of the blood and blood-vessels in acute inflammation, as seen in the transparent parts of mammalia and reptiles.

5. In what injuries and diseases of the skull would you think it right to remove bone with the trephine or other instruments?

6. Describe the operation for the removal of the eyeball; and enumerate the principal cases for which you think it advisable.

7. A man, advanced in years, and apparently free from complaint, except that his urine was occasionally tinged with blood, sustained a severe fall; shortly afterwards he experienced a violent desire to pass urine, and his bladder was greatly distended. His efforts at micturition were at first wholly ineffectual, but after repeated straining the impediment gave way, and the urine flowed in a full and uninterrupted stream, as it had always previously done. What was the cause of obstruction in this case?

NATURAL HISTORY, ETC.

Monday, May 10, 1858.—10 to 1.

DR. HOOKER.

Answer five or more of the following Questions.

1. What are the distinctions between minerals and organized beings?

2. How does the root of a woody flowering plant differ from the stem in structure and development?

3. What is meant by the natural system of botany? what are its objects; and upon what principles is it constructed?

4. Describe the formation of the stem in monocotyledonous and dicotyledonous plants.

5. To what classes, divisions, and orders of the vegetable kingdom do the plants producing the following substances belong? what are their scientific names?—calumba, cascarrilla, nutmeg, rhatany, black-pepper, ginger, and sarsaparilla.

6. From what countries do these plants come; in what form do the products arrive; and how would you distinguish good from bad samples of them?

7. What are the botanical characters of the natural orders labiate, rosaceæ, conifereæ, urticæ, and convolvulaceæ?

8. What is coal; by what classes of plants is it supposed to have been formed; and what are the chief products of its combustion?

9. In heating barracks or hospitals, what are the comparative values of coal, coke, hot water in pipes, and hot air in flues?

10. In examining materials for bedding, clothing, etc., how would you distinguish microscopically or otherwise, woollen, linen, cotton, hemp, and silk fabrics?
11. What are the principal points to be attended to in the preparation of vegetable extracts?
12. State the distinguishing characteristics between an insect and a crustacean.
13. Define the different modes in which the respiratory function is performed in the animal kingdom, and give examples.
14. Define the terms sensation, innervation, development, evolution, absorption, natural law.
15. What is sound? what is meant by the propagation, conduction, and dispersion of sound?

## ANATOMY AND PHYSIOLOGY.

Tuesday, May 11, 1858.—10 to 1 o'clock.

MR. BUSK.

1. Describe the parts concerned in the different kinds of inguinal hernia.
2. Describe the vertebral column, its relations and functions. Define a typical vertebra in the terms employed by Professor Owen.
3. Describe the anterior, middle, and posterior mediastina, and the parts contained in them, noting the relative position of those parts.
4. Mention the chief anatomical peculiarities which distinguish the fœtus from the adult.
5. Describe the minute structure and modes of development of bone.
6. Describe the mode in which the absorption of different substances is effected in the stomach and intestines; indicating also the course of the chyle, and the changes it undergoes in its passage to the blood.
7. Indicate the sources of heat in animals, the circumstances by which it is augmented and diminished, and the means by which it is prevented rising beyond a certain point.

## MEDICINE.

Tuesday, May 11, 1858.—2 to 5 p.m.

DR. PARKES.

1. Describe the causes and treatment of the following forms of motor paralysis:—(a) paralysis of the lower extremities; (b) paralysis of both upper extremities, or of some of the muscles of them; (c) paralysis of one or more muscles, or groups of muscles, of the face.
2. Describe a fit of epilepsy, and the distinctions between it and forms of disease resembling it.
3. Enumerate the better known abnormal, chemical, and physical alterations of the blood.
4. What are the chief causes of blocking up of blood-vessels (arteries and veins); and what are the results of blockage of arteries at the base of the brain, of the pulmonary arteries, and of the femoral veins?
5. Describe the morbid anatomy of acute tuberculosis.
6. What are the symptoms, diagnosis, and treatment of acute dysentery, and of tuberculous diarrhoea?
7. Give the symptoms, effects, and treatment of whooping cough.
8. Describe the symptoms and various modes of treatment of displacements of the uterus.
9. What are the effects of habitual excess in the use of alcoholic drinks?

## UNIVERSITY OF ST. ANDREW'S.

## MEDICAL EXAMINATION PAPERS. MAY, 1858.

## First Examination.

## FIRST PART.

Translation of a Latin paragraph into English.  
Give the derivations and primary meanings of the following words:—Ægophony, Biology, Diarrhoea, Gastrodynia, Lithotomy, Orthopnoea, Pleximeter.

## SECOND PART.

N.B.—Those who are not candidates for honours are not expected to answer the questions to which an asterisk is prefixed.

## CHEMISTRY.

1. State the source, mode of extraction, and properties of iodine. Give the test for it. What is the derivation of the name?
2. Enumerate the compounds of mercury used in Medicine; stating their composition, and giving the tests for their presence in solution.
3. Write in formulæ the composition of the following substances: nitre, glauber salt, coal gas, laughing gas, triple phosphate.
- \*4. Enumerate the different urinary calculi; giving such chemical characters and tests as would serve to determine each.

## MATERIA MEDICA.

5. Name the chemical substances which are used as caustics. What are the principal uses of this class of remedies, and how would you be guided in your selection of the appropriate substance?
6. What are the chief uses and ordinary doses of the Pharmacopœial preparations of arsenic, zinc, and lead?
7. What are the antidotes to be employed in cases of poisoning with oxalic acid, corrosive sublimate, and sugar of lead?
8. What are the principal varieties of aloes, and how would you distinguish one from another? Compare the purgative action of aloes with that of rhubarb, senna, and jalap.
- \*9. What alkaloids are yielded by the solanaceæ employed in Medicine? State briefly their chemical characters and their physiological action.
10. Write a Latin prescription (without using abbreviations or symbols) for a draft suitable for a case of tape-worm; also for an anodyne draught or mixture suitable for a case of impacted biliary calculus.

## Second Examination.

## ANATOMY AND PHYSIOLOGY.

1. Describe the muscles which take their origin from the inner condyle of the humerus.
2. How is the cervical plexus formed? Describe the principal branches of this plexus.
3. Describe the articulation of the lower jaw and the movements of Mastication.
4. What is supposed to be the function of the pancreas?
- \*5. Give a sketch of the anatomy and functions of the sympathetic nerve.

## Third Examination.

N.B. In answering the practical questions, the examiners require every candidate to specify the mode of treatment which he is in the habit of adopting, and the doses of the medicines which he prescribes.

## PATHOLOGY AND PRACTICE OF PHYSIC.

1. In what diseases do we find the red corpuscles and the fibrin of the blood deviating from the normal standard? What is generally the proper treatment when the corpuscles are diminished in number?
2. Describe the symptoms and treatment of chronic gastritis.
3. Describe the progress of the physical signs in a case of rheumatic pericarditis going on to adhesion, and state what treatment you would adopt.
4. With what diseases is hæmatemesis commonly associated, and what are the chief means of checking it?
- \*5. What are the pustular diseases of the skin? Describe the symptoms and treatment of any two of them. Are any skin diseases supposed to originate in vegetable cryptogamic growths? State what you know on this subject.

## Fourth Examination.

## SURGERY.

1. Give an account of what is known respecting the hereditary transmission of syphilis from either parent; state the



effects produced by syphilis on the fœtus; and the symptoms and treatment of the disease in the infant.

\*2. Under what circumstances is it requisite to make an artificial pupil; and what modes of operation are suitable to the various cases?

3. Describe the process of reparation in a fractured bone.

#### MIDWIFERY.

4. What are the various causes of "lingering labour," and what the mode of management appropriate for each?

5. In what circumstances is ergot of rye useful, and what are the precautions necessary in administering it?

6. What are the symptoms of retroversion of the uterus in the pregnant and in the unimpregnated state, and how is the accident to be treated?

#### Fifth Examination.

##### CASES.

1. In a case of heart disease there are increased percussion-dulness, and diffused pulsation in epigastrium, together with a weak and small pulse, and a strongly-marked second sound over the left border of the sternum, about the level of the third and fourth costal cartilages. There is a loud murmur with the first sound of the heart, distinct below the nipple, indistinct at base, inaudible in the neck. The veins of the neck are turgid in coughing, and pulsate slightly. The point where the apex beats cannot be ascertained.

With these signs are associated dyspnoea, hæmoptysis, dulness on percussion in the right back over the base of the lung, crepitating râle, and some degree of tubular respiration. The urine is scanty, high coloured, of high density, faintly albuminous. There is dropsy of the feet and abdomen; the liver is enlarged; and there is slight jaundice.

You are requested to discuss in writing:

(1) The probable state of all the organs and functions mentioned above.

(2) The probable order of occurrence of the morbid phenomena.

(3) The prognosis and treatment.

2. A. B., an unmarried woman, aged 25, complains of pain in small of back, extending to sacrum, to the flanks and to the pelvis. These symptoms lead to an examination of the urine, which is discovered to contain both pus and blood in appreciable amount. A further examination takes place with the view of discovering the source of this alteration of the urine.

You are requested to state in detail what would require to be ascertained, in order to avoid error and fix the diagnosis.

3. A woman, on the third day after delivery, had a severe rigor, followed by fever, great tenderness of the whole abdomen, and obstinate vomiting; the pulse was very rapid, the skin dry and hot, and the lochial discharge was suppressed; the abdomen became tympanitic, and the patient lay on her back with her knees drawn upwards. She sunk rapidly; restless delirium preceding death.

Another patient in the like circumstances was also seized with a rigor, followed by fulness in the uterine region, which was painful on firm pressure; her pulse was rapid and feeble, her tongue brown and dry, and there soon came on a typhoid state with low muttering delirium. One of her thighs became swollen, tense, and painful; and her breathing was rapid and oppressed for a day or two before death.

What was the pathology of these cases respectively, and what the morbid appearances which you would have expected to find on dissection?

**DEATH FROM CHLOROFORM.**—The French Medical journals relate the following:—A professor of natural history, aged 30, of strong constitution and excellent health, had suffered for some days from violent toothache. To relieve this he had recourse to chloroform inhalations. One evening, after having been to the play and supped with his friends, he retired to rest at his usual hour, a prey to violent pain. In the morning he was found lying on his side dead in bed, having in his hands a handkerchief held at a little distance from his mouth. There stood on a table by the side of the bed a bottle holding chloroform, the vapours of which filled the apartment. The temperature was very high, and decomposition took place with frightful rapidity. No autopsy was allowed.

## MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 12th inst.:—

DEWLIN, H. W., Greenhill, Co. Tyrone.  
EARLE, J. N., Brunswick-street, Borough.  
FAWKNER, J., Manchester.  
GRIFFITH, T., Wellington, Lancashire.  
HOLLINGS, R., Woodlesford, near Leeds.  
JACKSON, J., Leicester.  
ORD, G. R., Brixton-hill.  
SPENCER, H. B., Chippenham, Wilts.  
TOWNSEND, E. R., Cork.  
WAIT, J. S., Bury, Lancashire.  
WALKER, H., Malton, Yorks.

Also, on the 14th inst.:—

CHEESMAN, J., Lewes, Sussex.  
COPESTAKE, W., Kirk, Langley, near Derby.  
CREGEEN, J. N., Castletown, Isle of Man.  
DURHAM, A. E., Guy's Hospital.  
GODRICH, T., Chichester-road, Westbourne-terrace.  
HALLEY, E., St. John's-wood.  
HAMMOND, I., Lower Edmonton.  
KENT, N., Gateshead.  
POPE, J. A., Army.  
ROGERS, G. L., Helston, Cornwall.  
RUTH, A., Aberdeen.  
WOODWARD, M., Pershore, Worcestershire

Also, on the 17th inst.:—

DAWSON, J. E., Sedbergh, Yorks.  
DUNCAN, B. A., Kilkenny.  
HICKSON, J. G., Edinburgh.  
IRVINE, J., Old Aberdeen.  
JEFFCOAT, J. H., Leamington.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 13, 1858:—

ATKINSON, HENRY HOPE, Red-hill, Surrey.  
BAUMONT, JOHN, MORTON.  
ELLISON, HENRY, Castle-street, Hastings.  
HARRIS, WILLIAM, Waterford, Ireland.  
HELE, NICHOLAS FENWICK, Pangbourne, Berks.  
OLIVER, JAMES.  
YARDE, WILLIAM, Lambs Conduit-street.

#### DEATHS.

**HOLMES.**—The following extract from an American paper—the *Evansville Journal*—gives a melancholy account of the death of an English Surgeon, homeless and poor, in the hovel of a negro nurse in a foreign land:—"A week ago on Saturday the steamer *Union* brought from Green River an apparently poor and afflicted man, past the age of 30. One eye had been destroyed by a cancer, and the other, by sympathy, was so swollen and otherwise affected as to be sightless. One leg was paralysed, and the poor sufferer seemed utterly helpless, destitute and friendless. No one knew whence he came, nor whether he was bound, except from the desire he expressed to be taken to Memphis. As the *Union* was going no further down the river, he was taken from the steamer and placed on the wharf boat, on the deck of which he lay unattended and uncared for from Saturday evening till Sunday afternoon, when his condition became known to Dr. A. C. Hallock, who visited him and found him in a most afflicted condition—helpless, blind, suffering with pain, and a mind wandering in delirium. The doctor, by intercession with old 'Aunt Hannah,' the black nurse, induced her to give up her only bed and take him in, and attend upon him. He was bathed, clean clothes were procured for him, and his cancer dressed. He refused medicine, appeared to have a perfect professional knowledge of the nature of his disease and condition, said there was no medicine that could help him, and that he only wanted care and quiet. He remained

with his faithful nurse, who was unremitting in her attentions day and night, and he was visited daily by Doctors Hallock and Casselberry, who ministered to his necessities. The progress of his disease was rapid, and he sunk fast under its effects, and on Thursday night he expired, alone in the house of the good negro woman who had given him shelter, with no friend or clergy to soothe his spirit in its last mortal agony. He was respectfully buried by the Sons of Temperance in the Oak Hill Cemetery. On examining his effects after his death, papers were found which proved him to have been Doctor John Pocock Holmes, a member of the College of Surgeons of London. Among them was an original certificate of Sir Astley Cooper, testifying to his qualifications as a Surgeon, with numerous testimonials from other eminent Surgeons of his ability and faithfulness as a member of their Profession. It appeared from other original papers, that he had been, previous to 1827, sixteen years a Surgeon in the employ of the Hudson Bay Company, at their various posts on this continent. In 1827 he was a practising Surgeon in London, holding intercourse with the most eminent men. Among the papers he appears to have preserved with care, is a card of invitation from the Lord Mayor and Mayoress of London to dine at the Mansion-house on the 12th of May, the year omitted. But the papers which he seems to have deemed the most precious, are a package of letters from Capt. Parry, the great Arctic explorer, with whom he seems to have enjoyed a free and cordial intimacy. It appears that the deceased had rendered some useful service as a chemist, and from knowledge he had gained in the Hudson's Bay Company's service, in the manufacture of pemmican for the exploring expedition—for which Capt. Parry gives him much praise, and the Admiralty vote him an acknowledgment of £150. Capt. Parry invites him in free and familiar terms to call at his house in London, and at another time to visit him on board the *Hecla* at the Nore, before sailing. The notes and letters of the celebrated explorer are interesting and valuable as autographs. Among his effects found since his death, were two large and beautiful gold medals awarded to 'Dr. John Pocock Holmes by Medical societies for his valuable inventions of obstetrical and surgical instruments.' There are also a large number of letters from eminent professional men—from the nobility, and Medical and scientific societies, acknowledging the receipt of 'Dr. John P. Holmes' very valuable and able treatise on consumption and asthma."

LEE.—May 6, at South Shields, Cuthbert Marshall Lee, Surgeon R.N. 1810.

OAK.—At his residence, Winchelsea Lodge, Blackheath Park, Kent, on May 19, 1858, Thomas Oak, Esq., aged 73, L.R.C.P. London, M.R.C.S. England, and for twenty-five years one of the Surgeons of the Royal Kent Dispensary. In the earlier and greater part of his life Dr. Oak practised at Greenwich, where, by an honourable career, he acquired fame, confidence and fortune, the latter enabling him many years ago to retire from general practice, to assume the higher and less laborious branches of medicine. He ever loved to exalt and adorn his Profession. Dr. Oak was a man of gentle manners; cultivated and refined mind; fond of literature and the fine arts; and enjoyed the practical study of natural history. Besides a large circle of Professional friends, his removal will be regretted by many out of it. We are given to understand that he has made a bequest to the Royal Medical Benevolent College.

PANTON.—On the 10th inst., at Tunbridge Wells, William Panton, late of the Bengal Presidency.

STRONG.—May 10, in Pall Mall, Francis Pemble Strong, M.D., late of Calcutta, aged 74.

WILSON.—Feb. 17, at the residence of his cousins, Sydney, Australia, Thomas Urwin Wilson, Esq., aged 21, late Student of Medicine at the Leeds School.

#### APPOINTMENT.

Mr. Christopher Heath, Demonstrator of Anatomy at the Westminster Hospital, has been appointed Surgeon to the St. George's and St. James's Dispensary.

We understand that Sir Philip Crampton still continues in an extremely weak condition.

The City of London Lying-in Hospital has been greatly benefited in its funds, says the *Constitutional Press*, by a contribution of 24,000 penny-pieces, collected by a lady of rank within the last twelve months from her friends and visitors.

What Jenner said on reading, in Elysium, that complaints had been made of his having a statue in Trafalgar-square:—

"England, ingratitude still blots

The scutcheon of the brave and free,

I saved you many a million spots,

And now you grudge one spot to me."—*Punch*.

MUNIFICENT DONATIONS.—Alexander Cowan, Esq., father of Charles Cowan, Esq., M.P., has just handed over as donations—£4000 to the Edinburgh Royal Infirmary, £1000 to the Lunatic Asylum, £1000 to the Deaf and Dumb Institution, £1000 to the Blind Asylum, and £1000 to Leith Hospital.

THE CHAIR OF CHEMISTRY IN EDINBURGH COLLEGE.—Dr. George Wilson has withdrawn his name from the list of candidates for the chair of chemistry, and Dr. Lyon Playfair has come into the field.

ELECTION AT THE ACADEMIE DE MÉDECINE.—The election for a member of the Section of Pathological Anatomy has just taken place, in which M. Robin proved the successful candidate, having 40 votes to M. Ménière's 30, and M. Roger's 10.

BIRTH OF A HIPPOPOTAMUS IN PARIS.—The establishment of the Museum of Natural History of Paris possesses a pair of Hippopotami, for which a vast basin of water has been constructed. The female a few days since gave birth to a young one, the first instance of such an occurrence having taken place in Europe. It is true, the calf was accidentally killed by its mother; but the fact is demonstrated that the Hippopotamus will breed in this climate, and in captivity.

THE ELECTION AT THE ACADEMIE DES SCIENCES.—M. Bégin has just lost his election by one vote. The committee had proposed his name first, and M. Jaubert's second. At the election it is necessary that the successful candidate should have more than half the votes of the members present. At the first ballot M. Bégin obtained 27 of 62 votes, and M. Jaubert 21. At the second ballot M. Jaubert obtained 31, and M. Bégin 30 votes. It was objected that this was not decisive, as at least one more vote than the half was necessary; but the president ruled, that as there was one blank ball from a member not voting, this majority was obtained, and M. Bégin lost his election.

THE FRENCH ELECTRICAL PRIZE QUESTION.—An Imperial decree in 1852 instituted a prize of 50,000 francs for the most useful application of the Voltaic pile, fixing five years as the term of the *concours*. In 1857 a commission of eminent scientific persons, with M. Dumas as chairman, and M. Sainte-Claire Deville as secretary, was appointed to examine and report upon the different works. This commission, after the most careful and laborious investigation, has, while acknowledging the value of some of the works produced, come to the conclusion that there is none of sufficient importance to call for the adjudgement of the prize, and recommends adjournment for another period of five years, in the hopes of more complete results being then produced. An Imperial decree sanctions this resolution, and also confers medals upon the most successful competitors, viz. MM. Froment, Duchenne, Ruhmkorff, and Metteldorsdorff. M. Duchenne has also been created Chevalier of the Legion of Honour.

ADDRESS OF CONGRATULATION TO JAMES PAGET, ESQ., F.R.S.—At a meeting of the Yarmouth Town Council, Mr. C. C. Aldred moved that an address of congratulation should be presented to Mr. James Paget, on his appointment as surgeon to her Majesty, and, in the course of a highly-eulogistic speech, said that Mr. Paget, who was a native of that town, and who was well known and highly respected there, had been appointed assistant surgeon to Bartholomew's Hospital in 1847, then Professor of the Royal College of Surgeons, and next as examiner to the East India Company, all of which offices he had gained by his own talents and industry. (Cheers.) Mr. W. Worship seconded the motion, and it was agreed that an engrossed address, sealed with the common seal, should be presented to Mr. Paget by the Mayor.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, May 15, 1858.

## BIRTHS.

Births of Boys, 798; Girls, 752; Total, 1550.  
Average of 10 corresponding weeks, 1848-57, 1577.

## DEATHS.

	Males.	Females.	Total.
Deaths during the week ...	528	529	1057
Average of the ten years 1848-57 ...	535.5	514.9	1050.4
Average corrected to increased population ...	...	...	1155
Deaths of people above 90 ...	1	1	2
Deaths in 15 General Hospitals ...	39	21	60

## DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Whooping-Cough.	Dysentery.	Typhus.
West ....	376,427	..	4	1	16	1	5
North ....	490,896	1	13	6	15	5	7
Central ....	593,266	..	1	3	3	2	2
East ....	485,522	2	8	13	21	4	5
South ....	616,685	..	21	13	26	5	3
Total..	2,362,286	3	47	36	81	17	22

## BOOKS RECEIVED.

- A Manual of Obstetrics. By W. Tyler Smith, M.D. London: 1858.  
The Principles of Treatment of Chronic Phthisis. By R. Smith, M.D. London: 1858.  
Remarks on Puerperal Fever. By B. F. Barker, M.D. New York: 1857.  
Ophthalmic Hospital Reports. No. 3. London: April, 1858.  
An Essay on Wasting Palsy (Cruveilhier's Atrophy). By William Roberts, B.A., M.D. Lond. London: 1858.  
Grammar on its true Basis. By B. H. Smart. London: 1858.  
The Pathology of the Blood and its Containing Vessels. By Thomas A. Wise, M.D. Edinburgh: 1858.  
Naval Hygiene and Scurvy. By A. Armstrong, M.D., R.N. London: 1858.  
Electro Chemistry, with Positive Results. By Charles Chalmers. London: 1858.  
Hygiene. By J. H. Pickford, M.D. London: 1858.  
On Medicine and Medical Education. By W. T. Gairdner, M.D. Edinburgh: 1858.

## TO CORRESPONDENTS.

- Mr. Macintosh should consult our last Student's number.  
An Inquirer.—Dr. Cotton's work on "Consumption," and Dr. Semple's on "Cough," will furnish the information required.  
Mr. Crookery, Chapelbown, Jamaica.—The letter and case arrived, but no half-sovereign.  
"A Poor Assistant" can remove the stain produced by nitric, muriatic, or sulphuric acid on black cloth, by sponging it over with hartshorn.—A Dentist.  
Mr. Woake's notice of the operations expected at St. Thomas's last Saturday, arrived after the publication of last week's number. Such notices should be received at the Office before one o'clock on Thursday, at latest.  
Mr. S. K. Lysachy.—We entirely agree with our Correspondent in his abhorrence of quackery, and we wish that his views on the subject were more generally adopted by the weak and credulous persons who are the victims of the empiric tribe.  
Mr. R. Mander.—We would willingly give the information required, but we fear that some of the questions do not admit of a satisfactory reply, as the deficiency alluded to is to be classed among those freaks of nature of which it is difficult to find an adequate explanation.  
F.R.C.S.—We are compelled to decline all communications not authenticated by the name of the writer. If the letter was published with the signature of any respectable Fellow of the College, Mr. Fergusson would, without doubt, reply to it.

**Chemists.**—We have received a copy of the *Cumberland Packet*, containing an account of the legal proceedings taken by a manufacturer of bone manure against the trustees of the town and harbour of Whitehaven, for charging him the same duty on sulphuric acid as on oil of vitriol. After reading the whole of the proceedings, we are convinced that strong sulphuric acid is commercially the same article as oil of vitriol, and that, therefore, the duty was properly charged. In strict scientific language, the term oil of vitriol can only be applied to the thick fluid distilled from sulphate of iron or sulphate of copper; but the sulphuric acid of commerce is never obtained in this manner.

The following is taken from a recent copy of the *Leeds Times*—

"To the desponding of Cure.—Mr. Row, M.R.C.S. and L.A.C., Homerton Dispensary, Ten Minutes from Hackney Station, N.E., London, continues to cure the worst cases of Gout, Rheumatic Gout, Sciatica, Lumbago, Neuralgia, and Tic-Douloureux in a few Hours. He also guarantees the patient against serious suffering from the above diseases in after life by adopting the above treatment. Mr. Row inserts this as a Public Benefit, seeing the advantage taken by the unqualified in this class of diseases through the tardy and uncertain relief by the ordinary treatment. Five shillings is sufficient to cover cost of postage, &c. The poor bringing or sending a letter from the Clergyman of their parish, with 1s. 6d., can be cured."

Do you know anything of this disciple? I cannot see his name in the List. MEDICUS.

## COMMUNICATIONS have been received from—

Dr. MASTER; Mr. C. WILLIAMS; Mr. TIDBOULD; Mr. HARPER; Mr. TRAVIS; Mr. SKINNER; Mr. MACNAMARA; Mr. HADEN; Mr. CROTHERS; Dr. G. SCOTT; Dr. BUDD, Bristol; Dr. THOMSON; Mr. CROMPTON, Birmingham; Dr. RANKING; Dr. LANKESTER; Mr. CROAUFORD; Dr. H. DOBELL; Dr. CAMPS; Dr. W. EVANS; REGISTRAR-GENERAL, Edinburgh; Mr. MACINTOSH; Mr. WOAKE; Mr. HOOBERTON, Dudley; Dr. FURLAND; Mr. BIGGS; Mr. WILKIN, Southampton; Dr. OGLE; Dr. DAVID MADDEN, Falkirk; MEDICUS; THE ROYAL INSTITUTION; THE PRESIDENT AND COUNCIL OF THE PHOTOGRAPHIC SOCIETY; Dr. LAYCOCK, Edinburgh; Mr. A. TALBOT; Mr. S. K. LYSACHY; Dr. HENRY; Mr. R. W. ALDRICH; Mr. WILLIAM CARR; Mr. J. H. WRIGHT; Mr. J. W. IRVINE.

## APPOINTMENTS FOR THE WEEK.

## May 22, Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.  
ROYAL INSTITUTION, 3 p.m.: Edwin Lankester, M.D., F.R.S., F.L.S., "On the Vegetable Kingdom in its Relations to the Life of Man."  
MEDICAL SOCIETY OF LONDON, 8 p.m.: Wooden Cooke, Esq., "On the Arrest of Cancer."  
METEOROLOGICAL SOCIETY, 7 p.m.: Anniversary.

## 24. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopaedic Hospital, 2 p.m.

## 25. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.  
ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m.: Mr. John Tador, "On a Case of Excision of the Elbow," Mr. Coulson, "On Hydatids in the Tibia," Mr. J. Birkett, "On Fibrous Polypus of the Urinary Bladder."  
ROYAL INSTITUTION, 3 p.m.: J. P. Lacaze, Esq., "On the History of Italy during the Middle Ages."

## 26. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopaedic Hospital, 2 p.m.  
GEOLOGICAL SOCIETY, 8 p.m.

## 27. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

## 28. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.  
ROYAL INSTITUTION, 8½ p.m.: Dr. E. Frankland, "On the Production of Organic Bodies without the Agency of Vitality."

## EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday), at 2 o'clock:—

Removal of breast; division of hamstrings; for the radical cure of hernia; removal of bone from the ilium; by Mr. Fergusson. Excision of the knee-joint. By Mr. Bowman.

St. Mary's Hospital.—The following operation will take place on Wednesday next, at 1 o'clock:—

Vesico-vaginal fistula. By Mr. J. B. Brown.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock:—

Strictures (two cases). By Mr. Holt.

## Royal College of Surgeons of England.

The President and Council have the satisfaction of announcing that Dr. BROWN-SEQUARD will deliver a course of SIX LECTURES on the PHYSIOLOGY of the NERVOUS SYSTEM in the Theatre of this College on Tuesdays, Thursdays, and Saturdays, commencing on SATURDAY NEXT, the 22nd inst., at 4 o'clock each day, to which Members of the College will be admitted on entering their names.

By Order,

19th May, 1858.

EDMUND BELFOUR, Secretary.

## To Those who have the Means and the WILL TO DO GOOD.

A Medical Man, of more than average talent and industry, after completing his education at University College Hospital, settled in the West of England, and there married the daughter of a well-known clergyman, the grand-daughter of a still more widely known Doctor of Divinity.

Having struggled through the early difficulties of a Professional career, success had begun to dawn upon him. He had just reached that point at which he might begin to provide for his Family, when he was attacked by indisposition. Unfortunately, disregarding the warning, but obedient to the call of duty, he continued his work almost up to the last moment, and on the 1st of May (within two days from the time when he was compelled to relinquish his labours), he died, at the very prime of his life, leaving his Family utterly unprovided for.

To the loss of a Husband and Father there is thus added the sudden fall from comparative comfort to poverty and distress—the widow and children of him whose hand was ever open to the call of Charity, are now entirely dependent on it for their future support.

On behalf of this Lady and her six little children (the eldest only twelve) thus suddenly plunged into poverty, and most unitted to struggle with its difficulties, an appeal is made to those, who have the means and the will to do good, in the full confidence that it will be responded to by many, who desiring to do charity have not always the opportunity of practising it with the certainty of its being well bestowed.

It is hardly necessary to observe that any aid which could be given towards obtaining admission for either of the two elder boys (aged respectively eleven and twelve years) into any of the numerous public schools would be most thankfully accepted.

The following Gentlemen, viz. :—

WILLIAM CORY, Esq., 15, Chester-terrace, Regent's-park, N.W.

The Rev. HENRY WOOD, Vicar of Stratton, Cornwall.

Dr. BUDD, Physician to the North Devon Infirmary, Barnstaple.

GOLDSWORTHY GURNEY, Esq., Woodleigh, Cornwall; and

JOHN HAYES, Esq., 10, Bedford-place, Russell-square, W.C.;

who are well acquainted with the circumstances of the case, and attest the truthfulness of the statements herein made, have permitted reference to be made to them, and will be glad to furnish further particulars to any one who will take the trouble to inquire.

Subscriptions, however small in amount, will be gratefully received, and may be sent either direct to Mr. Cory and Mr. Hayes, or may be paid to their names, to the credit of the "Dinhnam Fund," at the London and County Bank, 21, Lombard-street, E.C., or any of its branches in London or the County.

In cases where it may be inconvenient to remit subscriptions in the manner described, it is earnestly requested that an intimation of the intention of donors may be sent by post, and arrangements will be made hereafter to collect the amounts without further inconvenience to the parties subscribing.

Unless where otherwise directed, a list of the Subscriptions will be announced in the Daily Papers.

## Cambridgeshire, Isle of Ely, and BOROUGH OF CAMBRIDGE PAUPER LUNATIC ASYLUM.

RESIDENT MEDICAL SUPERINTENDENT.

The Committee of Visitors are desirous of engaging a Gentleman qualified to act both as SURGEON and APOTHECARY (whether possessing a Degree or not), and fully capable to take upon himself the responsible duties of MEDICAL SUPERINTENDENT of the above Asylum, distant about three miles from Cambridge. The person appointed will be expected to devote the whole of his time and energies to the duties of the office, and be precluded from private practice. Preference will be given to a Gentleman who has been accustomed to the care and treatment of Lunatics. The Salary will be £300 per annum, with a furnished house and coals, and an allowance of £140 per annum in lieu of rations. In the event of the Medical Superintendent being married, the Committee would prefer the duties of Matron being performed by his wife, but do not pledge themselves to such course; should, however, this be the case, the Matron would receive a Salary of £100 per annum, and £60 in lieu of rations. The person appointed will have to supply his own plate, linen, china, and other household articles, except furniture, and to provide his own domestic servants.

Testimonials to be forwarded to "The Committee of Visitors," under cover to the care of "The Chairman," Office of the late Mr. King, Solicitor, Cambridge, on or before the 12th day of June next.

Cambridge, 15th May, 1858.

N.B.—It is particularly desired that no application, either personally or by letter, be made to any member of the Committee, or their Clerk; and any such, if made, will not receive attention.

## Gentlewomen, during Illness, may, for

a small weekly payment, receive the comforts of a HOME, combined with the best Medical and Surgical treatment, at the Establishment, No. 1, Upper Harley-street. This Establishment, which was opened in 1850, is patronised by Her Majesty; the Bishop of London is Visitor; and it is managed personally by Mrs. Henry Gibbs, Mrs. Wm. Gibbs, Mrs. Gilbert, Hon. Mrs. Sidney Herbert, Miss Maurice, and other ladies. All information respecting it may be obtained on written or personal application to the Lady Superintendent. Subscriptions received at the Institution, and by the Treasurer, E. MARJORIBANKS, jun., Esq., 59, Strand.

W. C. SPRING RICE, Honorary Secretary.

## Great Northern Hospital, York-road,

KING'S-CROSS.—There is a Vacancy for a JUNIOR-PHYSICIAN. Applications and Testimonials will be received from Candidates by the Secretary at the Hospital of whom particulars may be obtained, on or before May the 28th. Candidates must be Fellows or Licentiates of the Royal College of Physicians of London, not practising Midwifery or Pharmacy.

By Order,

FREDERICK SMITH, Honorary Secretary.

## Parish of Birmingham. — Resident

WORKHOUSE MEDICAL OFFICER.

NOTICE IS HEREBY GIVEN, that the Guardians of the Poor will, at their WEEKLY MEETING, to be held on WEDNESDAY, the 9th day of June next, proceed to appoint a properly-qualified Medical Practitioner to be MEDICAL OFFICER of the Birmingham Workhouse, at a salary of £150 per annum, with furnished apartments, and also coals, gas, and attendance. Drugs and Medical appliances, and the services of a competent dispenser, are likewise supplied by the Guardians.

Gentlemen desirous of becoming Candidates must possess one of the four qualifications named in the Order of the Poor-Law Board, under the title "Qualifications of Officers," and must agree, if appointed, to give one month's notice previous to resigning the office, or to forfeit one month's amount of salary.

The party appointed will be required to devote his time exclusively to the duties of his office.

Candidates are requested to send in their applications in writing, with testimonials, addressed to "The Guardians of the Poor, Birmingham," and superscribed "Application for Appointment of Medical Officer," on or before Thursday, the 3d day of June next. Each application must state the age of the applicant.

No party is to attend before the Board, or any Committee of the Board, unless officially written to for that purpose.

Canvassing the Guardians, either personally, or by agent, or in writing, is strictly prohibited, and will be held an entire disqualification of any Candidate pursuing that course.

By Order of the Board,

19th May, 1858.

JAMES CORDER, Clerk to the Guardians.

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## ORIGINAL LECTURES.

CLINICAL LECTURE ON  
DIPHTHERIA AS CAUSED BY THE OIDIUM  
ALBICANS,IN A CASE OF CANCER OF THE SUPRARENAL CAPSULES AND  
MESENTERIC GLANDS WITHOUT BRONZING,  
AND ONTHE CLINICAL INTERPRETATION OF  
PIGMENT DEPOSIT AND PHYSICAL DIAGNOSIS  
OF BLOOD-DISEASES.DELIVERED AT THE  
Royal Infirmary, Edinburgh,

MAY 14, 1858.

By T. LAYCOCK, M.D., F.R.S.E., &amp;c.

Professor of the Practice of Medicine and of Clinical Medicine in  
the University.

*History*—(from report of Mr. Stewart, clinical clerk.)—James Denholm, aged 35, married, admitted into the Royal Infirmary March 19th, states that until two years ago his health was good. About that time he had diarrhoea with frequent desire to go to stool, and much straining at stool, without result. A few weeks afterwards had shiverings and sweatings, and a peculiar feeling of numbness, pricking, and formication, with loss of sensibility in the upper and lower extremities. The arms would become stiff, and he was unable to bend his fingers; if they were bent, they instantly became straight again. This condition was at first almost continuous; but in about three weeks it came on in fits, and at last diminished so much that he resumed his usual employment of labourer. At present the attacks of stiffness only come on when his hands are placed behind his back. Has no headache, but feels giddy occasionally. He continued at work until eight days ago, when the attacks coming on more frequently, and feeling very weak, he was compelled to take to bed. At this time he had sickness and vomiting.

On examination it was found that he slept well, swallowed easily, had no pain after eating, but was flatulent. Bowels regular, motions solid. The abdomen was large and tumid; the parietes thin, so that the contour of the folds of the intestines when distended with flatus, was visible. Increased area of splenic and hepatic dulness was noted. Urine about seventy ounces per diem, of sp. gr. 100.5; no albumen; no sugar. Apex beat of heart not felt, sounds faint and muffled; pulse good. Under the microscope the blood was seen to contain colourless corpuscles in slightly increased quantity. Lungs healthy. No cough or expectoration. His skin under the clothing was pale; the inner surface of the lips pallid, the face unusually brown, but evidently from atmospheric exposure. Particular inquiry was made on this point, and it was ascertained that he was always very much sun-burnt during summer, and did not become fair during the winter. Although considerably thinner than in health, he was not emaciated. His temper was desponding, and he often dwelt upon his nervous sensations. In three weeks after admission the bowels became relaxed, and by April 13, an obstinate diarrhoea had set in, which resisted all the usual remedies. On the 15th he complained of sore-throat, and on examination the fauces were seen to be deeply congested, and covered with white spots. The tongue also had white patches upon it. He still complained of the hyperæsthetic sensations in his arms, and was hopeless as to his recovery. Strength began to diminish rapidly under the exhausting diarrhoea. On April 23 the pulse was 120; deglutition difficult, with a constant burning pain in the throat. On the 24th the pharynx was seen to be covered with a thick yellowish pellicle, and the surface beneath, when it was detached, was raw and bleeding. The pellicle, when a fragment was placed under the microscope, was found to consist of the mycelium and sporules of the *oidium albicans*, with epithelium and pus cells. He was ordered the aqua chlorinata, and a solution of nitrate of silver painted over the fauces with a soft brush. The abdomen was now sunken and flaccid, and there was revealed a flattened tumour immediately beneath the umbi-

licus, in front of the spinal column, having undefined margins. There was no pain in it, nor tenderness on pressure upon it. It pulsated strongly, but with no murmur.

The patient gradually sunk until the morning of the 11th instant, when he died. On the evening before his death he complained of great pain in the epigastric and hypochondriac regions, which was relieved by fomentation, refused to swallow from the pain he suffered when attempting to do so, and passed urine and feces involuntarily. The evacuations were watery, and of a greenish colour. A portion of the pellicle formed upon the tongue, was examined on the 10th, and found to contain the *oidium albicans*.

*Section Cadaveric*—(from report of Dr. Haldane, pathologist to the Infirmary.)—*External appearances*.—Much emaciated. No bronzing of skin, but very slight brownish-yellow discoloration of skin of cheeks, especially under and behind the whiskers. *Head*.—Membranes of the brain natural. Rather more subarachnoid effusion than usual. The substance of the brain was slightly oedematous. The lateral ventricles were enlarged: each contained about 1 oz. of clear serum; otherwise the brain, pons, and cerebellum were quite natural. *Thorax and neck*.—On removing the tongue, trachea, and œsophagus, it was found that a soft yellowish-white pulsatous matter was adherent to the mucous membrane of the tongue, pharynx, and œsophagus. This occurred in some places as a continuous layer, in other places as patches. It could be readily scraped off, when the mucous membrane was found to present a somewhat raw appearance. It was most abundant in the pharynx over the back of the larynx. This matter extended down the œsophagus to within two inches of the stomach. There was a superficial ulceration, of the size of a sixpence, at the lowest part of the pharynx (over the back of the cricoid cartilage) and commencement of the œsophagus, and a similar, but smaller, ulceration on the posterior wall of the œsophagus, nearly opposite the former ulcer, but a little lower down. On examining microscopically the matter found on the mucous membrane, it was seen to consist of the branching filaments and sporules of the *oidium albicans*, mixed with large quantities of somewhat altered epithelial scales. The larynx and trachea were quite natural. The heart and its valves were normal, weight 7 oz. There were no adhesions on either side of the chest. Both lungs were congested inferiorly and posteriorly, and in these situations there was a little blood extravasated under the pleura. Punctiform deposit of black pigment over the surface of lungs. The bronchi contained a good deal of muco-purulent fluid, of a slightly fetid odour; the mucous membrane red and congested; bronchial glands natural. *Abdomen*.—On opening the abdomen a smooth mass of a yellowish colour, partly covered by intestinal coils, was seen lying over the spinal column. This was found to consist of the thickened mesentery. The mesentery was freely moveable, and had not contracted adhesions to any part of the peritoneum. When the mesentery was removed it was found to be converted into a moderately firm mass, about as large as a cheese-plate, and from 1 inch to 1½ inch in thickness. It weighed 26 oz. When cut into the mass was found to be made up of much enlarged glands, having all the appearance of having undergone cancerous degeneration, being of a yellowish grey or pinkish grey colour, moderately soft, exuding on pressure a creamy fluid, which mixed readily with water, and contained on microscopic examination large numbers of nucleated cells, that had all the characters of cancer cells. The disease was confined to the glands, the peritoneal surface of the mesentery being quite healthy. A number of the lumbar glands were enlarged, but to a much less degree, and were infiltrated with cancer. The liver was natural, but close to the neck of the gall bladder was a cancerous gland of the size of a small marble. The kidneys were healthy; but the suprarenal capsules were enlarged. The right capsule was considerably thickened, and when cut into was found converted, in great part, into a mass of cancer, only a few small portions of the normal structure of the gland remained; and these were surrounded and apparently compressed by cancerous matter. The left capsule was not so much enlarged. When cut into, three or four masses of soft cancer of the size of peas were found scattered through it. These masses were softer and more vascular than any of the other deposits, and on microscopic examination the cancer cells were found particularly well marked. The spleen was enlarged, weighing 10 oz. Its substance was rather firmer

than usual, but otherwise presented no morbid appearance. Stomach and intestines natural.

*Comment* (by Professor Laycock).—The case before us has various points of practical interest. The immediate cause of death was the exhausting intractable diarrhoea. Now this supervened coincidentally with an attack of diphtheria or diphtherite. At the onset of the disease, and just before death, we found in the pellicle formed on the tongue and fauces the sporules and mycelium of the oidium albicans, a parasitic fungus found also in muguet,—the epidemic aphtha or diphtheria of infants in France. This is an interesting fact at the present moment, when diphtherite is prevalent, more especially as the pellicle was also found abundantly after death in the œsophagus. I have little doubt that this pellicle was due to the action of the parasite on the enfeebled mucous surfaces of the mouth, fauces, &c. It acts, like all its tribe, as an irritant, inducing increased formation of epithelial scales and effusion of mucus exudation-corpuscles, or plasma: intermingled amongst these are the sporules and the mycelium of the microscopic fungus, as you see in this drawing of muguet (a): the whole con-



stitutes a pellicle or membrane, as it has been termed, varying in thickness and tenacity according to the surface attacked, and according to the condition of the patient. The parasite seems to act upon the capillaries of the subjacent tissue, as when removed blood is not uncommonly effused, and the surface looks raw. Diphtheria is not, however, necessarily limited to one form of disease. We have, in fact, had a case of syphilitic disease of the fauces and pharynx, in which the pellicle containing the oidium was noted, and which seems to have introduced it into the clinical wards. Again, if the fungus multiply in a population at the same time that there is an epidemic of scarlatina or rubeola prevalent therein, that epidemic may be expected to take the diphtheritic form in those cases which are attacked by the oidium. I must add, however, that we have had reasons for thinking that the oidium acting alone will fasten upon the mucous membranes of the mouth and throat, and excite inflammation, and without the formation of a pellicle. Or if it lead to the formation of a pellicle this may be constituted of spores only, with exudation-cor-

puscles, constituting a tougher membrane than that usually found on the tongue and tonsils, and resembling the pellicle of croup. The diagnosis of diphtheritic oidium from ordinary aphtha is founded, first, on the character of the morbid appearance; for in ordinary aphtha the disease is vesicular, and the white specks or patches are ulcers, while in diphtheria they are pellicular, and not ulcerative, while the redness is much deeper than in aphtha. Besides the microscope may reveal the spores and mycelium of the fungus. The development of mycelium is, however, by no means a necessary result of the action of the fungus. This seems to be peculiar to the more advanced stages; at first there is not even a pellicle, only characteristic redness of the affected surface. Dr. Young, our resident Physician, got an attack of sore-throat shortly after one of the patients affected with oidium coughed in his face, while he was applying a remedy to the patient's fauces. Dr. Young had this characteristic deep-red congestion of the fauces, with but a very limited production of pellicle on the pharynx, in which no mycelium was to be discovered. Further, it is probable that, besides the stage of development, the condition of the *habitat* may make a considerable difference as to the morbid products. Thus since warmth greatly promotes the spread of the disease in the form of muguet, the absence of mycelium in diphtheritic croup may be due either to the fact that the weather is cooler when it prevails, or that the mucous membrane of the larynx and trachea, being cooler generally, from the transit of air, is less favourable to the development of the mycelium than that of the mouth, fauces, and œsophagus. Again, the condition of the intestinal mucous membrane seems less favourable to the formation of the mycelium, or of a pellicle upon it. Still inflammation and even ulceration of these surfaces will occur as the result of the irritative action of the parasite, in the same way as ulcerative inflammation supervened in the œsophagus of Denholme. This remark applies also to the bronchial mucous membrane, in which I am inclined to think the oidium may develop an inflammation of the same low type as that seen elsewhere—an asthenic bronchitis with a purulent secretion.

In France a cutaneous form of muguet is observed in children, characterised by a vivid or deep-red erythema and ulceration, more particularly of the inner surface of the thighs, the labia, malleoli, etc. There seems no reason to doubt that the fungus (like others of its kind) may fix upon a suitable portion of the skin. A sucking child with muguet will communicate the disease to the nipple of its nurse. In the case of the syphilitic sore-throat attacked by the oidium, there were also superficial ulcerations of the face of a glary unhealthy character, one at the angle of the right eye, and one at the right angle of the mouth, which were treated locally as diphtheria ulcerations, by a strong solution of borax, and with speedy benefit. How great a share these microscopic parasitic organisms have in the causation of disease, remains yet to be ascertained; but I may mention to you, as a curious fact of the kind, that in a case of asthenic bronchitis, admitted a few weeks ago into the wards, the volvox globator was found in apparent abundance in the fur of the patient's tongue, which was brown, rather dry, and scabrous.

The indications in the treatment of diphtheria are twofold. First, to look to the constitutional condition and treat that; secondly, to aim at the destruction of the parasitic fungus, more especially with a view to prevent its extension along the food and air passages. As to the constitutional condition when a pellicle forms, it is, I believe, invariably asthenic, arising either from a chronic morbid state or from the action of a depressing fever poison on the blood and on the parts affected, as in scarlatina. Like all parasitic fungi, it thrives best where the vitality is low. Where there is not an asthenic state the oidium seems rather to excite a deep red inflammation of the tonsils and fauces generally, and if a pellicle form, little if any mycelium is seen in it. As a general rule, tonics and stimulants, and the so-called "antiseptics," are indicated.

Locally, the remedies which we term parasitocides are the best. There is of these a wide range of choice, but, perhaps, the saturated solution of the biborate of soda is the most efficient and the safest. It is a powerfully destructive agent to the class of fungi; but alkalies generally are parasitocidal. As the oidium is apt to attack the œsophagus, especially in children, and thence extend downwards to the stomach and intestinal canal, the borax may be administered internally also. For similar purposes the chlorate of potass may

(a) From Robin's *Histoire Naturelle des Végétaux Parasites que croissent sur l'homme*, &c. Plate I., fig. 3-7.



be used. We applied the linimentum æruginis (an acetate of copper) in the syphilitic case with good effect. The bichloride of mercury, in the form of a gargle, is also a destructive parasiticide, and is an old remedy for "malignant" sore-throats; but any metallic salt (as the sulphates of zinc, iron, copper) would probably be efficacious. Alkaline gargles and applications, and especially the chlorides (as common salt), have also been found advantageous. Although the nitrate of silver was applied in the case of Denholme, it is not under ordinary circumstances the best application, although the most popular. It is evident that sporules of the fungus may and do pass from one person to another; or, in other words, diphtheria, as due to the *oidium albicans*, is infectious and contagious. It is of importance, therefore, to take the necessary measures for the prevention of its spread. In the case of families of children, the best is undoubtedly isolation of the sick from the healthy.

Next, as to the structural changes found on examination in this case. You will remember how much investigation and research was made during life before we reached anything satisfactory in diagnosis in the case of Denholme. The symptoms referable to the nervous system we found to be in part, at least, suggested; the patient had not, in fact, any true spasmodic affection of the hands, on placing his arms in the position indicated. As the disease advanced, the other symptoms of this class ceased to attract much of either his or our attention, which was mainly directed to the abdomen. After repeated exploration, we could not detect any important change within the large wide belly, and could only infer from the general symptoms that there was structural disease behind the abdominal viscera, probably of the glandular system. Nothing pointed to disease of the suprarenal capsules.

You are aware that Dr. Addison has published a very interesting monograph on the constitutional and local effects of disease of the suprarenal capsules. He observed cases of anæmia of a peculiarly intractable character to be more especially characterised by a dark discoloration of the skin, giving it somewhat the appearance of the skin of a Japanese or Mulatto, as you see in those coloured drawings taken from Dr. Addison's monograph. It has been termed the "bronzed skin." Now, in all these cases Dr. Addison found, on post-mortem examination, disease of the suprarenal capsules. Since the publication of Dr. Addison's monograph, my friend and former pupil, Mr. Hutchinson, has diligently collated a number of recorded cases, in which there was a similar relation between this peculiar darkening of the skin and suprarenal disease, so that it was at last confidently hoped the change in colour might be held to be pathognomonic of the change of structure.

But in the current number of the *Medico-Chirurgical Review*, doubt is thrown upon this conclusion by Dr. Harley of University College, London, who has made careful experimental researches into the effects of total removal of the capsules from small animals. Dr. Harley collates fifteen cases of disease of the suprarenal capsules in which "no bronzing" was observed. On the other hand, he mentions a case in which the discoloration was observed, but without any morbid change in the capsules.

The question is still therefore *sub judice*. But I think that in cases in which you have the group of symptoms described by Dr. Addison and also discoloration of the skin, it is very probable that there is co-existent disease of the suprarenal capsules, although it may be doubted whether such disease be the cause of the discoloration—a combination of causes being required for that. And doubtless the prognosis is unfavourable in such cases, and this knowledge is an important point gained; but perhaps not quite so unfavourable as would appear from the result of Dr. Addison's cases. During the summer clinic of 1856, my class had an opportunity of watching a case presenting the general symptoms described by Dr. Addison, and the indubitable bronzing—the pigment being deposited beneath the mucous membrane of the lips, cheeks, and tongue, as well as so deeply on the face and hands, as to make the man look like a Mulatto; yet the patient recovered under the use of chalybeates, glycerine, wine, and full diet.

Morbid pigment deposit as a symptom of visceral disease is not limited, however, to the suprarenal capsules. Indeed, I think its clinical importance in this respect has been much underrated. Modern observers seem to have almost wholly ignored ancient experience in this respect. If, however, you turn to the old writers from Hippocrates downwards, you will

find that dark discoloration of the skin was formerly associated specially with splenic disease under the term black jaundice. Compare Nicolas Piso, "De Cognoscendis et Curandis Corporis Morbis." Cap. xxviii. De Ictero nigro. He says that cases of jaundice from disease of the spleen are darker than others, and in proportion as that viscus fulfils its function imperfectly, the patient becomes more and more dark, until the body generally is discoloured. He says it is sometimes of a leaden hue, sometimes "fuscous"—i.e. tawny, or of a liver-colour. Modern research, as I will shortly show, has connected pigment-deposit with splenic disease. Casper Bartholin first termed the suprarenal capsules the atrabiliary, from a theory as to their function. It was believed at that time and long previously that the change of colour in black jaundice was due to a black or dark "humour" deposited on the surface—a "succus melancholicus"—derived partly from the liver, but mainly from the spleen. According to Bartholin the overflow of this dark or atrabiliary secretion collects in the capsules, hence the term by which he designated them. Although mixed up with much unfounded speculation by Bartholin, his notion had probably a real foundation in a class of facts like those observed by Dr. Addison.

Let us glance over some of the conditions under which this pigment deposit is met with. 1. There is the ethnic, i.e. the dark skin of dark races of mankind. Now white persons with dark hair and dark eyes, are more apt to manifest morbid pigment-deposit, and in a more intense degree than fair-complexioned people. This is true, *ceteris paribus*, of all forms of discoloration. 2. There are constitutional states, not of absolute health, but not of marked disease, such as that of utero-gestation, or of old age, in which there is a proclivity to morbid pigment-deposit. 3. There are actual cachectic states; true blood diseases, such as splenic diseases and that as described by Dr. Addison, in which there is the same proclivity to pigment-deposit. 4. Pigment-deposit may take place in masses, and occur as the special disease termed melanosis. Now as to the dark-complexioned persons, and as to those with a general state of constitution not perfectly healthy, yet not markedly diseased, it is certain that various irritants to the skin will induce a deposit of pigment. The sun's rays is a familiar example; the heat of the fire striking the legs of aged people will discolour the skin over the shins. Blisters and sinapisms will leave dark stains due to pigment deposit, exactly correspondent in size and shape to the irritant application. Nothing is more common than for eruptive diseases occurring in certain constitutions to mottle the skin with either dark or white spots. If the skin generally be white, then there are dark spots only; if it be generally dark, then the spots may be darker, as you see in this drawing of Dr. Addison's. But the eruptive affection may so alter the pigmentary tissue of the skin that no pigment is deposited where it has occurred. The skin consequently remains white at that point, when all around is dark, and this is *leucopathia*. There are a variety of cutaneous diseases in which this pigmental change occurs. In Ward 11 there is a case of partial nigrities, or melasma of the face in a woman not pregnant, of rheumatic cachectic habit; and on the spots we find sporules and mycelium, like those of the *Microsporon furfur*. It is therefore nosologically a case of pityriasis nigra. In cases of this kind the whole face may become quite as dark as a dark mulatto. Sometimes the black pigment oozes from the skin of the face, mixed with a sebaceous fluid—this is *steatrrhoea nigricans*. In true leprosy there is sometimes a free deposit of pigment, giving the skin a very dark hue. To this group I would refer the dark stains of syphilitic eruptions, and of various cachectic diseases. These are only a few of many illustrations of this law.

It is obvious, therefore, that two conditions at least are necessary to the production of this class of discoloration. 1. A general state more or less morbid. 2. An irritation of the skin, and especially of the pigmental element, from some locally acting cause. Indeed, more than these two are probably necessary,—I refer more especially to some change in the innervation of the skin or affected viscera. Now, in the other forms of more marked discoloration, such as "Addison's disease" and melanosis, the same law probably holds good. There is, however, a more ready deposit of the pigment generally, and in particular the mucous membranes become the seat of it, as well as the exposed or irritated parts of the cutaneous surface. In melanosis, moreover, there is pigment deposit about other morbid deposits, as tubercle, cancer, or plasma.

Now, in all these forms of pigment deposit, from the ethnic to the melanotic, whence comes the pigment? I think the answer must be, that it is deposited from the blood. That there is free pigment matter in the blood has been shown by Heschl and Planer, who found it in the form of small irregular masses in the blood of persons with splenic disease. Professor Samberger, of Wurtzburg, had a case of splenic scorbutus which proved fatal, by hæmorrhage into the brain, in which he found multitudes of cerebral capillaries blocked up by masses of pigment accumulated within them. In fevers, too, in which the spleen is specially involved, there is a pigment deposit. The grey colour of the glands of Peyer and of the mesenteric glands observed in prolonged cases of typhoid fever, is due to pigment deposit. In fatal cases of bilious remittents, the cortical substance of the brain has been found of a pale chocolate or dark grey colour, from the deposit of pigment granules in the capillaries. The liver, spleen, and kidneys are also the seat of a like discoloration. In these cases the pigment is clearly derived from the blood. Indeed, Virchow, Meckel, and Heschl have observed the pigment to appear in the blood in the course of agues. Numerous other illustrations might be given. Free pigment appears, then, in the blood as a morbid state; and the question next arises, how does it get there? Now, the pigment deposit, when morbid, is very constantly associated with anæmia, or with morbid conditions of the blood, such that there is either a deficiency of colouring matter in the blood-corpuscles (leukæmia), or an increase of colourless corpuscles (leucocythæmia), accordingly as you please to theorize. I think it is the blood that is white—leukæmia. In the case under consideration the white corpuscles were unusually abundant; so also in some of Dr. Addison's cases; so in the case of bronzed skin under treatment two years ago in the clinical wards (b). In short, the facts are so multitudinous and decisive as to the connexion between colourless corpuscles and pigment-deposit, that where the deposit is associated with anæmia, you may safely infer a morbid condition of the blood corpuscles or some of them, and consider the case as one in which chalybeates and bitter tonics, as quinine, will be useful. And as to the viscera, in by far the greater proportion of such cases of anæmia or leukæmia, the spleen and lymphatic glands have been found diseased. Thus in Denholme we had disease of the spleen and mesenteric glands, as well as of the suprarenal capsules. Virchow names one form of leukæmia, the *lienal* or splenic. There is now a case of ague in ward 1, with splenic enlargement, in which there is an excess of colourless corpuscles. You have, therefore, three coincident phenomena occurring together so very commonly, as to render the coincidence of considerable clinical importance, namely, disease of the so-called blood-glands; free pigment in the blood, and loss of pigment from the blood-corpuscles. That the one is intimately related to the other is, I think, tolerably certain; and that the spleen is the organ most constantly involved is simply a fact. Now the spleen, like the suprarenal capsules, has had no use found for it by physiologists, because, like them, it can be extirpated in lower animals without any bad results: a lame conclusion from the facts, and contrary to all that we know of the laws of construction of living things. Yet pathological facts unquestionably point to both viscera as involved in morbid states of the blood. What, then, is the conclusion we should draw, in the absence of definite knowledge as to the growth and development of the blood-corpuscles? We must suspend our judgment, and take and use such facts as experience offers, observing in the meanwhile minutely and carefully, so as to extend our knowledge. We shall find, at least, that the defect in colour of the blood-corpuscles, and the presence of free pigment is one thing; the deposit of the pigment in the rete mucosum or elsewhere is another, and perhaps due mainly to causes acting locally. And although free pigment may be shown to exist in the blood, by the fact of its visible deposition, yet it may be present in the blood, and be deposited, yet not *visibly*; that is, it may be deposited in the bronchial glands, beneath the pleura or other internal tissues. This may be the case in certain forms of disease, both of the spleen and suprarenal capsules. And as a general clinical deduction, we may state that the deposit of pigment with symptoms of anæmia indicates, at least, a chronic morbid state of the blood and of the blood-glands.

(b) Since this lecture was delivered, Professor Laycock has found free pigment in the blood of three women with facial nigrities under treatment in the clinical wards: all are cachectic.

We will not lose sight of this principle during the ensuing summer session; for starting from it as a guide to observation and inquiry, and using the microscope as systematically as the stethoscope, we may at last build up a physical diagnosis of diseases of the blood, as well as of the thoracic viscera. The functions of the blood-corpuscles are still to be determined. One of these is, probably, the reception of carbon from the tissues, as well as the transmission of oxygen to the tissues. Now the carbon-eliminating power, as exercised through the lungs and skin, may be interrupted by that same change which modifies the colour of the corpuscles; that is, the absorption of oxygen and the oxidation of the carbon may be impaired thereby. Hence in cases of leukæmia and nigrities the evolution of carbonic acid from the lungs and skin is an important point to be noted clinically.

## ORIGINAL COMMUNICATIONS.

### ON THE RESTORATION OF MOTION

BY THE

### RUPTURE OF THE UNITING MEDIUM OF PARTIALLY ANCHYLOSED SURFACES.

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In a paper which was published in the last volume of the "Medico-Chirurgical Transactions," several cases are recounted of partial ankylosis of the hip, knee, and elbow-joints, in which the uniting medium had been ruptured, and where, after a varying amount of time, the power of motion had been successfully re-established. The conclusions at which I had arrived when this communication was presented to the Society were, "That these partial ankyloses might without danger be ruptured, and that motion could be successfully restored." Since that time my opinion has been further strengthened by several other cases of a like kind which have come under my observation.

The affections of joints to which this operation is applicable may be divided into two classes; namely, those in which muscular contraction coexists to so great an extent as to prevent the application of force to the adhesions until tendons and fasciæ have been subcutaneously divided, and those in which the adhesions may be easily ruptured, on moderate force being applied, and without the previous section of tendons, fasciæ, etc.

In all cases of partial ankylosis some muscular rigidity exists. That about the hip-joint may prevent all semblance of motion; the extremity may be in its extended position, and the joint apparently rigidly fixed. At the knee-joint, also, the flexor muscles of the leg may be so rigidly contracted as to prevent the slightest motion of the joint. It is more common, however, to find slight motion (just appreciable motion) at the knee, even with great contraction of the flexor muscles.

Under the influence of chloroform, muscular rigidity may in some instances be so far overcome, that the adhesions may be ruptured without previous subcutaneous divisions of soft structures. Often, however, it is necessary to divide the tense tendons before the adhesions can be reached. Now, it is evident that, if force be applied to overcome great muscular contraction, and at the same time to rupture the fibrous adhesions, the soft structures, namely, the muscles, must yield before the deeper adhesions can be reached. But this is the treatment which was pursued by Louvrier, and was discarded on account of the fatal results induced by excessive violence. He applied so much force, and so suddenly by means of an instrument which had been constructed for this purpose, that muscles were lacerated, arteries were torn through, and bones were fractured. Hence it is that I have divided these cases into two classes; namely, those in which from great muscular contraction, it is necessary to divide tendons and fasciæ, and subsequently to rupture the adhesions; and, secondly, those in which muscular contraction may be sufficiently overcome by the exhibition of chloroform, to enable the adhesions to be ruptured without the use of the knife.

When tendons have to be divided, the punctures are to be allowed to heal before extension is made. Dieffenbach, who was among the first to direct attention to this question, divided the tendons subcutaneously, and immediately afterwards extended the limb forcibly (a). The wounds were consequently made to gape, and they thus became starting points for extensive lacerations of the integument. Some of his operations were, doubtless, so far successful that a crooked limb was made straight, but others were followed by violent inflammation and extensive suppuration, and in some it was necessary to resort to amputation. In none was the motion of the joint restored.

And, again, Langenbeck taught that the employment of anæsthetic agents caused perfect relaxation of the contracted muscles, so that when the patient was under their influence it was not necessary to divide tendons, but that the limb might be extended without fear of rupturing the muscles (b). But this statement involves an error, as was proved by his practice; for serious accidents, such as dislocations, not unfrequently attended these violent operations. Besides, when structural change has taken place in the muscle, when it has been for a long period much contracted, or when adhesions exist, it cannot yield to a suddenly extending force without its fibres being ruptured.

It is, therefore, manifest that it was necessary to reconsider the treatment of partial ankylosis, that neither the danger which had been incurred by Langenbeck should again be encountered, nor the more serious consequences which had resulted from forcible extension with gaping wounds, as had been practised by Dieffenbach, Palasciano, Bonnet, and others.

It has been my first object in the treatment of these cases to remove such impediments to extension as are offered by contracted muscles and by tense fascia; to divide subcutaneously all such structures as would be likely to interfere with the extending process. The wounds were then closed, and reunion was promoted by rest. When this had fully taken place, the full effect of chloroform was obtained and the limb was extended, a suddenly imposed force, or a series of jerks in the direction of flexion being sufficient to cause the adhesions to yield suddenly with a snap, or with a more prolonged tearing sound, or, indeed, without an audible result, and with sudden yielding. But when muscular tension could be entirely overcome by chloroform, and the condition of the limb was such that subcutaneous sections were not necessary, there being neither tense fascia, nor adhesions of the skin, chloroform was administered and its full effect obtained, when, muscular relaxation being complete, the adhesions were ruptured.

If one point is more worthy of attention than another it is the management of the skin while the adhesions are being ruptured. Cicatrices and adhesions should be previously subcutaneously divided, so that unequal pressure may as far as is possible be removed during the act of extension, and especially from those weakest points—the neighbourhood of cicatrices. And should the continuity of the integument be endangered by the extension which may be necessary for the replacement of the articular surfaces, it is preferable to complete this replacement on a second occasion rather than to risk the smallest rent of the skin. As might *à priori* be expected, those cases are attended with the greatest success where the adhesions are ruptured on the application of moderate force, and which yield with a single snap; where the skin is in no measure endangered; where the adhesions are extra-capsular; and where the integrity of the joint is so far preserved that there is no tendency to dislocation. When, however, in consequence of partial dislocation, of extensive adhesions within the joint, or from other cause, considerable force has to be employed, it behoves the Surgeon to be careful as to the direction and extent of the force used, especially when cicatrices exist, that the integument may not, by a violent movement of the limb, be ruptured. With care, this accident will never occur. But, as it is not always possible to destroy all the existing adhesions without endangering the continuity of the integuments, it is more prudent, when great tension has been induced and rupture of the skin appears to be imminent, to remit extension, and to complete the operation on a future occasion. After the subsidence of any inflammation or tenderness which may have been in-

duced, the remaining adhesions will probably yield to gentle pressure, or on the application of slight force.

Again, another point to which I would especially direct attention is, that the adhesions having been ruptured, no further motion or examination of the joint should be permitted. The observance of this rule is, I believe, essential to ultimate success. On one occasion I disregarded it, and, having ruptured the adhesion, I examined the joint to ascertain that its motions were extended and perfectly free. Inflammation followed, which lasted several days. It is unnecessary to examine the state of the joint at this time. The Surgeon may rest assured that the joint is free when he has heard the snap, or when he has felt the limb suddenly yield. His whole aim then should be to prevent inflammation, which is most certainly effected by preventing any further motion of the limb.

Before chloroform is administered, a gutta-percha splint should be moulded to the limb. It may then be allowed to harden while the chloroform is taking effect, and be removed before extension is made. The splint is to be replaced as soon as the adhesions have been ruptured, and is to be worn so long as tenderness continues. And when tenderness has entirely, or nearly disappeared, the limb may be moved gently. It may be necessary to give a small quantity of chloroform before this is done for the first time, or even on two or three subsequent occasions. Each time motion will be borne more easily than the last time, and very soon forcible movements by means of ropes and pulleys may be made. Or in the case of the hip, if the pelvis cannot be otherwise firmly fixed while the thigh is being moved, a chair should be constructed in which the pelvis may be firmly fixed, and the thigh may be flexed and extended to the full extent of motion, or as far as it can be borne, by means of a handle with levers attached to the chair. Also, when the shoulder is the affected joint, some difficulty may be experienced in fixing the scapula firmly. This, however, may be overcome by means of a gutta-percha splint which is moulded accurately to the upper part of the back, the ribs and the lower part of the neck, leaving the joint itself uncovered. When this is firmly bandaged on to the thorax, motion may be given to the upper arm without fear of moving the scapula. But when the tendons have been divided, an extending apparatus is afterwards applied, and extension is carried on as rapidly as possible. When extension is complete, motion is attempted, at first under the influence of chloroform, and passive motion is then continued as has been above explained.

In some instances after rupture of the adhesions, pain is considerable, and passive motion can be borne well; but in others motion cannot be borne, or it cannot be borne with sufficient force to re-establish the use of the joint. It is essential that passive motion should be employed during many weeks, not only that the joint may re-accommodate itself to motion, but also that, where the adhesions are intra-articular, the joint may be, so to say, re-developed, just as a "false" joint is formed by solution of the solid fibrous material connecting the broken ends of a long bone, where perfect union has been prevented by motion of the parts. Also, passive motion is essential that the muscles which have been long motionless may lose their rigidity, and that, from being attenuated and pale, they may regain their fulness and colour. The time which is necessary to this end varies, and is in some measure proportionate to the period during which these organic changes have existed. A short time, however, suffices in a large number of instances to regain some power of motion, and when power of voluntary motion has commenced, it increases rapidly. Even in the "false" joint a capsule may be formed, and synovia be secreted; how much more readily the structures will re-accommodate themselves in the true joint to the purposes of motion will be shown by some cases which I have selected out of many as examples of the restoration of motion in joints after the rupture of adhesions.

But, it may be asked, to what class of cases is this operation applicable? To which I would reply, it is applicable to all forms of partial ankylosis which have resulted from simple forms of inflammation. As, however, various meanings are attached to the terms true, and false, or partial ankylosis, it will be desirable to give an exact definition of the terms, that it may be fully understood what meaning is intended to be conveyed. By some writers true ankylosis is said to consist of intra-capsular adhesions, and false ankylosis of extra-capsular adhesions. While others speak of

(a) Durchschneidung der Sehnen und Muskeln.

(b) Commentatio de Contractura et Aneylosi genu.

true ankylosis, as "loss of motion in a joint," and of false ankylosis as "that condition in which the movements of the joint are more or less interfered with;" while, again, a third definition is, that bony adhesions constitute true ankylosis, while fibrous adhesions or muscular rigidity only form partial or false ankylosis;—therefore it is necessary to define the meanings which the terms "true" and "false" are intended to convey.

There is no doubt that the term "ankylosis" may be applied to rigidity of a joint from whatever cause. In using the term "false ankylosis," however, I wish to be understood as referring to that condition of a joint in which fibrous adhesions have been formed between the articular surfaces entering into the formation of the joint, or which connect the extremities of the bones, whether intra or extra-capsular, in contradistinction to bony or true ankylosis. And without limiting the term "false ankylosis" to fibrous adhesions within or without the joint, I wish for my present purpose to be understood by the term false ankylosis fibrous adhesions within or external to the capsule, producing immobility of the joint.

I am induced to give this definition of the term "false ankylosis" for the following reasons:—That it is not possible to distinguish between adhesions within and external to the capsule until the adhesions have been ruptured, and that the treatment of these two forms of adhesions (intra and extra-capsular) is identical. It is important, therefore, to determine, not that the adhesions are intra or extra-capsular, but that they are fibrous.

**Diagnosis.**—Bonnet wrote, "We have not any certain signs by which we can recognise bony ankylosis." This sentence was written, however, before anæsthetics were in general use in surgery, and at that time it may have been strictly true; for, undoubtedly, occasionally an instance is found where, from the large size of the limb, or from other cause, it may not be possible to assert positively that the adhesion is bony. Generally, however, where true ankylosis exists, the sensation on grasping the limb above and below the joint, and on endeavouring to move one part on the other, is unmistakable. The sensation of solidity which is communicated is never felt when the adhesions are fibrous. Yet, as bony ankylosis is the exception, and fibrous adhesions infinitely more common, the full effect of chloroform should always be obtained before ankylosis is pronounced to be bony. Immobility alone is no sign of true ankylosis. On the contrary, it frequently exists where the adhesions are fibrous. And even where the full effect of chloroform has been obtained, so that all muscular influence has been removed, immobility sometimes remains as great as before. Indeed, I know no certain test which will at once enable true and false ankylosis to be distinguished, except the peculiar and unmistakable sensation which is communicated by solid bony union. But this is certain that, where the slightest motion exists, union is not bony. And again, that when the muscles about a joint are rigid, or the tendons are tense, union is not bony.

**Prognosis.**—When ankylosis is bony, forcible extension will generally be found to be insufficient to restore the straight position of the limb. Excision of a wedge of bone is under these circumstances to be resorted to, to restore the straight position of the limb. Occasionally, however, a bridge of bone may be broken, and the motion of the joint may be restored. Such a case came under my care some time since. Some fibrous adhesions existed, together with a narrow band of bone external to the capsule. The bone yielded with a loud snap, and the limb was immediately free. A very fair amount of motion was restored in this case. Doubtless, a large number of ankylosed limbs are incurable; *i. e.* a crooked limb may be made straight, but motion cannot be restored. Again, in perhaps a larger number, partial motion may be gained after the adhesions have been ruptured; and in a small remainder restoration of motion is complete, or nearly complete. Necessarily the adhesions must be extra-capsular; or when they are intra-capsular they must be slight, that perfect motion may be re-established. I lately saw a young lady whose hip-joint had been ankylosed for nine years. On examination I detected motion, and it appeared to me that the adhesion was very slight. A jerk ruptured them, and the motion of the joint was perfectly free. These adhesions were intra-capsular. No tenderness followed the rupture, and in the course of a fortnight almost the entire range of

motion had been acquired. In this instance voluntary motion to the normal extent was regained; but such a satisfactory result cannot be hoped for, unless the articular surfaces retain their natural form. The more these are altered, the more limited will be the motion of the joint.

Of 32 cases which I have submitted to rupture, the following has been the result:—In 11 instances, complete power of motion, or nearly complete power, has been gained; in 14, partial, but useful, motion has been restored; and in 7 the limb has been rendered straight, and the joint has remained stiff. Of the 11 first-mentioned cases, 8 were of the hip, 1 of the shoulder, 1 of the elbow, and 1 of the ankle. Of the 14 in the second series, 5 were of the knee, 4 of the hip, 2 of the elbow, 1 of the shoulder, and 2 of the ankle; and of the remaining 7, 4 were of the knee, 1 of the hip, 1 of the ankle, and 1 of the elbow.

(To be continued.)

## ON DIPHTHERIA AND ITS TREATMENT.

By THOMAS P. HESLOP, M.D.

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I have seen in the Medical Journals several notes asking for information relative to the treatment of the angina membranacea or diphtherite, so prevalent in this district during the past twenty months; and, more recently, extensively diffused over a large portion of this country. Similar inquiries of a more private nature are constantly made of myself. About seven or eight months ago the idea struck me, and to a certain extent one or two of my Medical friends here, that probably the tincture of the muriate of iron would be found beneficial in a disorder which had completely baffled every therapeutical method ordinarily acted upon either in this country or in France,—where the experience of the disorder in an idiopathic form has been so much more considerable, during the last hundred years, than in these islands. On reflecting upon the striking alliance of this pestilence with erysipelas, its characteristic tendency to early and profound adynamia, the frequency of severe and often fatal hæmorrhages, and, above all, upon the utterly futile nature of the measures generally employed in its relief, whether derived from traditional medicine or from more modern sources, I felt more and more convinced of the probability of benefit accruing from the administration of that powerful drug. Further reflection upon the nature of the local treatment most in favour in this country, and apparently, almost exclusively in vogue among the French Physicians, led me to the opinion that strong solutions of the mineral acids, and pre-eminently of hydrochloric acid, would be found infinitely more serviceable than the all-popular solution of nitrate of silver. Valuable as this latter agent unquestionably is in the ordinary sore throat, erysipelatous sore throat, angina variolosa, scarlatinal angina, and numerous other modifications of this common malady, it had appeared to me in numerous cases of the membranous angina to be worse than useless. The caustic solution is only useful when it can be brought into immediate contact with the disordered membrane and vessels. And there are obvious chemical objections to its application, to which the hydrochloric acid is not amenable. This latter acts at once as a solvent of the exudation, and as a most penetrative alterative upon the morbid structures. The former can operate no important change in either point of view in this disease; but who does not recognise that the restricted sphere of action of the lunar caustic is one of its peculiarities—one of its merits? The mineral acids in a very dilute form have been employed, time out of mind, in sore throats; and at various intervals, in considerable strength, by some practitioners; but its systematic application in or about the strength of the London Pharmacopœia, to the fauces and buccal membrane in diphtherite, appears to have been nearly altogether neglected, in favour of a measure which, both upon theoretical grounds, and from very extended observation, I feel well convinced has no pretensions to be styled a remedy in that affection.

Opportunities soon occurred to me of putting my views into practice. The results of my trials surpassed my expecta-

tions. I had no longer to tell my pupils of the futility of all efforts to cope with this newly resuscitated pest, when it assumed a really severe aspect. I no longer entered the consultation room with the sentiment that the conference would only end in the display of the weakness of the Medical art. I frequently communicated my success to my brethren, and earnestly besought them to give a trial of the method, conjoined with which I advised the systematic and persevering administration of alcoholic stimuli and other similar agents. In the middle of December I thought it right to bring the whole subject under my clinical class at the Queen's Hospital, and it has gratified me to find that the lecture proved of service to the friends of my pupils elsewhere, to whom the facts were communicated. In January I brought the therapeutics of angina membranacea before the Medico-Chirurgical Society of Queen's College, and adverted to the singular retrogression in our knowledge of this disease, as it has appeared in this country. Though so little known now, it was well understood and admirably described by several British authors a century ago, and by none more ably than by Fothergill. In a number of the *Lancet*, early in December I think, a Surgeon near London reported two cases, treated mainly by the steel tincture, which recovered. I doubt not others have administered, in sheer despair, like myself, the same remedy; but its value is not generally appreciated, and is by most persons denied.

My great fear is, that this method of treatment will be extravagantly lauded, that it will be called by the ignorant specific, and that, on the occurrence of fatal cases under its use, as is inevitable in so virulent a disorder, it will be consigned to the limbo where so many other therapeutical abortions have been thrown. I have been informed of two or three cases in this town where the steel is said to have been administered, but proved inadequate to prevent a fatal termination. I know not what other measures were employed in these cases, or in what doses the tincture was given, but I can very confidently aver that I have had no unsuccessful case since I became aware of the value of this medication. It is of great importance to commence at once the treatment, and persevere to the end, not desisting when the exudation has disappeared, but continuing it until the prostration has given way to the vigour of returning health. Unfortunately Medical traditions are opposed to these measures. With many prudent practitioners a hot and dry skin, with thirst, are and ever will be suggestive, under all circumstances, of the antimonial solution and acetate of ammonia, while the more ambitious school of new physic, basing their practice on a false analogy of the value of chlorate of potash in some forms of stomatitis, will, doubtless, persist in the use of this salt until it shall give place to a more fashionable medicament.

Having stated my great fear relative to this method, I must now allude to the grounds of my trust and belief that a very extensive trial will be quickly made of it. There can be no doubt whatever that the whole treatment of this disorder, as at present practised, is useless, and the greater part of it highly injurious. Many cases have recovered under it, as cases will recover, when of a moderate severity, under every treatment; but experience and theory are equally conclusive against its pretensions as a remedial medication. Antimony, mercury, salines of every order, purgatives, small doses of mineral acids, and tincture of bark, alkalies, and a variety of other agents, combined with local applications, have been administered either on erroneous theoretical principles, or from mere routine; and what does the result show? Our French brethren, who have contributed much additional information upon this subject during the last two years, appear fairly to admit the Medical art to be baffled in its endeavours to arrest a serious invasion of the disorder. My own experience since the month of August, 1856, has been very considerable. I have constantly discussed with my brethren the nature of their experience, and the conclusion I have arrived at I have formalized above. The ordinary treatment is useless, and the greater part of it highly injurious. It is, indeed, impossible to read the observations upon this point in the best books in our language of recent date, without arriving at the suspicion that their able authors have had no experience of this peculiar pestilence. The exudative patches of the later stages of some chronic diseases, of certain epidemics of scarlatina and measles, the grey speckling of fibrin over the tonsils and pharynx, pretty frequently observed in acute sporadic croup, have supplied these authors both with their description of

the disease and with their views of treatment. But this angina membranacea, the malignant or putrid sore throat of earlier authors, is a pestilence in genuine shape, and with well-marked features. After having been unusually diffused with malignant severity over a great part of France during the years 1855, 1856, and played fearful havoc on the coast immediately opposite to England, and especially in Boulogne, it at last crosses the channel, and is heard of here and there in this country in the autumn of 1856. The first and most severe case I have seen, came under my notice in August of that year. I believe it was the first that had been noted in this district. A few cases are soon scattered over the country, but all of the utmost severity, and generally attended with a fatal termination. For a time, as winter advanced, the disorder seemed arrested, but at length, during 1857, notices of its ravages appeared, as observed over many and widely distant parts of the kingdom. It became well established during the latter part of the year, as one of the anxieties of the practitioner in the midland district; and during the last three months, both the medical and general press have teemed with grievous accounts of its inroads. Here, where the disease made perhaps its first, or nearly its first appearance in England during this epidemic, it has for some months worn a milder aspect. In those quarters which it has only recently invaded, it still wears its worst features. It attacks both sexes with equal virulence, and, while specially liable to seize upon children from 5 to 12 years of age, it spares neither extreme of life. It has been seen in the infant at the breast, and my last case was an old man nearly 70 years of age. Like all other epidemic disorders, it is comparatively rare among the rich and those who are surrounded by the conditions of health, and exerts its utmost power in damp and ill-sewered houses among the poor and the wretched. A case occurred in my own house while, owing to heavy rains and the accidental obstruction of my drains by a large quantity of recently upturned earth, there was an overflow of water during the heat of summer in my cellars. The weak child, suffering from diarrhoea, or escaping by an imperfect convalescence from a serious malady, is peculiarly prone to be the victim of diphtherite. My observations lead me strongly in favour of the opinion of the French Physicians, that it is contagious, but not to a high degree. The ataxic phenomena of the malady strike the attention of the most careless. Profound prostration, so disproportionate to the complaint of the throat, which is, in fact, not seldom entirely wanting, comes on early, and remains long after all other symptoms or indications of disease have passed away. The tendency to hæmorrhages, both from the mucous membranes and in the derma, has been a very serious element of it, and one which has brought in its train a fatal termination several times in this town. I have seen two such cases, and in both of them petechiæ were scattered over the body. The tendency to putrescence of the fluids seems well marked, though the frightful fetor of the pulmonary exhalation must be mainly attributed to the decomposition of the faucial exudations, under the favourable influences in which they exist for suffering that change. For it must be remembered that these aplastic matters, which are never known to undergo organization, being apparently completely incapable of taking part in that process, are subjected at once to the operation of heat, air, and moisture. This is undeniably the main cause of the intensely offensive halitus issuing from these patients as is well recognised in France; but, it is equally certain that in the worst cases, marked by highly developed putrescence, a foul ulcerous condition of the fauces complicates the genuine membranous angina. This is termed by our neighbours the ulcero-membranous form.

The mode of death, as in most other pestilences, is by ashenia; and, frequently the fatal event is so sudden and unlooked-for, occurring too after the most trivial exertion and in perfect freedom from all mental disturbance, that we might rightly state actual syncope to be the precise method of death. In spite of many prepossessions to the contrary in the medical mind of this country, apnoea, slow or sudden, is rarely the cause of serious embarrassments, and still more rarely takes part in bringing about the final result. During the twenty months that the disease has been under my scrutiny, in an epidemic idiopathic form, I have seen but one case where manifestations of croup appeared. It was in an intelligent, but unhealthy boy, aged 11. The amount of exudation was enormous. Laminæ after laminæ could be



peeled and rubbed off, but still a dense, almost leathery mass, of a light citron colour, coated the tonsils, velum pendulum, uvula and wall of pharynx. A complete tube-like cast was expectorated, which I showed to the Medico-Chirurgical Society here in October or November, 1886. Croupous bronchitis supervened; and although diarrhoea and general exhaustion aided in overthrowing the vital resistance of the poor boy, yet death was distinctly heralded by the formidable development of asphyxia.

It remains a most interesting question, What place should angina membranacea assume in the nosological cadre? What is its affinity to croup? I am unwilling to enter upon controversial matter in this communication, and, from what I have just said, it will be seen that this epidemic has not given me a special experience of true croup. But I cannot conceal my opinion that the dissimilarity is more considerable than the likeness. Such likeness as exists is that, not of sisters, but of distant relations. Those who see in fibrinous exudation upon the pharyngo-buccal mucous membrane, occasionally extending into the windpipe, a pathological basis for classifying the pestilential disease in which it occurs, with the sporadic croup of Britain, will not be deterred from such a course though I were able to prove the existence of innumerable differences in the vital reactions of these maladies. In the one case we see an acute, sporadic disorder, specially affecting children under four years of age, often attacking the healthiest, and without the slightest apparent prodromata; the most striking characteristic of which is the limitation, in a vast majority of cases, of the morbid products to a small part of the upper end of the air-passages, the only exception to this being the slight exudation pretty generally to be observed, if looked for at the very commencement of the outbreak of the symptoms, on the back fauces and tonsillar region. The patient gets well as rapidly as he became ill, if he only expectorates the exudation as fast as it is formed, and if by nature and efforts of art the pouring out of that exudation is arrested. The labours of art are directed to these ends. We endeavour to diminish the nervo-vascular reaction, we rely upon powerful and often-repeated emetics, and attempt the employment of a blood-changing agent, like mercury, to attack the disease at its source. If the disorder is to entail death, it comes by apnoea. The patient is strangled (a). The Physician, seeing his exertions baffled by a disease whose limits are so narrow, but which has seized the very pathway of life, frequently makes a desperate effort to save his patient, with the aid of the Surgeon. In Paris, where the operation is performed earlier, and not so much as the last refuge of despair, the results of bronchotomy are encouraging. Many are saved from an imminent death. Air rushes into the collapsing lungs, and the sufferer rallies.

How different is the picture of pestilential angina! From what I have already said, its characters are sufficiently apparent, and strongly contrast with those of croup. Epidemic contagions, affecting all ages; attacking those debilitated by previous disease, foul atmosphere, malaria, constant exposure to damp; productive at once of severe and long existing depression; attended by the foulest factor, often by hæmorrhages and petechiæ; the face quickly assuming the aspect engendered by a life-destroying blood infection. A plastic matter is here poured out over a vast extent of the gastro-respiratory mucous membrane; the lips are covered by it, and if a blister takes off the epidermis, a membranous pellicle is apt to be formed on the vesicated surface. The glands of the neck are swelled, and the parts about the soft palate so thickened with exudation, that a faucial gurgling is almost constant; yet there is, in the great majority of cases, the most inconsiderable dyspnoea, a total absence of stridor, and, still more remarkable, complaint of difficult deglutition, is one of the rarest symptoms. When existing, it is trifling when contrasted with the pain attending the common sore throat. If the patient recovers, it is only after a protracted and often interrupted convalescence. Anæmia remains for a lengthened period. If he should be attacked with apnoea, from the extension of the malady to the air-passages, does an operative procedure hold out the same prospect as in croup, highly unfavourable as that is? Even the French Physicians pause in these cases, and allow that the diphtheritic infection gene-

rally contraindicates the artificial opening of those passages, or, at any rate, much diminishes the chance of a good result. We know how sadly unavailing were these measures in the case of the accomplished Valleix and Blache. But the question of the operation rarely arises. The patient is struck down by a blood-poison, and he dies sometimes half-putrid, by way of asthenia.

I am unable to deny that special proceedings must be adopted in those cases in which the extension of the exudation to the windpipe adds a peculiar and fearful element to the troubles of the patient. But those who treat this malady as a modification of croup, will soon see the imperfections of their principles, in the untoward effects of their practice. I fear that, at present, the treatment is conducted by a large number on this basis; and, by the rest, a much larger section of the Profession, on the hypothesis that it is "but a sore throat." I believe both to be fatal errors.

The presence of the disease among us is likely to produce a salutary influence upon the general medical mind of this country. Here is a malady, the local character of which consists in the exudation of fibrinous matter over a wide extent of the body, particularly affecting the system of mucous membranes, and specially the upper portion of the gastro-respiratory tract. Pain is almost wanting. The pulse is neither sharp nor hard. There is moderate pyrexia, incomparably less than in common tonsillitis, and the skin soon becomes cool and moist. The nervo-vascular reaction is then inconsiderable, and quickly yields to manifest and overwhelming depression. Moreover, with all this lymph deposit, the characteristic of the disorder, there is also frequently fatal hæmorrhage! Reflection upon these facts cannot but demonstrate to those who come without prepossession to the study of the phenomena, that however important may be the knowledge derived from modern investigation in relation to the exudation, the product of morbid processes, it is not less necessary now than in older times, to scrutinise the vital changes of the patient, if we are to gain a complete view of his condition, and render ourselves fitting co-operators with nature in her beneficent labours of repair. In this sense, the epidemic of angina membranacea may not be without its value, and afford a bridge between the best medical traditions and modern science.

## COMPRESSION OF TRACHEA BY ENLARGED THYROID.

SYMPTOMS INDEFINITE—LARYNGOTOMY—DEATH AND POST-MORTEM EXAMINATION.

By W. NEWMAN, M.R.C.S.

Helen Spray, aged 15; first seen on the 25th January, 1888.

*History.*—Is a nurse-maid, small and thin for her age; has never menstruated; has been the subject of persistent dyspnoea since she was three years of age; has had for the same time (twelve years) enlargement of the thyroid body; this, she thinks, has increased within the last year.

Says she caught cold on the 21st, and has had increased difficulty of breathing since that time, with cough and hoarseness.

*Symptoms.*—Face rather anæmic; no lividity present; no tenderness on pressure on larynx or trachea; each inspiration is harsh, whistling, and almost metallic in character; cough not frequent, but very harsh and barking. Respirations 30 per minute; tubular breathing in trachea masked by enlargement of thyroid; whistling, harsh respiration in larynx. Physical signs in chest very indefinite; respiratory murmur irregular and indistinct; lungs not properly filled.

No complaint of pain; tonsils and velum slightly red; no dysphagia worth mention. Thyroid body enlarged—both lobes; not very prominent; not tense or hard, and not tender on pressure.

No pyrexia; pulse 100, rather feeble; bowels open; urine in large quantity, and pale; appeared nervous and excitable; had walked one and a half mile just before the visit—this with some difficulty from dyspnoea; complaining much of distress from access of cold. Thermometer 36°.

Emp. sinapis, etc. Anti-spasmodics with sedatives, used in the idea that the attack was principally nervous.

Jan. 26, 11 a.m.—There has been a very bad night; some

(a) I omit the consideration here of those cases in which there is good reason to believe, as Dr. Richardson has so ably shown, that the hyperfibrinous state of the blood conduces to the fatal event in a different manner altogether.



delirium; the description of yesterday is correct as to all material points; on any movement the dyspnoea is much increased; the muscles of the neck start into violent action, and the larynx moves rapidly up and down with each respiration; respirations 30, thoracic; lower part of sternum much depressed at each inspiration; expiration tolerably free, and but little whistling sound with it; no tenderness on pressure over larynx, etc.; no dysphagia; no expectoration. Pulse 120, feeble; no pyrexia; says she is easier than when she arrived home yesterday. Hyd. chlorid. etc.; salines.

5½ p.m.—Much the same up till 4 p.m., then dyspnoea suddenly greater, and some delirium; this has partially subsided; she is restless and uneasy, and on being asked refers her difficulty of breathing to the glottis; percussion dull everywhere over the chest, and auscultation indefinite; speaks with comparative ease, and swallows without difficulty.

9 p.m.—Lying on her side breathing much more comfortably; the same character of breathing still remains, though not so much marked; says she is sleepy; pulse 100, feeble still; respiration 36 per minute, much depression of the lower half of the sternum at each inspiration; considers herself better.

27th, 3 a.m.—I was called up by a message to say she was dying: found her lying on her back, with livid lips and very dusky face; comatose, and not roused without great difficulty; cannot speak; breathing more distressed and much more rapid; loud crowing inspiration; the larynx plunges up and down most furiously, and the sternum is drawn in towards the spine in a most extraordinary way; it appears to give way about its middle, and the most depressed point is between the third and fourth cartilages; respirations 40 in the minute; pulse 120, feeble and thready; noise of mucus in the air-passages, not heard at any prior visit.

It appeared that all this had come on about half an hour before they sent to me. She had been dosing pretty quietly, and the dyspnoea suddenly became more distressing. Examination of the trachea and chest in front with the stethoscope threw no fresh light on the case. The case was certainly not one of mere nervous affection; the symptoms all pointed to the larynx as the seat of disease, though the difficulty was to determine its exact character. The thyroid body, though much enlarged, was not tense, and did not seem so to press on the trachea as to give rise to the excessive dyspnoea. The absence of pyrexia, dysphagia, and of tenderness on pressure, over larynx, etc., to some extent at least, contradicted the idea of laryngitis. Mere spasm of the glottis would not have been so continuous, or have existed for so long a time. Nothing was left but to suppose the glottis the seat of chronic disease (*e. g.* warty growths), and to act on this view. The size of the thyroid body, extending from the cricoid cartilage down to the sternum, would have proved a serious obstacle to tracheotomy; and the excessive lividity of the face promised that the hæmorrhage from divided veins would be great. I therefore opened the larynx at the crico-thyroid membrane, and with apparently good effect. The breathing became less frequent and less harsh, and the pulse sank very quickly to 80, and improved in volume; the face and lips lost part of their excessive lividity, and the restlessness in part abated. The amendment was not permanent; and though the breathing was easier, and the face, etc., less livid, she slowly became more and more comatose, and died at 8 a.m., four and a half hours after the operation.

*Post-mortem examination ten hours after death.*—The larynx was first examined; there was not warty growth or any obstruction whatever to the passage of air through the rima glottidis. The opening of the operation quite patent, and apparently quite sufficiently large.

The thyroid body had no proper isthmus; the two lateral lobes joined in front of the trachea, which they covered from the first ring down to the point where the innominate vein crossed the trachea; the lobes met again behind the trachea, separating it by a flattened portion from the œsophagus; they were large and congested—right lobe weighing 3½j. 3v., left lobe weighing 3ij. 3vj.; total weight of thyroid 3vj. 3iij.; the carotid artery with vein and vagus separated the lobes of the thyroid from the spinal column.

The trachea where it was embraced by the lobes of the thyroid was flattened laterally for two inches; calibre very small; measurement *in situ* gave long diameter (antero-post.) five lines, short diameter (from side to side) two lines. The

lining membrane at the narrowed part slightly reddened, and also slightly œdematous.

The sternum had given way between the junction of third and fourth costal cartilages with it.

No disease in chest. Heart healthy, showing death by apnoea.

The details of this case may prove of additional interest, when taken in connexion with the remarks in the Chest Hospital Reports in the *Medical Times and Gazette* of Feb. 6.

Fulbeck, Grantham.

## NOTES ON AMPHORIC AND TYMPANITIC RESONANCE.

By HORACE DOBELL, M.D.

Licentiate of the Royal College of Physicians, &c.

THE following results of some experiments on the essential acoustic conditions of "TYMPANITIC" and "AMPHORIC" resonance may be interesting to those who have found it difficult to explain the somewhat fickle occurrence of these two varieties of timbre in the percussion sound of the chest during disease:—

Tympanitic resonance requires that the cavity percussed shall be full of air, but shall not communicate freely with external air.

Amphoric resonance requires that the cavity percussed shall communicate freely with external air.

That is, in the former case, the volume of air must be more or less confined; in the latter, it must not be confined at all.

The simplest demonstration of this difference may be made by procuring one of the vulcanized rubber balls, now common as toys. Seal up the small hole in it, and percussion will yield tympanitic resonance; unseal the hole, and the resonance will still be imperfectly tympanitic, the aperture being too small for free communication with the external air; cut the hole large enough that no hissing is produced by the escaping air, when the ball is suddenly compressed, *i. e.* large enough to admit of free communication with the external air, and percussion will elicit amphoric resonance.

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## Medical Times & Gazette.

SATURDAY, MAY 29.

### THE STUDY OF FORENSIC MEDICINE.

Now that the Summer Session is fairly under weigh, it may be well to direct attention to the especial importance of the study of Forensic Medicine. At all times a knowledge of the principles of Medical Jurisprudence is to be desired on the part of all who practise Medicine, but it is especially desirable at the present day, when the arts of secret murder have attained a degree of perfection unknown in any previous ages of the world. Yet it is to be lamented that, while the encouragements to other branches of science are neither few nor inadequate, Forensic Medicine is allowed to languish in comparative obscurity; and the results are alike disparaging to the Medical Profession, and injurious to the public. In

proportion to the neglect into which this department of Medicine has been allowed to fall, do the wiles of the assassin and the poisoner acquire vigour and escape detection; and from the absence of the inculcation of sound principles of thought and action on the part of the Medical witness arise many of the lamentable scenes in which our Profession too often figures in Courts of Justice.

We may remark, in the first place, that Medical Jurisprudence, although elevated into a science of late years by the labours of native and foreign writers and lecturers on Medico-legal topics, by no means occupies the position which it ought to hold in our curricula of education. Although lecturers on this subject are appointed at all the Metropolitan and Provincial Schools of Medicine—a circumstance which, so far as England and Wales are concerned, is probably due to the fact that the lectures are required for the qualifications of those who intend to become licentiates of the Apothecaries' Society—yet as to the other examining bodies, the attendance on the courses of Medical Jurisprudence is almost optional. The University of London, indeed, specifies the course as one which the student *may* attend; and an examination on Medico-legal subjects must be passed by the candidate for the London diploma: but the little degree of importance attached by the University to this branch of Medicine may be estimated by the fact, that no special examiner is appointed to test the proficiency of the candidates, who are examined by the three examiners in Midwifery, Chemistry, and Materia Medica. With equal reason might the Examinership in Midwifery be joined on to that of Medicine, or the duties of the Materia Medica Examinership be divided among the Examiners in Chemistry, Botany, and the Practice of Physic. The College of Physicians of London, although specifying Forensic Medicine as one of the courses to be attended by the candidate for its membership, institutes no examination upon the subject; while the College of Surgeons of England, in its requirements for members, makes no mention of Medical Jurisprudence at all, and, of course, has no examination upon it. Hence there must be many members of our Profession who have never received any instruction whatever in the principles of Medico-legal science; and yet they are all liable at any time to be summoned to attend and give evidence in cases of suspicious death, of morbid conditions of mind, of disputed legitimacy, and of a variety of other matters which come within the sphere of legal inquiry, and which affect the lives, the property, and the happiness of multitudes of our fellow-creatures. Even those who do nominally attend the lectures are not uniformly examined upon the topics they have been taught, and hence the lessons of the Professor are often wasted upon inattentive and listless ears, and the precepts he has laid down are either not learned at all or are rapidly forgotten. Those, again, who endeavour to distinguish themselves in this department are neither rewarded for their proficiency nor encouraged to perseverance; and hence their energies are blighted in the bud, and they abandon the pursuit in despair and disappointment.

If we now turn to the practical recognition of the labours of those who devote themselves to Medico-legal pursuits, we shall perceive that our courts of Law are equally indifferent to the interests of Medical Jurisprudence, with the authorities of our own Profession. The Coroner's Court, which takes cognizance of all cases of sudden or suspicious death, might, it would be supposed, offer peculiar encouragements to those who are proficient in matters connected with doubtful cases in Law and Medicine: but the practice of that Court is to avail itself of any Medical or Surgical assistance which may be at hand, without the slightest reference to the competency of the parties who are called as Medical witnesses. As we have shown that many members of our Profession receive no instruction in Medical Jurisprudence, it is obvious that, although they are not to be blamed for ignorance on subjects

which they have not been taught, still they are incompetent to assist in conducting complicated judicial inquiries, and yet the theory and practice of the Coroner's Court are that all Medical Practitioners are upon the same level in regard to competence, and that any person holding any Medical qualification whatever is fitted to pronounce opinions on matters which might puzzle an Orfila or a Christison! This fusion, as it were, of all the members of the Profession into one crucible on the part of the Coroner, arises from the desire on his part to distribute the fees which he has the power to bestow among as many Medical witnesses in the vicinity as possible, and thus to avoid the imputation of favouritism and partiality. But while this system may be defended upon the principle of equal distribution, it is wholly unsupported by any sound reasoning whatever. If a man wishes to secure the services of an artist, or an architect, or a solicitor, or a barrister, he does not apply to a person in any of those Professions merely because he may happen to live next door to him, or in his immediate vicinity, but because he is acquainted with his talents and reputation. Not so, however, with the Medical witness who is called upon to give evidence involving innocence or guilt, natural or unnatural deaths, the existence or non-existence of poison in the viscera or tissues of the dead, and other similar difficult and often complicated problems. Without the slightest disparagement to any member of our Profession, we may assert that all are not equally competent to deal with such questions: some are more conversant than others with the details of chemical analysis; some are better acquainted than others with the distinctions which characterise healthy as opposed to morbid tissues; some have had greater experience than others in the practice of courts of Law; some have devoted more attention than others to the literature as well as the practice of Medical Jurisprudence; and yet all are amalgamated together by the Coroner as equally reliable authorities. Such a course of proceeding is quite destructive of any tendency on the part of the members of our Profession to attain special proficiency; and he who has devoted many laborious years to the pursuits of Forensic Medicine, will find himself placed in exactly the same category, as far as regards the emoluments derivable from the Coroner, with the youth who is fresh from his studies, and who perhaps has never been taught Medical Jurisprudence at all.

In the higher courts of Law the same system, or rather want of system prevails. All Medical practitioners are considered alike competent to offer opinions upon the most complicated and difficult questions; and when they are sometimes caught tripping, as they occasionally are, by an ingenious or unscrupulous counsel, great is the merriment caused at the expense of the unfortunate doctors, and great the contempt poured upon Medicine and its Professors in general. Now this would not be the case if the principles of Medical Jurisprudence were better and more systematically taught; if examinations on the subject were held by all the Medical examining bodies; if special rewards were held out to those who had attained proficiency; and if those only who possessed some special knowledge were employed as witnesses in the Coroner's court, and in the other Law Courts. We would not by any means exclude any Medical witness whatever from expressing his opinions upon the facts of any case which may have fallen under his observation; but we maintain that the search for poisons, the examination of morbid structures, the distinctions between natural and violent deaths, the determination of the soundness or unsoundness of the human mind, and other similar matters, should be reserved, in the highest resort, to those who have paid some special attention to such subjects.

Before quitting this subject for the present, we would again urge a point to which we have adverted on previous occasions, namely, the propriety and the expediency of appointing, at all important trials involving Medical ques-

tions, Medical witnesses of high character and scientific reputation, who might assist the deliberations of the Judge and the jury in detecting crime, in punishing the guilty, or in absolving the innocent. Such Medical witnesses, or assessors, should not be drawn up in hostile array against one another, paid for maintaining contrary views like lawyers, and alternately abused by the counsel for the prosecution and the defence; but they should be treated as honourable and independent men, sworn to give the best evidence in their power for the promotion of justice; and they should be protected by the Judge in the unprejudiced expression of their opinions. The principles of law are not perfect, nor are Judges infallible, yet those functionaries receive, and very justly, the respect of the community; and there is no reason why the opinions of Medical Judges, of known character and integrity, should not be treated with equal respect and deference, to that accorded to the dicta uttered from the judicial bench.

### THE WEEK.

A CASE of considerable interest in a medico-legal and psychological point of view is now occupying the attention of the new Court for Divorce and Matrimonial Causes. A lady seeks for a judicial separation from her husband on the ground of cruelty, and she alleges that he has beaten her on numerous occasions, has refused to allow Medical attendance to her sick child, has forbidden one of her children to be baptized, and has committed other harsh and unkind acts. These allegations are partially admitted on the side of the husband; but it is shown that he has laboured under insanity, for which it was at one time necessary to place him in confinement in a lunatic asylum, and it is asserted that the acts of violence and cruelty occurred while under the influence of maniacal delusions, but that when restored to reason he is a kind and attentive husband, and an industrious man of business. In the proceedings at the Court last week, he conducted his case himself, and appears to have manifested great ability—reversing, in this particular instance, the common saying that “a man who is his own lawyer has a fool for his client.” It will be for the Court to determine whether he has ill-treated his wife while in a sound state of mind, or whether the alleged ill-treatment is merely the result of insanity, and, therefore, to be regarded as an effect of disease.

It gives us great pleasure to announce two important improvements upon the mode of examination hitherto conducted in the University of St. Andrew's. The first is to adjudge honours to those Graduates who have shown most proficiency in their written and oral examination; and the second is to test the practical knowledge of the candidates by taking them to the bedside of patients, and there requiring them to form their diagnosis of disease. The mode in which this examination has just been conducted, is described in another part of our Journal; and we consider that the new system is highly creditable to Dr. Day and the other Professors of this, the most ancient of the Scottish Universities.

The writer of a letter in the *Times* last week draws attention to the occurrence of three deaths in one family in the Hyde-park Barracks; and in connexion with this circumstance, he describes the sanitary condition of the locality. “On the right hand side of the public street of Knights-bridge,” he writes, “is a high dead wall. Some twenty or thirty feet behind that wall are the buildings in which the officers, men, women, children, and horses of the Life Guards and Blues live. The narrow, close space between this wall and these buildings is used as a receptacle for the manure of

the stables. The latrines of the men and officers, the urinals, and the airing-ground for the notorious wooden conveniences which still infect the barrack-rooms by night and this small yard by day, are also located therein. . . . The steam and smoke of these abominations may be seen any morning curling heavily over the dead wall, and infecting the air of the neighbourhood. The wonder is not that three poor children have died within the last fortnight of scarlatina behind that wall, but that the vicinity of the place is not chronically infected with typhus.” The writer, in the same letter, intreats the Inspector-General of Cavalry, whom he often sees riding in Rotten-row, to cross over and inspect the barracks. It is, indeed, a disgrace to the authorities that such a state of things is allowed to exist, and that not even a fatal epidemic can awaken the slumbering energies of the Horse Guards. Since the first letter to the *Times* was written, it is recorded that a fourth child has died of scarlatina in the same locality, being the whole of the children cut off in one family!

In the very able Clinical Lecture by Dr. Laycock, which is published in our present number, that Physician draws an analogy between Diphtheria and Muguet, and he shows that both these diseases are due to the presence of a parasitic fungus on the surfaces of the mouth, fauces, and other mucous structures. These views are particularly interesting at the present moment, when the subject of Diphtheria occupies so much of the attention of the Profession. In the same lecture it will be seen that Dr. Laycock does not entirely admit the theory that bronzed skin is due to disease of the suprarenal capsules, but that he refers this, and other forms of discoloration of the skin, to some hitherto unexplained changes in the constitution of the blood.

### MILITIA SURGEONS.

On the 13th inst. a deputation from the Militia Surgeon's Society of Great Britain and Ireland waited on Lord Derby by appointment, at his official residence, Downing-street. The deputation comprised the following Militia Surgeons, viz. Mr. Hansard, Oxford; Mr. Borlase Childs, Royal London; J. McCann, M.D., 3rd Middlesex; Dr. Barr, Northampton; J. Guy, M.D., 3rd West York; Mr. Mitchinson, North Lincoln; Mr. McCormack, M.D., Bedford; Mr. Isaacson, Huntingdon; R. H. Courtenay, M.D., Donegal; Mr. Fernelley, South Lincoln; T. G. Harrison, M.D., 6th Lancashire; Mr. Curtis, East Kent; and Thomas McCall, M.D., Edinburgh. They were accompanied by Lord Claude Hamilton, the Hon. Mr. Tollemache, M.P., Lord James Stuart, M.P., Colonel Stewart, Mr. Watson Taylor, M.P., the Duke of Cleveland, Mr. Ker Seymer, M.P., Mr. Price, M.P., the Marquis of Salisbury, the Earl of Bandon, Colonel French, M.P., Mr. Fagan, M.P., Mr. Adams, M.P., Major Sibthorpe, M.P., Mr. Beecroft, M.P., Serjeant Deasy, M.P., Sir Montague J. Cholmeley, M.P., Captain Grey, M.P., Mr. Kelly, M.P., Colonel La Zouche, the Duke of Buccleugh, Mr. Hassard, M.P., The O'Donoghue, M.P., Mr. McCarthy, M.P., Mr. Hatchell, M.P., Mr. Darby Griffiths, M.P., Sir M. Stewart, Mr. Brady, M.P., the Marquis of Donegal, Colonel Barnard, M.P., Mr. Heard, M.P., Colonel Duncombe, M.P., Colonel Smith, M.P., Colonel North, M.P., Sir H. Rawlinson, M.P., and Mr. Roebuck, M.P., General Peel, and Col. the Hon. P. W. Talbot (private secretary to Lord Derby) were present.

Lord CLAUDE HAMILTON, M.P., having introduced the deputation, stated the object they had in view in coming before his Lordship, namely, to improve the position of Militia Surgeons of disembodied regiments; which, under the present system is not only anomalous, but unsatisfactory and uncertain. Lord Claude Hamilton proceeded in very able and forcible language to describe the hardness of compelling, as at present, Surgeons to reside at their Head-quarters when

disembodied, without any fixed remuneration; what they did receive being inadequate; and in many instances they expended all they received in medicines, surgical appliances, etc. He proceeded to show that by placing them on the permanent staff the Government would be put to no additional expense, and they would secure the services of Medical officers perfectly conversant with details, and responsible for the proper discharge of the same. He then called on some Militia Surgeons to corroborate by statistics the statement he had made.

Drs. McCormack, Guy, Courtenay, and Hansard severally addressed his Lordship, and fully established the hardship of their position, receiving but a very scanty allowance for their duties, unable to procure either public appointments or private practice to any extent, as the public are averse to employ Medical men exposed to the chances of being called on at a moment's notice to serve in camp, garrison, and in many instances to go abroad. They also read statistics showing how they could obtain a fixed pay on the staff, and be employed to discharge every military duty with no extra expense to the country.

After an hour's interview, Lord Derby and General Peel promised the deputation that if they could support their case by returns, for which every facility would be provided, the Government would willingly accede to the prayer of the memorial.

The deputation then retired, thanking his Lordship for his courtesy and patience in listening to the deputation.

## UNIVERSITY OF ST. ANDREW'S.

THE following gentlemen having previously obtained the degree of Doctor of Medicine, have been placed in the List of Honours:—

### Class I.

BOWEN, ESEEX, late Royal Artillery.  
COOK, HENRY, H.E.I.C.S.  
POTTER, HENRY, Limerick.  
RULE, SAMUEL, London Hospital.

### Class II.

In the examination for honours, the following points are taken into consideration:—

1. The manner in which the candidates answer the questions contained in the five examination papers for ordinary degrees.
2. The manner in which they answer the questions contained in an additional general paper, embracing Comparative Anatomy and Physiology, the higher departments of Human Physiology and Pathology, and Medical Jurisprudence.
3. Their readiness in diagnosis by the bedside.

As this is the first examination for Medical Honours in the University of St. Andrew's, we subjoin a copy of the general Examination Paper, and a sketch of the mode in which the Clinical Examination was conducted.

### EXAMINATION PAPER FOR HONOURS.

1. Explain the mechanism by which the eye is enabled to adapt itself to different distances.
2. Give a general sketch of the organs and process of respiration in birds, reptiles, amphibians, and fishes.
3. Describe the organs and process of reproduction in insects, and state what peculiarities in reference to reproduction are exhibited by bees and aphides.
4. What relationship has been established between the cystic and cestoid entozoa? Describe the experiments which led to the discovery of this relationship, and show the practical value of the facts which have been ascertained.
5. A stomach with its contents is sent to you for examination in a case of suspected poisoning. State what process you would adopt in searching for prussic acid, opium, oxalic acid, sugar of lead, or strychnine.
6. What symptoms and physical signs would lead you to suspect fatty degeneration of the heart? Describe minutely the appearances you would expect to find after death, and explain the origin of the fatty matter.

### SKETCH OF THE CLINICAL EXAMINATION CONDUCTED AT THE ROYAL INFIRMARY, DUNDEE.

I. A Medical case assigned to each candidate by the Examiners, observations made during a limited time, and afterwards reported on *visd voce* from notes taken by the candidates at the bedside.

II. Three special types of disease observed and reported on by each candidate in succession as follows:—

- a. Encephaloid tumour of liver to be examined by physical diagnosis only. Time allowed, one minute and a half.
- b. Moderate cyanosis, feeble circulation, heart's sounds normal. Probable emphysema of lung. Time allowed, one minute and a half.
- c. Subacute phthisis pulmonalis, well-marked hectic. Time allowed, one minute and a half.

III. Eleven specimens of urine, including normal and abnormal types, to be observed and reported on *visd voce* in the presence of the examiners.

It has been resolved that if a candidate does not acquit himself creditably in the Clinical examination, no amount of excellence in the other departments will entitle him to a place on the list of honours.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### STATISTICS OF OPERATIVE MIDWIFERY IN PRIVATE PRACTICE.

By Dr. MEISSNER.

This is a report by the great Leipsic veteran, on the results of his thirty-five years' midwifery practice, as far as operative midwifery is concerned. He observes, that a review of private midwifery practice must be taken from quite a different point of view to that of a public institution; for while, in the latter, the bulk of the cases are examples of natural labour, the private practitioner is only consulted, as a general rule, when the case has become pathological. [These observations are, of course, only applicable to the mischievous continental practice of leaving cases in private practice to the almost exclusive care of midwives, the Physician only being called in when the case has assumed a serious aspect, and, of course, frequently too late.] Moreover, in the Lying-in Hospital, the Physician treats his cases in a suitable locality, with all he wants at hand; while, in private, the practitioner is called miles away to neglected cases, having insufficient appliances, and is forced to treat his cases under the most disadvantageous circumstances.

Dr. Meissner's observations relate to 3811 women, who, he says, gave birth to 3980 children, as 136 were twin, and 2 triplet births. But there is here obviously some error in the numbers, as these do not correspond with each other. Of the 136 twin-births, in 54 there were 2 boys, in 35 2 girls, and in 47 children of both sexes. Of the triplets, in one case there were 2 boys and 1 girl, and in the other 3 girls. These 3811 labours called for operative interference in 3025 instances, dynamic aid being required in 924 of these to effect change of position. There were 1863 forceps operations (!), this instrument being required in 5 other instances for the removal of separated fungoid or polypous tumours. Turning was performed 351 times, extraction 247 times, perforation 32 times, the induction of premature labour 20 times, the Caesarean operation 6 times, *accouchement forcé* 55 times, polypos operations 6 times, placenta separation or deliveries 447 times. 2086 boys and 1684 girls were born at full time, while there were 265 premature births or abortions, and 24 moles and polypi. 399 children were born dead, and of those living 36 died within fourteen days. Twenty-five mothers died either before or during labour, or within sixteen days after it.

Turning.—Although this, when performed at the proper time, is usually an easy operation, executed within a few minutes, yet of the author's 351 cases in only 222 did it prove completely successful for both mother and child. In 104 cases the child was born dead, in 2 cases the mother

died from the delivery, and in 2 after this had taken place. This issue is chiefly to be attributed to the ignorance of midwives in the detection of cross presentations, and the delay that elapsed before aid was obtained. Dr. Meissner prefers turning by one foot, unless there is some indication for hastening the delivery. This rule is of especial importance when multiple births are expected, so as to avoid getting hold of two feet of separate children. In one of the author's cases of triplets all the children presented cross-wise, and six lower extremities were felt. All the children were safely delivered by operating upon one foot at a time. The one-foot delivery also gives the child the best chance of being born alive. *Cephalic* version is preferred by some practitioners, as giving the child the best chance; but it can only be tried when hastening the delivery is not an object. The author resorted to it successfully in 6 cases. In 4 of the 351 cases turning was performed by *external manipulation*, and in 3 by *spontaneous* version, the buttocks being forced by the presenting shoulder into the pelvis, and all the children being born dead.

**Forcipes Operations.**—Of 1863 cases, in 1750 the head was the presenting part; and in 113 the forceps were used for its delivery in other presentations. Of the 1754 children delivered, 99 were born dead, i.e. nearly 12:19. This, in an operation which, carefully performed, can hardly be considered dangerous to life, is a high proportion; but the child had, in fact, not unfrequently died during pregnancy, and was in advanced putrefaction on delivery. In 10 instances the child was hydrocephalic or dropsical; in 3 the mother was already dead; there were 5 cases of *spina bifida*; 7 deaths took place from prolapsed funis, and 3 from the arm and head being tightly wedged in together. In 4 instances the mother had suffered from repeated convulsive paroxysms. In other cases the application of the forceps had been repeatedly attempted by preceding practitioners, or the passage was narrowed by the presence of tumours. Dr. Meissner remarks, by the way, that the separation of the epidermis is not always a certain sign of the death and putrefaction of the child, as it may be produced by an acrid condition of the *liquor amnii*.

**Extraction.**—This was performed in 247 cases, and became necessary when, in breech, knee, or foot presentation, the child's life was threatened by cessation of pain, faulty position, or prolapsus of funis. Only 145 of the children were born living; but then, 13 had died through pressure on the funis, before the author's arrival; 18 were in a state of putrefaction, 10 were already born except the head, 8 were immature, and in 5 others there was hydrocephalus, or other form of dropsy. In 42 instances extraction had to be performed on account of cessation of pain after turning.

**Perforation.**—In his thirty-six years' practice, this operation has only been performed by the author thirty-two times, and he had attended 3299 labours before he had his first case. He has always followed the maxim laid down by the chief German practitioners, of never proceeding to the operation until assured of the child's death; and it has several times happened to him to see living children born in cases which have been left for days together to the powers of nature, and which in previous labours had been delivered by perforation.

**Premature Labour.**—So much has the performance of the operation for premature labour limited that of perforation, that while to the year '42 he had had to resort to perforation in twenty-eight instances, he has during the subsequent fourteen years only performed it four times. He has never induced premature labour prior to the thirty-sixth week, and has never found this too late, the bones continuing thus long sufficiently soft and yielding to accommodate themselves to the narrowed pelvis. When the reckoning is uncertain, he performs the operation thirty-six weeks after the last menstrual period.

**Forced Delivery (Accouchement Forcé).**—By this term the author understands the whole series of operations (as artificial dilatation of the os uteri, bursting the membranes, turning, extraction, or removal of placenta), which may be required for delivery when the further continuance of pregnancy is dangerous to mother and child. It is especially called for in certain cases of eclampsia, placenta prævia, and obstinate vomiting. He enumerates under this head two instances of opening the adherent os uteri by means of the knife, and eight cases of its forcible dilatation. This last procedure was resorted to because, after the labour had continued three or four days, in place of dilatation of the os uteri, general debility

and delirium set in. The author has resorted to it fifty-five times during thirty-six years. In thirty-three of these cases both mother and children did well, although, as the dilatation was usually undertaken for placenta prævia, most of the latter were born some weeks too soon. As the majority of cases (31) were examples of placenta prævia, in which hæmorrhage had continued long before the patients were seen by the author, it is not surprising that ten of the mothers died; but another statement of the author, that even when he arrived at his patients he plugged the vagina, and awaited pains before proceeding to deliver, is somewhat extraordinary.

**Cæsarean Operation.**—Of the six examples of this that have fallen to the author's lot, five were performed on mothers being already dead, the children being saved in none. In the case of operation upon the living subject, both mother and child lived.

**Placenta Removals.**—The number of these—447—must seem very large; but it is to be remarked that perhaps not one-tenth of these cases were examples of abnormal adhesion requiring separation, the placenta being frequently detained from other causes, preventing the success of the ordinary manipulations, as "stricture of the uterus," spasmodic contraction of the uterus from too early interference, etc.

**General Results.**—Of the mothers, 41 were lost, 25 during, and 16 after delivery. Of the former 25, 11 were already lifeless when seen; and of the 14 others, 1 died from rupture of the omentum with internal hæmorrhage, 10 from placenta prævia necessitating forced delivery, 2 from nervous shock after favourable labour, and 1 from hæmorrhage. Of the 16 mothers who died after delivery, 1 died from cancer of the stomach, 1 from pneumonia, 3 after repeated attacks of eclampsia, 1 from putrescence of the uterus, 1 from typhus following the birth of a putrid, premature child, 4 from puerperal fever following operative procedures, 1 from "paralysis of the lungs," 3 from the consequences of loss of blood, and 1 after several hours' operative attempts by a country practitioner.

Of the children, 399 were born dead, as already stated, under the various operations. Besides these, 36 died within the first fourteen days after birth; viz., 4 from debility from too early birth, 6 from atelectasis pulmonum, 2 from trismus, 1 from fissure of the cranium after a forceps operation, 1 from chronic hydrocephalus, and 2 from want of breast-milk.

After remarking upon the remarkable sequences met with in practice of unusual pathological occurrences, and of the operations required for their relief, the author observes, that, as a general rule, forceps operations are found to be most frequent in cold, changeable weather, which induces rheumatic affections of the uterus, not only rendering the dilatation of the os very painful, but delaying its accomplishment for days. This condition may be often prevented by clothing warmly the lower part of the person; and when it is present it should be treated by Dover's powder. The standing too much over the fire, also, may, by over-heating the abdomen, lead to a plethoric condition of the anterior wall of the uterus, which may not be without its influence in inducing morbid adhesion of the placenta. Such an occurrence is best prevented by abstaining from this practice, and bathing the abdomen with cold water. When adhesion has taken place repeatedly at the same place, in consequence of an indurated condition of a portion of the uterine wall, we should, after the termination of the puerperal condition, endeavour to induce absorption by mild mercurial or iodine frictions, tepid baths, together with hemlock and mallow injections. If these do not succeed, the baths at *Krankenheil*, near *Tolz*, in *Bavaria*, which have been found so useful in fibroid and hypertrophy of the uterus, should be tried.—*Monatschrift für Geburts-Künde*, Band ix. pp. 19—72.

## OPERATION FOR ENTROPION.

By Professor THIRY.

A scrofulous woman, aged 26, applied to M. Thiry's clinique, in consequence of a double entropion of both eyes, which she had suffered from during four years. She had been frequently operated upon, with the effect of aggravating rather than relieving her condition. The spasmodic contraction of the orbicularis almost closed the orbital aperture, and the eyelids, so turned in as to be no longer visible, had induced severe conjunctivitis and keratitis. Extreme photophobia and epiphora were present. She had from time to

time obtained temporary relief by the avulsion of the eyelids, when M. Thiry determined to attempt a radical cure. Observing that the eye was very deeply placed in the orbit, and that the inter-palpebral aperture was very narrow, he abstained from imitating the practice of the surgeons who had before seen the case, and who had diminished the length of the palpebræ by resection of flaps of skin. These anatomical dispositions were, in fact, the direct and immediate cause of the entropion, the production of which had been favoured by the presence of scrofulous inflammation. The spasm accompanying this would induce the inversion of the too narrow border of the eyelids, to which the globe of the eye, situated too far behind, could not give sufficient support; the operations already performed having only aggravated the state of things.

Under these circumstances, the following was the procedure adopted by M. Thiry for the left eye, this being the worst of the two. The patient being seated opposite the light, and an assistant supporting her head, and raising the upper eyelid as much as possible, M. Thiry, depressing the lower lid with his left hand, armed with a narrow curved bistoury, prolonged the palpebral aperture at its external angle by about three or four lines; then passing the knife again into the wound, he divided the palpebral fibres which served as a point of attachment for the orbicularis muscle. The palpebræ became immediately greatly relaxed, their free edges together with the eyelids assuming their normal position as if by enchantment. A little charpie was forced deeply into the wound, in order to prevent too rapid cicatrization; while the eyelids were kept gently separated by means of little bands, soaked in collodion, stretching to the forehead and the cheek. At the end of eight days all was healed; and, although the diameter of the palpebral aperture had only become enlarged by a line, that, combined with the section of the muscle, sufficed for the relief of the entropion. The patient was seen two months afterwards, and the cure was found to be a complete one. The operation was then performed on the other eye, and with the same success.

This case shows the necessity of exactly ascertaining the cause that gives rise to and maintains an entropion, before resorting to an operation, as, without this precaution, the ordinary procedure of removing some of the skin and application of a suture may do harm instead of good. In fact, such an operation exerts no influence on the spasmodic contraction of the orbicularis, while it diminishes the extent of the palpebral covering; so that, if care be not taken, a true ocular phymosis, aggravating the entropion, and impeding better devised operations, may be produced. It is not meant to be stated that this procedure is altogether new; for Wardrop had already indicated the incision of the external ligament in this variety of entropion. The most important point, however, is the complete section of the most external fibres of the orbicularis; and if this object be not fulfilled, all will be in vain. —*Presse Belge*, 1857, No. 48.

## GENERAL CORRESPONDENCE.

### ON ANGINE COUENNEUSE (DIPHTHERITE), OR THE EPIDEMIC IN BOULOGNE.

LETTER FROM J. WHITEHEAD, M.D.

[To the Editor of the Medical Times and Gazette.]

SIR,—Seeing by your Journal that great interest is excited by the appearance of Diphtherite in England, I think that an account of a case which came under my own immediate care might be perhaps worthy of a place in your Journal. I will therefore relate its history and treatment from the commencement to its favourable termination, in hope that my Medical brethren may perhaps suggest a more successful treatment than has been adopted here.

The symptoms of this disease are very similar to those of croup, but without the well-known peculiar crowing sound, and instead of coming on gradually, and with a short dry cough, they come on very suddenly; the child being perfectly well, suddenly complains of a little sore throat, which increases rapidly until the difficulty of swallowing is perceived. It is generally at this late period that a Medical man is first

apprised of the sudden illness, and upon examining the inside of the mouth and throat, one or both tonsils are found much swollen and dripping with a thick opaque and offensive matter; the fauces are very red and dry, and the breath begins to smell very offensively. Sometimes the throat is swollen very much externally from ear to ear. This disease also bears a resemblance to laryngitis, but without the rigors at the commencement. Having given a brief sketch of the disease I will now endeavour to narrate my case. I cannot give the *post-mortem* appearance, as it is very difficult to obtain permission to make an examination.

Case.—May 12, 1856.—Having previously lost two children in the same house, on Monday, May 12, 1856, I was requested to visit at 9 a.m. a Mr. P., aged 18, a strong, robust, healthy, young man. Upon entering the house, I found all the family in a state of great anxiety, as they said they feared it was too late (knowing how suddenly the other two were attacked and carried off). I found the patient nearly, to all appearance, choking; complaining of great difficulty of swallowing even his spittle; outside of the throat much swollen, and very hard and hot, but not very tender to the touch; could put out his tongue only a very little way; it appeared very dry, brown, and furred; pulse 120, but very weak; bowels had not been open since Saturday, when he first felt a slight sore throat, and was prescribed for by a Medical gentleman.

I ordered fomentations of camomile flowers and poppy-heads to the throat, as warm as possible, and the following enema: *Ol. ricini* ʒiii., *saponis* ʒi., *aq. fervent.* Oj.; and I put into the mouth *hyd. submur. gr. iii.*, which was carried down with difficulty by the saliva; the feet to be put into a warm bath with a quarter of a pound of mustard, and a small piece of the following paste to be occasionally put into the mouth:—*℞. Boracis*, ʒj, *mel.* ʒi.

At 3 p.m. I visited my patient again: found the bowels acted slightly; throat less swollen, and he could open the mouth better; fauces greatly inflamed; pulse 100, small; tongue brown in the centre, moist at the edges and tip; great prostration and difficulty of breathing; he complains of *some* of suffocation, but not so much as this morning.

I ordered the mouth to be gargled with acetic acid and water, sweetened with coarse brown sugar, with a little cayenne pepper, and a large mustard plaster smeared with iodine to be applied to the throat externally.

6 p.m.—Found him decidedly better; complains of pain in the stomach, which is very hard and tense; great flow of mucus from the mouth; upon examining which, I found several pieces of false membrane, which when dry appeared like pieces of horn: directed that the following powder should be given immediately:—*℞. Calomel.* gr. iij., *pulv. Jacobi*, gr. iv., and two table-spoonfuls of castor oil every two hours until the bowels act freely; and the stomach to be rubbed with warm sweet oil. The powder was only retained about three-quarters of an hour, when a large quantity of a dark substance, resembling coffee-grounds mixed with bile, was rejected. After two hours the first dose of castor oil was given, which was also rejected with the bile liquid as before, only it was more green and offensive. After two hours the oil was repeated, and was kept down, and produced a copious stool of dark green, very offensive matter, very similar to that vomited; after another quarter of an hour a similar stool, but more green and slimy. In the course of an hour another stool, but yellow and sticky; smells bad.

10½ p.m.—Found him much better; tongue cleaner; pulse 84, weak; throat not so much swollen; respiration better, and he could open his mouth much wider; all pain of stomach gone; urine still very high-coloured, but more plentiful. To gargle the throat with the following frequently:—*℞. Boracis*, ʒi., *mel.* ʒi., *tr. myrrh.* ʒii., *aq. rose.* ʒij., *aq. destill.* ʒiv. Repeat the mustard plaster to throat, only with half linseed meal.

May 13th.—Found him better; tongue very dry and brown; pulse 104, rather small; very thirsty, continually asking for cold water, which he says he can swallow better than anything else; has been very restless all night, his breath smells very offensively. To take the following fever mixture, two table-spoonfuls every 3 or 4 hours: *℞. Liq. ammon. acet.* ʒi. *potass. nitrat.* ʒss. *spt. ether. nitrici* ʒiii. *tr. hyoscyam.* ʒj. *mist. camphor.* ad ʒvi.; apply the poppy-head and camomile fomentation as hot as he can bear it to



the throat, and to take calf's-foot jelly without wine frequently.

Visited him again in the evening; fever much less; has slept half an hour very quietly, but upon waking complains of suffocation, and great pain in swallowing anything cold; bowels open; tongue much cleaner; no thirst; pulse 84, quick and weak; skin hot and dry; countenance flushed. Upon examining the throat internally, I discovered a large piece of false membrane firmly adherent to the fauces, and I removed it by the aid of a pair of forceps with difficulty, affording immediate relief. I also removed two large pieces from the tonsils, after which I introduced a camel's-hair pencil, and touched the fauces with the following caustic: *R. Acid. muriat. ʒj. mel. rosæ, ʒij.* and ordered two table-spoonfuls of castor oil.

14th.—Found him much better; bowels been open once well; tongue brown in the centre; pulse 90, weak; the throat a little more inflamed; to be continually gargled with thick barley-water sweetened with honey; to take anything light in the way of nourishment. Complains of want of sleep, and says, as soon as he lies down to try to sleep that he immediately feels a sense of suffocation; he has eaten a little bread and milk sop to-day; cannot take the jelly cold. To take an ounce of the following mixture every six hours:—*R. Potass. chlor. ʒj. aq. ʒvi. M.*; and to use the following wash for the mouth:—*R. Potass. chlor. ʒss., mel. ʒss. aq. Oss.*

8 p.m.—Visited him again; appears much better; complains of want of sleep; pulse 82, weak; tongue clean at edges, but furred in centre; to take all the liquid food possible, and a little wine and water; has had a little refreshing sleep at intervals.

16th.—Was called to him at 9 a.m. Complains of being almost suffocated. Great weight in the chest, and has a small, tight, troublesome cough. Upon examining the throat, could perceive nothing particular. Gave him immediately five grains of tartar-emetie, followed by plentiful draughts of warm water. After ten minutes he vomited at least a quart, to all appearance of pure bile, which he says tastes very bitter. He now complains of not being able to breathe through the nostrils. Upon an examination, I found two large pieces of false membrane adhering firmly to the sides of the nose, which I removed with the forceps, after which he lost a considerable quantity of blood, which could not be easily stopped. I applied cold water and a bandage round the forehead, which was constantly kept wet, but all to no purpose. I then was obliged to plug the nose, and the bleeding stopped. His father complains that all night and to-day he will take no food, and says it is no use trying further, as he must die. I insisted upon my plans being still carried out, or I should immediately give up the case.

2 p.m.—Found him very restless. He attempted to leave the room several times; would go up stairs, and would not be kept in bed, nor take any nourishment. Tongue very brown, and furred; skin dry and hot; pulse 104, quick, but weak. He says his reason for taking no medicine nor nourishment, nor using the gargle, is because it pricks his throat. Complains of great noises in his ears. In fact, I consider all this produced from want of sleep. I therefore ordered him to take a quarter of a grain of morphia directly: also one grain of quinine, and to repeat it every three hours.

6 p.m.—Found he had slept well and easily for nearly two hours. Tongue cleaner; spirits much better; appears quite sensible. Slight perspiration on his skin, and he promises to take the nourishment and medicine as ordered. I ordered him a table-spoonful of brandy and water every hour.

19.—10 a.m. Much better. Had a pretty good night, takes more nourishment, and seems to enjoy it. Alter the dose of quinine to gr. ij. three times a-day, instead of gr. j. every three hours, with the addition of *tr. aurant. ʒij.*

8 p.m.—Much better. Tongue clean, pulse 80, skin moist, bowels open, no headache; and fancies he could eat meat or an egg.

20th.—Much better in all respects; slept very quietly about five hours in the night; tongue clean; bowels acted once; pulse 84. To take a little fish and good strong beef-tea, and to get up a little, and change the air of the bedroom.

22nd.—Still improving, but slowly; pulse 82; tongue cleaning; cannot yet swallow anything solid; to go on in exactly the same way.

24th. Still better; to continue the same.

28th.—Not so well; complains of dragging pain round the umbilicus; very restless; pulse 94, quick; tongue rather coated; bowels not been open for two days; great pain, and sensation of weight between the shoulders. To take the following powder directly:—*R. Hyd. submur. gr. iij. pulv. opii gr. ss.*; and two hours after, two table-spoonfuls of the following aperient mixture:—*R. Liq. rhei co. ʒss., ess. zingib. ʒj., magnes. sulph. ʒij., infus. caryoph. ʒv.*, to be repeated every three hours until the bowels act freely.

29th.—The medicine produced two copious stools after taking two doses, and he found great relief; says he thinks he could eat a mutton chop, but cannot masticate it; ordered his father to give him bread soaked in beef-gravy, also beef-tea and arrow-root, and bread and milk for tea and breakfast.

31st.—In all respects much better; can sit up for four hours in the course of the day, without being very much tired; sleeps pretty well at night.

June 3rd.—Improving much. Masticated a small piece of roast mutton, but could not swallow it, and drank a little mild ale; desired that he should go out a little in the air, and before going out to take a biscuit and a little wine, or calf's-foot jelly made with wine.

7th.—Found him much better, with good appetite, but could not yet swallow solids. Can sit up all day without fatigue. Sleeps well. Bowels open, tongue clear. To gargle the throat constantly with brandy and alum, and to have occasionally, by the aid of a goose quill, powdered oak bark blown into the throat.

12th.—Found him nearly well, with the exception that he could not speak plainly; and he says that in all his stools there appears the same sort of skin as he used to vomit, and that it usually burns him before he can pass a stool. Ordered him, prior to going to stool and after, to pass a piece of fresh lard up the rectum.

21st.—Have not seen the patient for now nearly a fortnight; but calling to-day, found that he had gone out for a few hours to work in a garden (he being a gardener). His mother says that all he complains of now is a slight difficulty in swallowing solids, and that she cannot understand what he says, as he always appears to talk through his nose. I told them that they must have patience, as he had had a very narrow escape, and that I had no doubt that most of the mucous membrane had sloughed away, and that it must be renewed before he could speak distinctly.

July 13.—The young man called on me to-day to thank me, and to say he is now quite recovered; but I perceive still a peculiarity in his speech. I examined the inside of the mouth, which is still a little inflamed; but he says he feels nothing of it. I advised his still gargling it with some good old brandy, pure, two or three times a day. This case has certainly proved an excellent one both for the treatment and for pointing out the true character of the disease. Unfortunately it generally attacks young children, who are not able to explain all their aches and pains, nor can they be made to take the necessary medicines, nor to use the gargles. It is treated here by continual emetics, cauterising the throat internally, castor oil, blisters, and leeches externally to the throat. Diet, principally light broth. Tracheotomy has been tried, but unfortunately, from the attack being so sudden, it ends fatally before many other remedies can be tried; its usual duration being from thirty to forty-eight hours. It appears to be exceedingly infectious, as in almost all houses where there were more than one child, all were attacked unless they were ordered immediately away, which is in general the Medical man's first advice.

If any of my Medical brethren, who may perhaps have witnessed similar cases, will give us their opinion as to the malady and treatment, it will be not only contributing a boon to the people who may unfortunately be attacked with this fearful disease, but also to their Medical friends here and elsewhere.

I am, &c. J. WHITEHEAD, M.D.

Boulogne.

AT the last meeting of the Medical department of the University of Maryland, held March 10, in the New Assembly Rooms, the honorary degree of Doctor in Medicine was conferred upon the distinguished English chemist, Sheridan Muspratt, Ph. D. F.R.S.E., of Liverpool, England.

## COUP DE SOLEIL.

LETTER FROM GEORGE MACKAY, M.D.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the number of your Journal of the 19th December, 1857, there is a communication "On Coup de Soleil, its Causes and Treatment," by Dr. Beatson, Staff-surgeon, First Class. To prove that bloodletting in this disease, as a general rule, is most injudicious and injurious, the author alludes to the cases of two field-officers of the Madras army, which occurred on the 12th of April, 1852, the day the force destined for the capture of Rangoon landed from the fleet. One case was that of an artillery officer; the other that of Major G., Brigade-major of the Madras troops, both of which proved fatal. Dr. Beatson repudiates any wish on his part to reflect on the treatment employed in these cases. This I fully believe; still I think it would have been well had he made himself more fully acquainted with the facts connected with them, before bringing them thus publicly to the notice of the Profession; and as Major G— was my patient on the occasion alluded to, I must request the favour of your allowing me a small space in your columns for the few remarks I have to make on the subject.

I served throughout the Burmese campaign in 1852-53 in Medical charge of a Native Infantry Regiment which formed part of the First Madras Brigade. On the day to which Dr. Beatson alludes, an officer, dressed in staff uniform, who on inquiry I found was the brigade-major, passed me, making his way to the front, where firing was at the time going on. I was struck with his appearance and staggering walk, and on going up to him I requested that he would sit down under a bush, the only procurable shade. He was short, stout, and plethoric; his symptoms were those of excitement, face flushed, eyes suffused, pulse rapid and full. I remarked to my assistant that it seemed an exceptional case in which bleeding was indicated, but that still it must be employed with caution. An attempt was made to obtain blood from a vein in the right arm, but without effect, the vessel being so deeply embedded in adipose tissue; a vein was immediately opened in the left arm, and though the symptoms seemed still to indicate the propriety of withdrawing blood, I felt doubtful of the result, and consequently kept my finger on the pulse. Certainly not more than two ounces of thick dark coloured blood were with difficulty obtained, when the pulse beginning to fail, the arm was immediately tied up. Cold water was at the same time being poured from a height on his head, and diffusible stimulants were immediately given, but he soon became quite comatose. Just at this time the enemy unexpectedly appeared on our left, and my patient and myself were exposed to a heavy fire, after which I was called to see an officer of my own regiment, said to have been dangerously wounded. I was consequently obliged to leave Major G—; but requested my assistant to continue the treatment, till the means of conveyance for which I had sent should arrive, and by which he was to be taken to the Field Hospital. My assistant soon joined me, stating that Major G— continued much the same, and that he had sent him to the Hospital. I subsequently heard that he gradually sank and died soon after reaching the Hospital. I pass over the mistakes in Dr. Beatson's communication regarding this officer being attacked on reaching the 9th regiment, etc., as these are matters of little importance, further than that they show he was either misinformed at the time, or his memory on the subject has failed him. The above, however, is the true statement of the case, regarding which, Dr. Beatson, after alluding to the patient having been bled, says, "within, I believe, an hour, or at any rate an hour and a half *post*, if not *propter hoc*, he was dead."

In alluding to the cases which occurred in the 51st regiment, of which Dr. Beatson was then Surgeon, he mentions that of the serjeant-major, and says that the Medical officer who first saw him took a few ounces of blood. This case proved fatal; but with reference to his being bled, Dr. Beatson does not say *post*, if not *propter hoc*, he died. On the contrary, he approves of the treatment, and says he would have done the same himself. I think, therefore, it might have occurred to him that Major G—'s case was probably one of the same kind, (which it was,) and that although there was not much hope of a beneficial result, still like that of his serjeant major, it was one in which he himself would have

attempted to take a few ounces of blood. Further, had he known that the quantity of blood taken from my patient was little more than one ounce (certainly not so much as two ounces), I do not think he would have said *propter hoc*, he died.

The idea that bloodletting is, as a general rule, injudicious and injurious in coup de soleil, is by no means new, but is, I think, the general opinion of medical men in this country. It was strongly impressed on my mind twelve years ago, having at that time had an opportunity of examining the bodies of several European soldiers who had died from this disease. These cases were treated by bloodletting, etc., under the then prevailing idea of the apoplectic nature of the disease. And I was surprised at the absence of the usual post-mortem appearances of apoplexy, and the frequency with which I found the right side of the heart full of blood, and the lungs congested. The nervous system is primarily affected, and through it the action of the heart becomes diminished, local congestions take place, for the relief of which the application of leeches may be advisable, but even they must be cautiously employed, and they are seldom to be had when required in such cases. On the other hand, there is little doubt but that cases of coup de soleil do occur in which general bloodletting is advisable. And we must be cautious not to go into the opposite extreme. As to the case of Major O—, mentioned by Dr. Beatson, I can say nothing, not having seen the patient; but with reference to that of the Brigadier of artillery, I am inclined to think that the lancet was judiciously used; and the patient afterwards expressed to me the wonderful relief he felt from the bloodletting, which he certainly would not have done had his been an ordinary case, with the usual nervous depression.

I have seen many cases with symptoms in every respect identical with those of coup de soleil brought to Hospital during the night, the history of which has always been that the patient has undergone considerable fatigue in the sun during the day, dressed in his uniform (which is fit only for a temperate climate), has gone to bed feeling only, as he thought, fatigued, but in a few hours afterwards being heard to breathe heavily, an attempt was made to rouse him, when he was found in a comatose state. These are undoubted cases of depression, and might be prevented by a suitable uniform, as recommended by Staff-Surgeon Beatson, and by good barrack accommodation; the former would enable European soldiers to undergo exposure and fatigue with greater impunity, and the latter would enable them to rally from the effects of it. The cases alluded to above occurred at a hot station, where the atmosphere at night was even more oppressive than during the day; the barracks were badly constructed and badly ventilated; on returning to them, instead of rallying from the effects of exposure and fatigue, the hot confined atmosphere of the room, poisoned by the exhalations from the lungs of so many human beings, tended to increase the depression, and produce symptoms which at other times occur more suddenly under the direct influence of the primary exciting causes. In such quarters, European soldiers in India are even worse off than when on active service in the field.

The construction of proper barracks for European soldiers in this country is a matter worthy of the most serious consideration; and in selecting sites advantage ought, as much as possible, to be taken of the hill stations. There is, I believe, no greater mistake than that of supposing that European troops located on the plains in India become acclimated, and thus better able to endure exposure and fatigue when required for active service. Such might to some extent be the case, if it were possible to ensure among them regular habits, temperance, and the avoidance of undue exposure to the sun, and also to provide them with some suitable means of employment and recreation. The rule I feel sure will be found to be, that the more nearly European soldiers approach the standard of health, the better they will endure fatigue and exposure during service in the field; and the climate of the hill stations in this country will be found better adapted for preserving Europeans in health, than for restoring the health of those who have suffered in the low country. These stations are, therefore, better suited for the location of whole regiments than for Sanatoria.

I am, &amp;c.

GEO. MACKAY, M.D.,  
Madras Army Medical Officer.

Ootacamund, Neilgherry Hills, March 6, 1858.

# ON THE TREATMENT OF GLAUCOMA BY THE EVACUATION OF A PORTION OF VITREOUS HUMOUR.

LETTER FROM J. W. HULKE, Esq.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have just read in your Journal of April 24, some remarks by Mr. Middlemore, on the treatment of glaucoma by evacuating a portion of the vitreous humour, a proceeding which this gentleman deems preferable to the iridectomy practised by Dr. A. von Graefe, because, he says, it is more easily performed, and involves less risk than the latter operation, while he believes it to be attended with equally satisfactory results.

The objections which Mr. Middlemore raises to iridectomy seem to be twofold; they are the difficulty in the performance, and the risk which the operation involves. I think it will be an easy matter to show that these objections are not insurmountable, and it is also not more difficult to demonstrate that the evacuation of the vitreous humour in the manner advised by Mr. Middlemore is impracticable in cases of true glaucoma, at least in those stages of the disease in which any improvement of sight can follow active surgical interference.

It is quite true that iridectomy is an operation which requires some care and dexterity on the part of the operator for its successful performance; but surely not more than most Surgeons possess. The chief danger to be apprehended in its execution is injury to the lens, and this is the more likely to happen on account of the diminished size of the anterior chamber; but this danger may be safely avoided by closely following the directions laid down in my paper "On the Surgical Treatment of Glaucoma," which appeared in your journal of 29th March, the chief points being to make the incision by a steady onward movement of the knife, without sawing, and to keep the flat of the blade accurately parallel to the front of the iris. The performance of the operation will be much facilitated by putting the patient under the influence of chloroform, a measure which places the eye most completely under the control of the Surgeon. But as there may be some persons who would not like to undertake the operation of iridectomy, to them I would recommend paracentesis of the anterior chamber as the next best plan of treatment; the chief objection to it being the temporary nature of the relief which it affords.

The aqueous humour may be evacuated with a broad needle, which should be made to pierce the cornea at its margin, and enter the anterior chamber obliquely, great care being taken not to direct the point of the instrument backwards, for fear of wounding the lens. It may be necessary to repeat this operation several times. Having shown the main danger in the performance of iridectomy may be avoided, I will briefly consider the subsequent risks which the operation involves; and here I have little doubt that most persons without experience of this operation in glaucoma, would dread the access of inflammation as the chief risk to be apprehended; indeed, prejudice would easily make us mistrustful of the beneficial effects of any operation performed upon an eye in a chronic painful state, the seat of a disordered circulation, and liable from time to time to fresh inflammatory attacks. Experience, however, which in these questions will alone lead us to the truth, has amply shown that we have very little to apprehend from inflammation after iridectomy in glaucoma. The operation may be safely undertaken in all stages of the disease, and the best results are obtained in the most acute cases, both as regards the relief of pain and the improvement of sight; and it is only in a few exceptional cases of the chronic form that there has not been the same speedy relief of pain. In these chronic cases we cannot expect the same degree of improvement of vision which we meet with in acute cases, because in chronic glaucoma the structural changes in the retina proceed, *pari passu*, with the gradual increase of pressure and the diminution of sight; but even in advanced stages of the disease, where all hope of sight is utterly lost, if the eye continues painful, the operation should be performed with the view of relieving the distress.

Let us now consider the operation which Mr. Middlemore would substitute for iridectomy. It consists in the evacuation of a portion of the vitreous humour, which is done not merely to relieve the tension of the globe, but "by the removal of a turbid fluid, to afford an opportunity for its

replacement by a new and more transparent secretion." This evacuation is to be performed by piercing the sclerotic with a fine-grooved needle. Now the practicability of this operation in glaucoma must evidently depend on the consistence of the vitreous humour in this disease. What, then, is the condition of the vitreous humour in glaucoma? In the MSS. of the Jacksonian Prize Essay on Diseases of the Eye, by Mr. Middlemore, in the Library of the Royal College of Surgeons, and in a "Treatise on Diseases of the Eye," by the same author, I find the following description of the morbid anatomy and pathology of this disease:—"All the symptoms of acute glaucoma may proceed from a primary inflammation of the hyaloid membrane alone, a membrane which the author describes as having a cellular arrangement. The septa secrete the fluid the cellules respectively contain; and when the quantity of this fluid is much increased, the septa are broken down by the increased pressure which under such circumstances they sustain. Inflammation of the hyaloid membrane leads to an increased secretion of this fluid, the cellules are at first distended, and secondly, broken down or absorbed. We are thus led to infer that the fluid which these cellules contained is set free into the vitreous space—in short, that the vitreous humour in acute glaucoma becomes fluid, the only condition in which it could be evacuated with a very fine grooved needle passed into it through the sclerotica in the manner recommended by Mr. Middlemore; and indeed this gentleman in one passage calls the vitreous humour a turbid fluid. When this turbid fluid has been removed, an opportunity is afforded for the substitution of a new and more transparent secretion, the source of which is rather obscure, when we remember that the author has already told us of the destruction of the secreting cellules; but even in this dilemma we are not wholly without resource; for we find a suggestion to replace the "turbid secretion by the injection of a quantity of clear luke-warm water." The result of this treatment I will leave to the conjectures of your readers.

But this fluid condition of the vitreous humour is not really present in glaucoma, except in the most advanced stage of those cases which end in general atrophy of the globe; on the contrary, in acute glaucoma the vitreous humour is remarkable for its great firmness.

In a paper on the Morbid Anatomy and Pathology of Glaucoma read before the Royal Medical and Chirurgical Society on the 12th January of this year (a), I described, at length, the condition in which I had uniformly found the vitreous humour in the dissections of several eyes affected with glaucoma made immediately after their removal during life. I will here only mention that the vitreous humour in all these cases had a most striking and remarkable firmness, a consistence much greater than it naturally possesses, and which would make it quite impracticable to evacuate this humour along a fine grooved needle, as Mr. Middlemore advises. In proof of this assertion I will make the following brief extract from the paper just referred to:—

"With a view to relieve the tension of the globe, I have seen the sclerotic freely punctured with an extraction knife, after which firm counter-pressure with the finger upon the opposite side of the globe only caused the protrusion of a very small bead of yellowish vitreous humour, such great firmness had it."

It is obvious that with this condition of the vitreous humour, Mr. Middlemore's plan of treatment is impracticable, and therefore cannot replace the operation of iridectomy in these cases.

I am, &c.

J. W. HULKE.

King's College, May 8, 1858.

**PUBLIC HEALTH BILL.**—A Bill has been brought in by Mr. Adderley, M.P., and Mr. Secretary Walpole, for vesting in the Privy Council certain powers for the protection of the public health. The powers of the General Board of Health under the 18th and 19th of Victoria are added to those of the Privy Council. The Council is further empowered to order inquiries in matters relating to the public health, to appoint medical officers on the discontinuance of the Board of Health, and to issue rules for securing the due qualification of public vaccinators.

(a) Vide Medical Times and Gazette, 30th January, 1858.

## REPORTS OF SOCIETIES.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 11, 1858.

Dr. J. A. WILSON in the Chair.

Mr. HOLMES COOTE read a paper on

## THE TREATMENT OF CONTRACTED JOINTS.

The author limited his remarks to contractions of the knee, as best illustrating this class of affections, and commenced by assuming certain propositions as granted—namely, that the diseases of joints may be generally classed under two heads—*struma* in the young, rheumatism or gout in the adult; that the morbid changes run through a definite course to cure; that the severer morbid changes, leading to the necessity of operation, are chiefly accidental—i.e. caused by inattention on the part of the patient or by improper treatment; that the flexed position of a limb is easiest to a patient during the acute stage of disease, owing to the relaxation of the ligaments; that the adhesions which form under these circumstances may be elongated or ruptured, but that the continuity of surrounding tendons should be preserved. The “pulpy thickening” of the synovial membrane, when it becomes converted into a light-brown-coloured mass, was regarded by the author as one stage in a progressive series of morbid changes, ending in the removal of articular cartilage. He regarded it as curable—i.e. as not necessarily leading to removal of the limb.

Rheumatic disease was also regarded as curable—that is to say, it pursues its course, and tends to changes which may be directed and greatly benefited by the aid of surgery. Bony ankylosis, rare in the former affection, is here by no means uncommon.

There are three methods by which a contracted limb may be straightened:—

1. Forcible extension, as practised by Dieffenbach and Louvrier.

2. Forcible extension following the subcutaneous division of tendons; the limb being flexed again until the divided parts have re-united, and the soft uniting medium is then slowly elongated.

3. The gradual extension of the uniting fibrous structure, either with or without the subcutaneous division of tendons.

The author illustrated his paper by cases, and concluded by strongly recommending the last-named proceeding.

Mr. FERGUSON said, the surgical aspect of the question only had been considered, and he presumed that the author did not desire any discussion on the constitutional treatment of the disease, taking it for granted that such treatment was always strictly attended to. In regard to the pathology of the disease the author had enumerated three classes, but he (Mr. Fergusson) should be disposed to set aside the “rheumatic” form, for although the Surgeon had much to do with it, it must be treated chiefly constitutionally. Amputation or resection might be occasionally required; but, as far as his experience went, such operations were extremely rare. He believed, with the author, that a very large number of cases of diseased joints were curable (or rather that they would get well spontaneously), but there was no novelty in that view. The Surgeon was often induced to recommend an operation from the occurrence of a crisis, the patient being in a hectic fever with the pulse at 130, and apparently sinking into the grave; and in a day or two after the operation it might be found that the pulse had fallen to 90. Yet even in those cases, where great alarm had been felt, the Surgeon might possibly have interfered too soon, not having courage to wait until the crisis had passed away, and those favourable changes occurred to which reference had been made. While, however, entertaining a strong opinion that in the course of time such diseases would, if judiciously watched, often get well, he felt equally sure that in a considerable number of cases some more active interference was necessary, and that instead of waiting it was better for the Surgeon to interfere. On such an important point the profession would not be satisfied with what the author had brought forward in order to show

that there was no need either for resection or amputation. No doubt he could adduce many more cases than he had related, but not all the cases occurring in the experience of any single individual would be sufficient to decide a question of so much interest and importance. The author stated that bony ankylosis was of rare occurrence. No doubt it was thought to be more common than it really was; but hundreds and thousands of cases might be seen in the museums and private collections. It was stated, and he concurred in the assertion, cases of bony ankylosis could not be interfered with in the way described; but the author had not referred to the state of modern surgery on that subject. Up to a recent date, ankylosis was considered the best result that could follow a joint-disease of the most formidable kind. No doubt it was so in many cases, but (as shown by modern surgery) not in all. After disease or resection of the elbow-joint, for instance, ankylosis was entirely set aside as the best result; and even where there was a stiff joint, the result of a cure by nature, it was a question whether the Surgeon was not justified in cutting down and making a new joint.

Mr. CURLING said, that those who had any considerable Hospital experience must admit the occurrence of cases of diseased knee-joint, in which it was impossible to save the life of a patient without an operation; and he believed that the modern plan of excision had often been adopted with great advantage, having the effect of preserving useful limbs. Cases taken to Hospitals had often proved to have been most seriously neglected, and the patients were sometimes so excessively reduced, that nothing but an operation could be of any avail. He did not believe that such cases presented themselves at Orthopedic Hospitals, which were regarded as places for the cure of deformity rather than of disease. He failed to discover any novelty in the system recommended by Mr. Coote, who, he thought, had taken a too unfavourable view of modern surgery. Surgeons were not so ready to condemn limbs as the author seemed to imply; and they frequently resorted to the remedial methods recommended in the paper.

Mr. CHARLES HAWKINS said, he had seen very many cases treated in the way described. With regard to resection, he did not think the necessity for it arose so frequently as many persons appeared to imagine. At any rate, according to his experience, legs were not amputated so frequently in former times as joints were resected now. Chloroform, with its many blessings, had brought with it some attendant evils, one of which was that operations were now more readily suggested and submitted to than formerly. He had seen a case in which a lady, residing at Edinburgh, was recommended five years ago to have a diseased limb removed, but her health was such that she could not undergo the operation. She afterwards came to London, and was advised by a leading Surgeon to submit to amputation, but her Physicians were of opinion that she could not bear it. The operation was never performed, and the lady was now cured, having as good a joint as any he had ever seen from resection.

Mr. BRODHURST said, he had never seen cases of partial ankylosis overcome by gradual extension, nor did he believe such an occurrence possible. He had seen cases of thickening of the synovial membrane where some contraction of the muscle had taken place, and where tendons had to be divided, the limb being thus restored; but he had never seen cases of partial ankylosis overcome, and motion restored without the adhesions being ruptured. He spoke with some degree of certainty on the subject, as he had had many cases of partial ankylosis under his care (some of which had been deemed incurable), in which he had ruptured the adhesions, and motion had been restored. In nineteen out of thirty-four cases partial and useful motion had been restored. Only the other day he had operated on a case in which motion had been perfectly restored. The patient, a young man, suffered from rheumatic inflammation, but within a month he was able to mount his horse, and ride twelve miles without pain.

Mr. HILTON thought that such a result negatived the conclusion that the disease in question was a very serious one, for he had yet to learn that a joint previously fixed by soft adhesion between the opposite surfaces, so that the patient was unable to move without pain, could recover in so short a period. The object of the author appeared to be to bring before the Society a class of cases, which, he thought, might be satisfactorily relieved by a comparatively trifling operation, in antagonism to a very general impression in certain sections of the Profes-

sion who were very much disposed to excise such joints. In that respect he (Mr. Hilton) agreed with him. Excision could not be considered free from danger; indeed, he believed when the statistics were collected from various sources, it would be found that that operation was really more dangerous than amputation. He did not agree with the author's statements that the pulpy degeneration, as described by Sir Benjamin Brodie, was a very common disease. The pulp-like granulations growing upon granulating bones were, no doubt, of common occurrence, and such joints often recovered by rest; but the disease described by Sir Benjamin Brodie was of a different character, and, he believed, of very rare occurrence. He did not concur in Mr. Fergusson's statement as to the great frequency of ankylosed joints.

Mr. SPENCER SMITH said he had never met with any one who had the hardhood to state that the pulpy degeneration of the synovial membrane was a curable disease; and he believed that in the case mentioned by the author, either the disease was not pulpy degeneration, or that the patient was not cured.

Mr. HOLMES COOTE briefly replied, and the Society adjourned.

## ROYAL INSTITUTION.

In Dr. Lankester's third lecture on "Plants as a Source of Food to Man," the inorganic constituents of food were farther investigated. Chlorine in combination with sodium had a remarkable influence on vegetable and animal life. The existence of the whole class of sea-weeds and sea-animals was determined by the presence of chloride of sodium (common salt) in the water in which they lived; sea-shore plants also required chloride of sodium. As we passed away from the sea-shore the chloride of sodium disappeared, and salts of potassium presented themselves in the tissues of plants and animals. Salt was, however, required by land animals, horses, sheep, and cattle, improved by the addition of small quantities to their diet, and man himself required a certain quantity to secure health. Its action was obscure, but its beneficial influence was undoubted. It was the only solid mineral food necessarily partaken of by man. Chlorine exists in the gastric acid, but whether as a chloride or hydrochloric acid is doubtful. Iodine was found in sea-weeds and sea-animals; and perhaps thus entered into the human system. It was stated to exist in water-cresses, but the lecturer had not succeeded in obtaining indications of the presence of iodine in London water-cresses. He suggested that the iodine was present in those water-cresses obtained from districts to which sea-water had access now or formerly. Silicon was shown to be present in many plants, and in the enamel of the teeth. The principal metallic elements found in the blood and tissues, and obtained from plants, were sodium, potassium, calcium, and iron. Sodium was mentioned under chlorine. Potassium was of interest in connexion with the production of scurvy. Dr. Garrod had shown that the diet which most favoured scurvy was deficient in potassa, while the vegetable substances, as oranges, lemons, water-cresses, cabbages, potatoes, etc., which cured it, contained potassa. A diet deficient in substances containing potash might lead to serious derangements of the system short of scurvy. Calcium had been mentioned in connexion with phosphorus, forming phosphate of lime. It also occurred in the human body, in the form of carbonate of lime. Although this substance occurred in hard water, it was found in the bones of people who drank soft water, and was undoubtedly carried into the system through the agency of plants. Another, salt of lime, found normally in plants, and abnormally in the human system, was oxalate of lime. Sulphate of lime is found in the pancreatic juice. Iron was an important constituent of the human blood. It was found in the blood of all animals. The ashes from a quart of ox blood were exhibited, and contained enough iron to affect the magnet. The human body contained from 80 to 100 grains of iron. When this substance was deficient, disease ensued, which was removed by the administration of iron, not in infinitesimal doses, but in doses sufficient to supply what was needed by the system. Iron is found in small quantities in the ashes of many plants, and generally in animals. The animals obtain the iron from plants. Magnesium is found in the tissues of

the animal body, in the form of a phosphate of magnesia, and the phosphate of magnesia, and ammonia. It is also found in some plants, and is probably thus supplied to the human system. Alumina, manganese, and copper are probably accidental constituents of the human body, when found there. In London, there is no difficulty in accounting for alumina in the body, as it is introduced by the adulteration of London bread. Copper and manganese, like many metals given as medicines, as zinc, bismuth, etc., supplemented iron, and acted on the system in the same way.

The next group of substances were called carbonaceous. They contained carbon in two relations, in one combined with oxygen and hydrogen in the proportion in which the latter formed water, as  $C_{12}H_{10}O_{10}$ ; in the other the oxygen was deficient, and carbon and hydrogen preponderated, as in the formula  $C_{11}H_{10}O$ . The first group contained starches and sugars, the latter oily matters. Starch and cane sugar must be converted into glucose or grape sugar before they are absorbed into the blood. Even cellulose could be converted into glucose in the human stomach. If the cellulose was dense, as in carrots, turnips, cabbages, it was not digested. Starch was readily converted into glucose, by salivine, pepsine, and other animal ferments. Starch existed almost pure in sago, tapioca, and arrow-root. It existed in large quantities in rice and the potato. The following analyses of these two articles of diet by Dr. Playfair were exhibited:—

RICE.		POTATO.	
In one pound.		In one pound.	
	ozs.		ozs.
Water . . . . .	2½	Water . . . . .	12
Gluten . . . . .	1	Gluten and Albu- men . . . . .	½
Starch . . . . .	11½	Starch . . . . .	2½
Sugar . . . . .	⅞	Sugar . . . . .	½
Gum . . . . .	½	Gum . . . . .	⅞
Fat or oil . . . . .	½	Fat or oil . . . . .	1½
Cellulose . . . . .	½	Cellulose . . . . .	½
Ashes . . . . .	⅞	Ashes . . . . .	½

Both these articles of diet were rich in starch, but deficient in proteinaceous matters. They were, therefore, bad substantive articles of diet, but valuable accessories.

## EPIDEMIOLOGICAL SOCIETY.

MONDAY, MAY 3, 1858.

Dr. BABINGTON, President, in the Chair.

A paper was read by Dr. W. CAMPS on

### EPIDEMIC DIPHTHERITIS AND PREVALENT SORE-THROAT.

The author commenced by referring to a paper on the same subject which he had read at the beginning of the year at the Medical Society of London, and then proceeded to state that since that time, the subject of diphtheritis in general, whether occurring in sporadic cases, or as an epidemic disease, has obtained increasing interest in the estimation of the Profession, and has attracted the attention of many observers, as well in the metropolis as in various parts of the country. The weekly mortality tables of the Registrar-General, the discussions upon the subject at some of the metropolitan Medical Societies, and the numerous communications made to our various Medical periodicals, some of which, in his judgment, are of great value; all these are evidence that the lately prevailing throat disease or diseases, by whatever name designated, have had directed to them no inconsiderable share of professional attention. His own attention to the subject had kept pace with that of his confrères, and he thought that on fairly and carefully submitting to the Society the facts that had come to his knowledge from various sources, bearing upon these prevailing affections of the throat, the members of the Society present would, with himself, come to the conclusion, that not only had throat affections been very prevalent of late, but, moreover, that in these might be recognised at least three well-marked varieties of disease, if not decidedly distinct diseases, indicated by well-marked and characteristic distinctions. In the first place, among these cases of so-called diphtheritis, diphtheria, or



prevalent throat disease, there have been not a few that have presented such characters as fairly entitle them to be considered as analogous to, if not identical with, that affection that has been so ably investigated and so well described by M. Bretonneau and others in France, and by him designated "diphtherite." In the second place, among these cases of so-called diphtherite, or diphtheritis, have been many that presented many of the characters of that affection of the throat, so well described in the last century by the eminent Dr. Fothergill, under the name "putrid sore-throat," or sore-throat attended with ulcers. In the third place, among these cases of throat affections lately prevalent among us, some must be allowed to have been that peculiar affection of the throat that accompanies scarlatina, whether the commonly attendant rash or eruption on the skin may not have been obscured, or in some cases even may not have been present. Admitting, then, the existence and prevalence of the above-mentioned forms of throat affections, the author contended that among these there had been cases in all variety, ranging from the mildest to the severest cases of one or other of these affections; and in order that his hearers might if possible know what nature says on the subject, instead of relying upon whatever he may think, Dr. Camps detailed in brief what he had been able to collect from all those observers who had taken the trouble to record their observations of the prevalent throat affections in various parts of the kingdom. He referred to the details of the disease that has been so fully investigated and described by M. Bretonneau in France, and to which he applied the term diphtherite. This peculiar disease has usually, though not always, appeared as an epidemic affection, some cases occurring sporadically, whether in France, or in this country. He thought that many of the cases of throat disease that occurred in 1855 and 1856 at Boulogne, were cases of diphtherite. Here it assumed quite an epidemic character, and in many instances it proved fatal to those attacked by it. In this country too, in the majority of the severer and fatal cases that had come to the author's knowledge, such had occurred in tolerably rapid succession as to time, and in tolerably close proximity as to place, many of them having occurred in subjects residing in the same house, others in the same village, town, or immediate vicinity thereto. The type of the disease, as described by various observers, is essentially asthenic, or adynamic; and therefore attended with more or less languor, depression, or impairment or diminution of vitality, thus indicating most clearly the appropriate mode of general treatment. Dr. Camps referred to the prevalence of stomatitis in some of the Metropolitan districts, between which disease and diphtherite, he thought the difference that existed was one of degree rather than of kind, the former affection being, as he considered, a milder result of the same general morbid cause. These varieties of subacute or asthenic mucous inflammations, attended with pseudo-membranous exudations of a fibrinous character, he regarded as so many different manifestations of the same general morbid conditions of the system; and this tendency to the formation of fibrinous pseudo-membranous exudations should be regarded as evidence rather of peculiarity than of intensity of inflammatory action. Dr. Camps referred to the recorded experience of Mr. Brown, of Haverfordwest, who, in 1849 and 1850, saw a great deal of a disease which he describes as diphtherite in that place, where it occurred as an epidemic, he having had under his own care at least two hundred cases, forty of which proved fatal. He detailed Mr. Brown's observations and treatment of the disease, as recorded by that gentleman in the *Medical Times and Gazette*, soon after the subsidence of the disease in that part of England. During that time Mr. Brown had the opportunity of making a post-mortem examination in two of his cases, in which the pharynx, tonsils, larynx, trachea, and bronchial tubes were found to be more or less coated with false membrane; the larynx and trachea were highly coated, and the stomach showed signs of great irritation also. In 1856 and 1857 an epidemic disease of a somewhat similar nature prevailed in two or three of the parishes of the Ely Union, in Cambridgeshire, in the practice of Mr. Davie, of Haddenham, who applies to the disease the term "broncho-tracheitis." This gentleman had about forty cases under his observation, of which more than one half, or upwards of twenty, proved fatal to those attacked thereby; and nearly all, if not all, of the sufferers were, as in Mr. Brown's cases, very young children; and in these the disease was of very short duration, existing in some instances only one day, and so on, varying in dura-

tion from one to four, five, six, or seven days. Mr. Davie made post-mortem examinations in three instances, and found the mucous membrane of the trachea and commencement of right bronchus inflamed to a small extent, the latter partly filled with fluid mucus. The left bronchus healthy, as also were the heart and lungs. In one case he perceived three distinct deposits on the mucous membrane of the trachea, somewhat resembling curd. The symptoms of broncho-tracheitis he considers to be widely different from those of laryngitis. From the description of diphtherite given by M. Trousseau, he considers the disease that came under his notice to be different from that; but, at the same time, he had two or three cases that he considered to be cases of the disease we now read of so frequently, and understood as diphtherite. One of these he saw in consultation with Dr. Fisher, of Cambridge, who, according to Mr. Davie, pronounced it to be one of diphtherite. The author of the paper then proceeded to consider the description of the putrid or ulcerated sore-throat, as detailed by Dr. Fothergill in his classical essay on this disease as it occurred in this country more than a century ago. This disease had not before that time attracted much attention in England, although it had spread like a plague through many of the southern parts of Europe about a century before, and had carried off great numbers of people, of young children especially. Dr. Camps read to the meeting the propositions laid down by the eminent Dr. Fothergill, in reference to the characters, progress, and termination of the prevailing or epidemic sore-throat of his day, as recorded in his valuable treatise on that subject, pointing out in what manner, in many respects, the description of that disease there given by Dr. Fothergill accorded with the description given of many cases of throat affection that had lately been brought under his own observation in his own practice, and in that of other practitioners, as well as of many cases recorded from time to time in our various Medical periodicals, or referred to in the various discussions upon diphtherite and throat affections that had lately arisen at Medical Societies. Dr. Camps then drew attention to a very valuable contribution to Medical literature, relating to diphtherite, by Mr. West, published in the last number of the *Midland Counties Journal*, wherein the subject was very fully discussed, at the same time stating, that in some respects he differed from the author of that paper. He then drew attention to the numerous communications on diphtherite and throat affections, that had appeared in the *Medical Times and Gazette* and other Medical Journals within the last twelve months, from numerous observers in various parts of the country, specifying particularly such instances as appeared to him to have been either true cases of diphtherite or ulcerated sore-throat, resembling that described by Dr. Fothergill, or sore-throat, accompanied by, or consequent upon scarlatina. He then commented upon the local reports upon the progress of epidemic diseases, recorded in Dr. Richardson's Sanitary Review, during the last six months, so far as these related to diphtherite and prevalent sore-throat, many of which included observations upon these affections which he thought of great value. He also drew attention to the records of fatal cases of diphtheria that had appeared of late in the weekly mortality tables of the metropolis, considering this term as denoting the same affection which has heretofore been described by observers under the terms diphtherite or diphtheritis. Dr. Camps concluded his paper by stating that from all the foregoing particulars it was evident that within the last twelve months or even less, throat affections of a more or less severe description have been very prevalent in many parts of England, whatever these may have been, or however they may have been considered in their special and general pathological characters, or however they may have been described and designated by their respective observers; and, moreover, he thought the facts that he had thus imperfectly put together, warranted the conclusions that he had drawn from them, and which at the beginning of his paper he had laid before the meeting. After the reading of Dr. Camps' paper a discussion followed, in which Mr. Lord, Dr. Greenhow, Dr. James Bird, Mr. Radcliffe, Dr. H. Webber, Dr. Milroy, and the President, Dr. Babington, took part.

APPOINTMENT.—Robert H. Moore, F.R.C.S.I., to be dentist to the Lord Lieutenant of Ireland.



## HARVEIAN SOCIETY OF LONDON.

THURSDAY, APRIL 15, 1858.

DR. HAMILTON ROSE, President, in the Chair.

Dr. B. SANDERSON introduced the subject of "Diphtherite" for discussion. There was much difference of opinion in the Profession as to the identity of diphtherite. He would first relate the symptoms of the disease described by M. Bretonneau, of Tours, then refer to the character of the disease which has recently been prevalent in this country, and finally compare and contrast them. Diphtherite was prevalent in America (where it proved fatal to Washington), and other countries, before it was described by Bretonneau. It was not dependent on local causes or over-crowding; it was capable of transmission by personal contact, but not through the air. It resembled much our croup, differing in this respect, that the first appearance of the exudation was on the tonsils. The character of the exudation was very tenacious, and covered the whole of the pharynx, and not parts. The constitution was but little affected, and if the local disease could be relieved, that was all that was necessary. The disease recently prevalent in this country Dr. Sanderson believed was identical with the malignant sore-throat described by many authors, and that in a great number of instances scarlatina precedes it. There was fetid breath, much fever, amounting sometimes to a typhoid character. The thickness and adhesiveness of the exudation was less marked than that described as occurring at Tours, and the mode of death was different. In this country exhaustion and fever destroyed the patient, rather than the asphyxia, which suddenly put an end to Bretonneau's patients. In true diphtheria there was no fever and no fetid breath; both these were remarked in this country. In true diphtheria the local affection was all important, and rather of a chronic nature; the exudation was firm, elastic, and extremely tenacious. In this country the general symptoms were of more importance than the local, and the exudation was less firm and more easily broken up. Death occurs from asphyxia in the true disease, and from the constitutional affection in the recent prevalent attack. The treatment likewise indicated the wide difference between the two diseases. Here a tonic plan had been undoubtedly called for, while the true diphtherite was treated by antiphlogistics. The speaker concluded by asking, "Is there such a disease in England as M. Bretonneau describes?" and in the experience of members, "Was a strong or a weak solution of caustic the most useful as a topical application?"

Mr. STEWART related some cases bearing upon the subject, and said that in one case there was considerable œdema of the neck, with enlargement of the submaxillary glands. In one case only had he seen the granular deposition, and the exudation in all the other cases was thick mucus.

Mr. CLEVELAND had seen lately many cases of severe sore-throat, but in none was there a false membrane, and therefore he considered that the true diphtheria was a very rare disease in this country.

Dr. HUTCHINSON POWELL agreed with Dr. Sanderson, that the disease lately prevailing was a distinct disease from that described by Bretonneau. Dr. P. in his practice had seen much sore-throat, of a low character, with œdema glottidis and swelled glands. The best treatment he found was dilute nitric acid locally, and tonic treatment internally. He differed from Dr. S. in the opinion that local circumstances had no influence in producing the disease.

Mr. LOBB had suffered himself from fever, delirium, and sore-throat after attending a child with scarlet fever. The throat was swelled to such an extent that he could not swallow for several days, a mucous exudation ensued, and then hæmaturia, and he got well. He had seen many cases since, and had used the solid nitrate of silver with advantage.

Dr. WEBER had seen these cases in London, and had not remarked the swelling of the throat or the fetid breath. He had applied a strong solution of nitrate of silver, and had obtained fungoid casts thrown off from the throat. A child, under Dr. Barlow's care, in Guy's Hospital, had swelling of the throat for three weeks, with symptoms of croup. It died, and the false membrane extended from the larynx into the pharynx. Five other children in the same family were attacked, and all had caustic applied. A country gentleman

had his throat covered with grey patches; there was no swelling. He died from exhaustion.

Dr. CAMPS considered that there were different affections of the throat described under one name, but that there were nevertheless real cases of diphtherite in this country. At a place in the country an epidemic of what was called croup, but which the Medical attendant said differed somewhat from the usual character of that disease, occurred. The rare circumstance of an epidemic of croup led Dr. Camps to the opinion that this outbreak was, in fact, the disease under discussion. He believed that cases began as diphtherite, and ran afterwards into croup, and so we get a complication which mystifies the diagnosis. The prevalence of stomatitis of late, indicated to his mind a diphtheritic tendency. He eulogised the treatment by solid nitrate of silver applied locally, and strong supporting food and medicines. In some cases emetics and calomel might be used advantageously.

Mr. EARDLEY had seen a case of diphtherite in which the pharynx was covered with a grey deposit. Antiphlogistic treatment, with solution of nitrate of silver locally, had no influence over the disease. Subsequently strong hydrochloric acid was applied, which removed some of the fibrinous deposit. Port-wine and beef-tea were freely administered, and poultices applied externally. This treatment relieved all the symptoms, and much of the exudation was spat out, looking like semi-liquid glue. This child perfectly recovered. A young man, aged 20, had a white granular deposit on the tonsils, which was likewise removed by hydrochloric acid, causing the expulsion of a fibrinous cast.

Dr. POLLOCK believed that Bretonneau had painted his disease in a manner which would not compare with the reality. True diphtherite, so described, was not a prevalent disease; but many cases more or less approximated to it. Definitions in medicine confined our notions, and cramped our practice. All these cases arose from a poisonous influence, and, however different, were yet identical. He had remarked in the same family how these throat affections approximated and diverged from the diphtheritic type: in some there was exudation, in others ulceration and excavation. He found strong caustics the most beneficial application, and the internal use of calomel generally desirable.

Dr. SANDERSON, in reply, said that diphtherite and croup were one and the same disease, and that, in his opinion, the pultaceous pharyngitis of the French was the disease lately prevalent in this country.

The Society then adjourned.

## NORWICH PATHOLOGICAL SOCIETY.

DR. WM. WOODHAM WEBB, President.

DR. RANKING read a paper on

## FUNGUS HEMATODES OF THE LIVER, MESENTERIC, AND OTHER ABSORBENT GLANDS.

The subject of this case was a man aged 30, a patient of the Norfolk and Norwich Hospital. The chief symptom was severe paroxysmal pain near the umbilicus, which could be controlled only by opium. He had the aspect of serious organic disease, but no tumour could be felt; his digestive functions were performed in a healthy manner, his respiration was good, the heart's action regular, and there was no evidence of hepatic disturbance. He left the Hospital unrelieved, and was re-admitted soon after, in a much emaciated state, with a sallow anxious countenance. The pain (as before) was paroxysmal; and being accompanied by retraction of the Testicle, was thought to depend on renal calculus. After a few weeks, vomiting became an urgent symptom, jaundice followed, the original pain continued, and he died. The lungs and heart were found healthy. The liver was converted into a mass of fungoid cancer. The mesenteric and cervical glands were of the same morbid structure. Kidneys healthy.

G. W. W. FINTH, Esq., related a case of

## MALIGNANT DISEASE OF THE STOMACH AND DUODENUM.

The patient from whom this specimen was taken was an inmate of the Norfolk County Asylum, on account of epilepsy and dementia. He was suddenly attacked with faint-

ness and copious hæmorrhage from the bowels, followed by vomiting of blood, symptoms which soon proved fatal. On examination small scirrhous tubercles were found beneath the peritoneal coverings of the stomach, and two oval tumours between the peritoneal folds of the duodenum and jejunum, in both of which softening had commenced, and had led to the hæmorrhage.

G. W. W. FIRTH, Esq., related a case of

#### RESECTION OF KNEE-JOINT.

The patient was a lad aged 13, in the Norfolk and Norwich Hospital. Six months before admission he punctured the joint with a thorn; destructive inflammation ensued, and on admission the knee-joint was almost immovable, bent nearly to a right angle, and the tibia was partially displaced backwards. There was considerable enlargement of the whole joint, due rather to bony expansion, than to synovial thickening. The operation was performed by making a semilunar incision, and turning up the patella in the flap. When the ends of the bones were removed to a sufficient extent, the limb was properly adjusted, and placed in a wooden box, so contrived, that in all future dressings the limb was not moved. Recovery was quick and perfect, and the boy (who was introduced to the Society) is able to walk with but little lameness. The cartilages were found not ulcerated, but at various parts they were yellow, softened and separated from the bone beneath.

W. CADGE, Esq., related a case of

#### LOOSE CARTILAGE FROM THE KNEE-JOINT.

A man, aged 74, was admitted into the Norfolk and Norwich Hospital on account of lameness, consequent on the presence of a loose cartilage in the left knee. He injured the joint in a fall, about eighteen months previous to his admission, and soon afterwards became aware of something unusual and moveable in the joint. There was not much swelling, and no heat about the knee; the foreign body could be felt, sometimes at the upper and outer, and sometimes at the upper and inner part of the synovial capsule. It could be easily pushed from one part to the other, but its size apparently prevented it from getting between the ends of the bones. It was fixed at the upper and outer angle of the joint, and the capsule opened by a subcutaneous incision. It was intended that the plan recommended by Goyrand and Syme should be carried out; but the great size of the foreign body made it difficult to provide a resting-place fairly outside the synovial capsule. It was therefore cut upon to a sufficient extent, and removed at once. No inflammation followed, and the man was discharged cured. The foreign body was oval in shape, and flattened; it weighed two drachms and a half, and was composed, its outer portion of glistening cartilage, and its centre of bone.

T. W. CROSSE, Esq., related a case of

#### PATHOLOGICAL APPEARANCES, FOURTEEN YEARS AFTER THE REMOVAL, BY LIGATURE, OF AN INVERTED UTERUS.

The specimen was taken from a woman, whose uterus had been removed by ligature by the late Mr. Crosse, in consequence of its having become inverted after labour. On January 14, 1843, she was delivered of a living child, and profuse hæmorrhage ensued, owing to an adherent condition of the placenta, which had to be removed piecemeal. It was necessary to pass the catheter thirty-six hours afterwards, no urine having been passed, and in doing so, a large body as big as the fist was felt in the vagina, and recognised to be the uterus completely inverted. Every attempt was made both then and subsequently, to replace it, but without success, and on the 12th February a ligature was placed on the neck of the uterus, which by means of an instrument could be tightened or loosened at pleasure. Five days afterwards the tumour having become flaccid, dark and putridified, it was cut off three quarters of an inch below the ligature to the great comfort of the patient. At the expiration of twelve days the ligature was removed, and the small remaining slough left to separate spontaneously. By the 20th March she was restored to as good health as usual. In Aug. 1849, she suffered an attack of profuse hæmorrhage, which was checked by the internal administration of ergot, and plugging the vagina. In 1856 she became an inmate of the Norwich Bethel, having become despondent and melancholic, and

possessed of many delusions. From this place she was discharged cured at the expiration of six months, but she suffered a relapse the year following, and in October, 1857, destroyed herself by hanging. At a post-mortem examination the ovaries were found to be of natural size, occupying a central position, and lying almost side by side in the cavity of the pelvis. They had their usual relation to the Fallopian tubes, which were similarly displaced, and found to be pervious for several inches. The vagina was perfectly healthy, and very capacious. The os uteri was normal in its situation, there were several abrasions of its surface; a probe could be passed in through it, to the extent of about one inch and a half. The remaining tissues did not appear to have undergone any other material alteration, either in position or structure.

### CONSULTATIONS WITH HOMŒOPATHIC QUACKS.

THE following important resolutions were passed at the meeting of the South Midland Branch of the British Medical Association, held on Friday, the 21st inst. :—

"1. That so long as a system has no higher philosophy than the jargon of 'similia similibus curantur,' nor sounder chemistry than the delusion of 'infinite dynamization,' it is degrading to a man of education to be connected with it. He, therefore, who assents to consultation with Homœopaths, be they impostors or dupes, forfeits the respect of his professional brethren, and his membership of this branch of the British Medical Association."

"2. That it is the opinion of this meeting that no honourable man, whether Physician or Surgeon, can meet in consultation a Homœopathic practitioner, or, as such, can act in conjunction with him."

### MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 10th inst. :—

DEOLIN, HENRY W., Green-hill, Ballygawley.  
EARLE, JAMES N., Brunswick-street, Trinity-square.  
HOLLINGS, ROBERT, Woodlesford, near Leeds.  
JACKSON, JOHN, Leicester.  
ORD, GEORGE R., Brixton-hill.  
WAIT, JOHN S., Bury, Lancashire.  
WALKER, HENRY, Malton, Yorks.

Also on the 21st :—

FAWSETT, FREDERICK, Wisbeach, Cambridgeshire.  
FLINN, JOHN JAMES, Liverpool.  
GRIFFITH, HUGH, Pwllheli, North Wales.  
HETT, HENRY NICHOLSON, Brigg, Lincolnshire.  
HOUSLEY, JOHN, Mansfield, Woodhouse, Notts.  
JONES, J. MORGAN, Rhydypererinion, South Wales.  
LAMBLY, THOMAS WALCOTT, Demerara, West Indies.  
LOMAS, WILLIAM, Guildford.  
MASON, FREDERICK JOHN, Wisbeach, Cambridgeshire.  
MORRIS, WILLIAM HENRY, Studley, Warwickshire.  
NISBETT, ROBERT INNES, King William-street, City.  
VINTRAS, ACHILLE, Tilly-sur-Seulles, Calvados, France.  
WALKER, ARTHUR, Scarcroft, near Leeds.  
WHITWORTH, JOHN, Heckmondwike, near Leeds.  
WOTTON, CHARLES, King's Langley, Herts.

Also on the 24th :—

CARDELL, GEORGE, St. Columb, Cornwall.  
CATZER, THOMAS, Erith, Kent.  
HILL, THOMAS JOHNSON, Melton Mowbray.  
IRWIN, JAMES, Sixmile-cross, Co. Tyrone.  
LAW, JOHN, Hon. East India Company's Service.  
MOXON, WALTER, Barnsbury-park, Islington.  
M'CARTHY, FLORENCE, Cork.  
PARTINGTON, GEORGE AUGUSTUS, Manchester.  
ROCHE, WILLIAM, Fermoy, Co. Cork.  
WILKINSON, JOHN, Salford.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 20, 1858:—

BELCHER, ROBERT SHIRLEY, Burton-on-Trent.  
 BENNETT, EDWARD AUGUSTUS, Manchester.  
 EDWARDES, CHARLES LAWRENCE, Pitsea, Essex.  
 GORDON, WILLIAM, Cradley, Dudley.  
 HUGHES, THOMAS HUNTER, Pwllheli, N. Wales.  
 JENNINGS, FREDERICK COOK, Wakefield.  
 JULATT, CHARLES JAMES, Manchester.  
 NAYLOR, JAMES, Halifax, Yorks.

**UNIVERSITY OF CAMBRIDGE.**—The following gentlemen have been examined and approved for the Licence ad practicum in Medicina:—

DUDLEY, J. G., M.A., St. John's College.  
 HAMILTON, R., M.A., Trinity College.  
 HODGKINSON, D. H., M.A., Trinity College.  
 INGRAM, C. P., M.B., Trinity College.

At the same time, A. RANSOME, B.A., Caius College, passed the examination for the degree of M.B.

#### DEATHS.

COULL.—May 22, at Ruthven, Mr. George Coull, Student of Medicine, aged 25.

COWE.—May 13, at Nethertown of Lomnay, Alexander Cowe, Esq., of Crimond, aged 67.

DUNCAN.—On the 13th March, at sea, on board the screw steamer Calcutta, from Bombay, Archibald Alexander Duncan, M.D., H.E.I.C.S., son of the late Mr. George Duncan of Edinburgh.

ON the occasion of the triennial visitation of Queen's College, Galway, held on Wednesday, May 19, the Right Honourable Maziere Brady, Vice-Chancellor of the Queen's University, having, among other inquiries asked if any of the students had any complaints to make, two of the Medical students made objections to the present mode of distributing prizes in the department of medicine and surgery; but the explanations of Dr. Croker King were satisfactory, and the Commissioners explained to them that any changes proposed to be made in the present system, should be brought first under the notice of the council, and then, if they were dissatisfied, the matter could be brought under the notice of that board.—*Saunders of May 21.*

**THE ARMY SANITARY COMMISSION.**—The 79th "Appendix" to the Report of the Commissioners appointed to inquire into the sanitary condition of the army has just been published in the form of a blue-book of 200 pages. It contains a variety of miscellaneous correspondence on incidental matters.

**PUBLIC PLAYGROUNDS.**—A Bill of Mr. Slaney, M.P., and Mr. Briscoe, M.P., enacts that any lands may be lawfully conveyed to trustees to be held by them as open public grounds for the resort and recreation of adults, and as playgrounds for children and youth, or for both purposes. No conveyance for this purpose need be stamped or enrolled. The first trustees for holding these grounds must be approved by the Charity Commissioners. The trustees will form a body corporate for the holding of such lands.

**THE OUTRAGES ON WOMEN IN INDIA.**—The question so much discussed in England, of the reality of the horrors of torture and mutilation said to have been perpetrated by the mutineers and rebels has been the subject of much discussion in India also. It is true that, though but few living examples of ladies or children who have suffered these cruelties have been seen by many in Calcutta, instances of the kind have not been wanting. But too much weight has been attached to the existence of living instances of cruel atrocity. The proof of the crime does not depend on that fact. Those unfortunate ladies who survived the horrors to which they had been subjected would be the last to come forward and bear unnecessary testimony against the mutineers, while the reason that so few are comparatively to be seen lies in the fact that in nearly all cases of personal violence to English women, torture, mutilation, and other outrages were the mere

cruel preludes to murder. Very few, once in the power of these Sepoy monsters, escaped with life to show in their own persons the proofs of the cruel sufferings they had undergone.

**SUCCESSFUL REMOVAL OF THE SCAPULA AT THE JERSEY HOSPITAL,** BY MR. G. M. JONES.—The entire scapula, along with an inch and a half of the clavicle, was removed on the 19th of May from a girl, aged 14, for carious disease of the entire bone. Only one vessel, the posterior scapula, was tied, and the patient, up to the present time (26th), is doing exceedingly well.

**HORSE-FLESH AS HUMAN FOOD.**—The *Journal de l'Ain* says:—"A dinner of horse-flesh has just taken place at Bourg, some amateurs having assembled at the Hotel du Midi for the purpose. Soup, cutlets, steaks, and roast joints were made from a fine animal which it had been found necessary to kill on the previous day. The guests did not, however, appear to be much delighted with the novelty. Notwithstanding all the care used in the preparation of the dishes, there still remained a certain flavour *sui generis* which affected delicate palates, and we think it will be long before the genuine beef will be supplanted by the flesh of the horse."

**THE VACANT CHEMISTRY CHAIR AT EDINBURGH.**—The patrons (Town Council of Edinburgh) have resolved to elect a Professor to fill this chair on the 29th of June. Professor Faraday has declined to accept the chair, even if offered to him, and Dr. George Wilson, Professor of Technology at Edinburgh, who would in all likelihood have carried the election on Dr. Faraday declining, has withdrawn his name from the list, the Government, to retain his services in his present chair, having augmented his salary. Since Professor Wilson's withdrawal Dr. Lyon Playfair has come into the field with considerable prospects of success. The attendance of all the students at the Chemistry Class being imperative, the chair is thereby rendered one of the most lucrative in the University.

**POISONING BY CIGARS.**—Professor Bunsen, of Heidelberg, has just started a question of interest to smokers, viz. the possibility of poisoning by introducing arsenic into a cigar. From various experiments made in his laboratory by Dr. Reising, it appears that the quantity of arsenic acid which may penetrate into the mouth is about a grain and a half, when the cigar has been steeped into a solution of arsenic; and that the quantity inhaled under the form of smoke is about one-eighth of a grain, when the cigar is filled with arsenic in its solid form. What has given rise to these investigations is a recent case of poisoning at Genoa.—*Galignani.*

His Excellency the Lord Lieutenant visited the House of Industry Hospitals in Dublin, last week, accompanied by Major Hamilton, Aid-de-Camp in waiting. His Excellency proceeded first to the Richmond Hospital, where he was received by the Governors of the House of Industry present, and accompanied by the Earl of Meath went through the several wards, the theatre and the museum, where he was shown the various objects of interest in the valuable collection which the latter contains. He next visited the Whitworth Hospital, and passed through the wards, remarkable for their cleanliness and comfort. His Excellency expressed the gratification which he felt at the various arrangements made for the accommodation of the inmates, and the regularity with which they are carried out under the direction of the Physicians who attend the Hospital. Among those present were the Earl of Meath, the Hon. R. G. Talbot, Captain Lindsay, Alderman Atkinson, Hans Hamilton Woods, Esq.; Dr. Corrigan, Surgeon Adams, and Surgeon Hutton, Governors of the House of Industry; the Venerable Archdeacon Gould, Dr. McDowell, Dr. Banks, and the Rev. T. A. Shore, chaplain. His Excellency was conducted through the grounds of the Hardwicke Fever Hospital, and left shortly after 4 o'clock.—*Saunders of May 21.*

**PUBLIC HEALTH IN RUSSIA DURING 1856.**—From the official documents just issued by the Minister of the Interior, we learn that the state of the public health in the entire Russian empire was in a more satisfactory condition during 1856 than it had been for some years previously. Of 359,853 persons seized with epidemic affections, 26,760 only died, being a number six times less than during 1855. The cholera, though still prevailing extensively, was milder, as there were but

14,744 cases, with 6282 deaths, i.e. 1 in 24, a prevalence twenty times less than in 1855. Of 78,505 typhus patients, 11,214 died—1 in 7; of variola, 1157 persons died, 1,222,175 children were vaccinated, and 366,281 remained unvaccinated. The Minister ordered these to be vaccinated as speedily as possible, and that revaccination should be performed in any locality where variola prevailed. The power of the virus forwarded to Kamtschatka in glass tubes was found to have been completely preserved. In the large towns rigid inspection of the working classes has been instituted for the detection of cases of syphilis, and only fifty-three such cases have been discovered among these classes in St. Petersburg, and 175 in Moscow. Nevertheless there were 37,916 persons treated for it in the civil hospitals of the empire. In spite of all precautionary regulations laid down by the Government, forty-seven cases of poisoning from salted fish occurred. In the 520 hospital establishments under the direction of the Minister, there were treated 403,630 persons, of whom 340,699 recovered, and 39,379 died. The following are the particulars of some of the affections:—Synochus, 100,739, died 1299; typhus, 78,505, died 11,214; intermittent fever, 95,668, died 720; dysentery, 19,121, died 2560; variola, 6266, died 1157; scarlatina, 4974, died 704; measles, 8063, died 757; pertussis, 5827, died 323; sudden deaths amounted to 15,264, and of these 200 were from poison, 810 from bodily injury, 1174 from asphyxia, and 1535 from excessive brandy-drinking.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, May 22, 1858.

### BIRTHS.

Births of Boys, 846; Girls, 779; Total, 1625.  
Average of 10 corresponding weeks, 1848-57, 1548.

### DEATHS.

	Males.	Females	Total.
Deaths during the week ... ..	579	503	1082
Average of the ten years 1848-57 ...	534.3	495.5	1029.8
Average corrected to increased population	...	...	1132
Deaths of people above 90 ... ..	1	6	7
Deaths in 15 General Hospitals ... ..	33	15	48

### DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hoop- ing- Cough.	Dia- rrhoea.	Ty- phus.
West ....	376,427	1	9	6	12	1	5
North ....	490,896	..	9	6	19	4	8
Central ..	393,256	2	7	14	8	1	6
East ....	485,592	1	11	10	9	1	5
South ....	616,685	..	24	13	24	5	6
Total..	2,362,266	4	60	48	72	12	30

## BOOKS RECEIVED.

On Improving the Sanitary Condition of large Towns, by fossilizing and Deodorizing all the Sewage Matters of Dwelling houses, &c. By J. Lloyd, M.D.

Second Report of the Commissioners of her Majesty's Customs on the Customs. London: 1858.

Cosmos; Sketch of a Physical Description of the Universe. By Alexander von Humboldt. Vol. IV. part I. London: 1858.

Report of the Committee of Visitors of the Lunatic Asylum for the North and East Ridings of Yorkshire. York: 1858.

## TO CORRESPONDENTS.

Dr. Kramer's paper shall receive early attention, and will shortly be inserted.

The Report of the North London Medical Society will probably appear next week.

Dr. Maddock is thanked for the extract, but it appeared in our columns last week.

J. T.—Any respectable Surgeon can treat the diseases in question. It is contrary to our rule to recommend any practitioner in particular.

Mr. Augustus James.—The letter should have been directed to the Journal in which the remarks appeared. We do not open our columns to criticism upon communications made to other journals.

ERRATUM.—In Dr. Budd's paper on "Diabetes," which appeared in the "Medical Times and Gazette" of last Saturday, page 522, in the passage "in a daily gain of many thousand grains," for "many" read "nearly three."

B. A. Cantab.—To the best of our belief, a person who has taken only the licence *ad practicandum in Medicina*, of Cambridge, is not entitled to the name of Doctor; but so many titles are given by courtesy to those who have no right to them in law, that we find it difficult to give any authoritative opinion on the subject.

Crito.—The pretence that Homoeopathy is a system of Medicine, and that the Profession is divided into Homoeopaths and Allopathists is a mere blind to deceive the ignorant. Homoeopathy is not a system of Medicine at all, but a mere tissue of absurdities too ridiculous to be believed by any sane person.

Mr. H. H. Watson has forwarded to us a supplement to the *Witchamr* Herald, which contains letters from Dr. Alfred Taylor and Dr. Odling upon the real meaning of the term oil of vitriol. These distinguished chemists think that the latter term should indicate only sulphuric acid of the sp. gr. 1.845; and that the acid first obtained from the leaden chambers in the manufacture is not entitled to the appellation of oil. As we have before remarked, the term oil of vitriol is only a conventional one, because sulphuric acid is not an oil, nor is it obtained usually from sulphate of iron, or green vitriol.

COMMUNICATIONS have been received from—

DR. SEATON; MR. JOHN COVENTRY; THE SEWAGE COMMISSION; MR. REDFERN DAVIES; MEESRS. BEARD AND SHARP; THE GENERAL BOARD OF HEALTH; DR. J. W. GRIFFITH; I. T.; DR. SHERIDAN MUSPRATT; MR. G. M. JONES, Jersey; DR. J. Y. SIMPSON, Edinburgh; MR. FREDERICK ROBERTS, Calcutta; DR. GRAILY HEWITT; DR. O'REILLY, Missouri; F.R.C.S.; B. A. CANTAB.; MR. H. J. JAMES, Exeter; MR. H. H. WATSON; MR. AUGUSTUS JAMES; DR. BUDD, Bristol; DR. H. B.; DR. TRAYER; DR. KRAMER; MR. R. C. CROFT; THE ROYAL INSTITUTION; DR. MADDOCK; DR. DAY. St. Andrew's; MR. J. B. CHILDS; MR. J. BRYANT; MR. JOHN ADAMS; MR. DERNOTT; ALPHA; MR. EDWARD WOAKES; CRITO.

## APPOINTMENTS FOR THE WEEK.

May 29, Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.  
MEDICAL SOCIETY OF LONDON, 8 p.m.: Mr. R. Barwell, "On Cystic Tumours occurring in the Neighbourhood of Joints."  
ROYAL INSTITUTION, 3 p.m.: Edwin Lankester, M.D., F.R.S., F.L.S., "On the Vegetable Kingdom in its Relations to the Life of Man."

31. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopaedic Hospital, 2 p.m.

June 1. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.  
ROYAL INSTITUTION, 3 p.m.: J. P. Lacaze, Esq., "On the History of Italy during the Middle Ages."

2. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopaedic Hospital, 2 p.m.

3. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.  
CHEMICAL SOCIETY, 8 p.m.  
ZOOLOGICAL SOCIETY, 3 p.m.  
LINNEAN SOCIETY, 8 p.m.

4. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.  
ROYAL INSTITUTION, 8½ p.m.: Professor Tyndall, "On the Mer de Glace."

## EXPECTED OPERATIONS.

St. Thomas's Hospital.—The following operations will take place this day (Saturday).  
Amputation of leg; excision of knee-joint; for ununited fracture; necrosis (two cases). By Mr. Solly. Necrosis of wrist. By Mr. South.

King's College Hospital.—The following operations will take place this day (Saturday), at 2 o'clock:—

Hare-lip; puncture of cyst by side of knee. By Mr. Ferguson. Removal of dead bone from foot. By Mr. Bowman. For the radical cure of hernia. By Mr. Wood.

## ORIGINAL COMMUNICATIONS.

## ON THE USE OF

METALLIC SUTURES AND METALLIC  
LIGATURES IN SURGICAL WOUNDS AND  
OPERATIONS.

By J. Y. SIMPSON, M.D.

Professor of Medicine and Midwifery in the University of Edinburgh;  
Physician-Accoucheur to the Queen in Scotland, etc. etc.PART I.—METALLIC AND OTHER THREADS IN SURGERY;  
THEIR HISTORY.

THE attention of the profession, particularly in America, has of late been strongly called to the value of metallic sutures, instead of organic sutures of silk, flax, etc., in stitching wounds. Taking, in the meantime, as granted, the advantages claimed for metallic sutures, on the score of being less irritating material than threads composed of animal or vegetable substance, I herewith venture on the same grounds to suggest, that the use of metallic ligatures to secure and tie the blood-vessels laid open in the sides and depths of wounds made in the course of surgical operations and injuries, is a matter of as great, if not greater, moment than the use of metallic sutures to close the outer lips of such wounds. In order, however, to explain the advantages which will, as it appears to me, probably be derived from metallic ligatures in surgery, it is necessary to consider, in the first instance, the advantages obtained by the employment of metallic sutures. And in doing so, I shall take leave to premise a few remarks on the materials out of which surgical threads have hitherto been generally made; and on the past history of metallic threads and sutures in surgery.

*Modern and Ancient Suture-threads; their Materials.*

Among modern surgeons silk is the material most generally employed for forming the threads which they use, both to stitch together the lips of wounds, and as ligatures for the deligation of the mouths of the blood-vessels cut across by the course of the knife. Some surgeons, however, prefer for these two purposes threads made of flax or hemp. Various other materials from the animal and vegetable kingdoms have been at various times suggested and tried as surgical threads and ligatures, such as silk-worm-gut; cat-gut; wool; inkle, hairs; strips of leather, of parchment, and of buck-skin; strings of tendon and of nerves; lines of isinglass; caoutchouc; cotton, etc.

In olden surgery threads of flax, hemp, and latterly of silk, seem to have been most commonly employed for sutures (a). Some forms, however, of surgical threads that are supposed to have been first proposed in modern times were not unknown in ancient times. For instance, there has been some discussion as to who first proposed surgical threads made of animal materials. Catgut was publicly suggested as a proper substance for sutures and ligatures in 1813 by the learned Dr. Thomas Young (b); and it has been doubted and questioned

(a) Few or none of the ancient medical authors speak explicitly as to the material of which their surgical threads were composed. In one passage Galen incidentally alludes to suture threads being made of lint or wool. (Kuhn's Galen, vol. xviii. B. p. 752; or De Med. Off. II. 10.) Paulus Ægineta mentions threads of wool for stitching wounds of the abdomen. (Dr. Adams' Translation, vol. ii. p. 260.) Fabricius Hildanus recommends the vessels in amputation to be tied, when deligation is used, with a hempen thread, "filo cannabino;" and he further speaks of sewing the edges of the wound together with silk, "filo equali ac levi quale est sericum." (Opera, pp. 814, 815.) Severinus advises his followers to use for wounds a slender suture thread of cleaned cotton, "funiculum tenuem e gossypio mundo." (De Efficaci Chirurgia, cap. cxlii.) Fallopius in his treatise on wounds makes the following observations on the best threads for suture:—"Filum autem sit robustum, sed non nimis crassum nec durum. Tertio sit æquale, ita ut præter æqualitatem non habeat nodos interpositos, nec sit putrescibile, quare fila ex gossypio, vel lana non sunt opportuna. Galenus autem (lib. 3, Meth. Cap. ult.) affectebat filum molle ac atissimum, unde disciebat ipse filum Cætanum optimum esse; vel loco ejus utebatur sericino; quare filum lineum sit vel sericinum lineum autem Brixieus optimum esse, et nunquam marcescit, ipso ergo utendum est vel sericina materia, quæ itidem optima est. Filum præterea sit album, vel crenesinum tantum, nigrum enim vel alio colore infectum malum est." (Opera, Tom. II. p. 177.)

(b) See Dr. Young's Introduction to Medical Literature, 1813. "I have often (says Dr. Young) wished to try ligatures of catgut which might be absorbed."—p. 448. In the Edinburgh Medical and Surgical Journal for 1818, vol. xv. p. 155, Dr. Young states that he proposed catgut ligatures to several surgical friends "ten years before," or in 1808.

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whether the proposal to use animal ligatures was or was not made earlier in America by Dr. Physick of Philadelphia (c). But in all probability catgut, the form of animal thread or ligature that has been most frequently tried in modern practice, was employed in surgical sutures eight or nine hundred years ago. The celebrated Arabic writer Rhazes, who practised at Bagdad about A.D. 900, speaks (d) of stitching up wounds of the abdomen with a thread made of the string of the lute or harp ("corda liutti vel cithare") (e). And another Arabian author, Albucasis, who lived a century or two later, alludes in the same class of wounds to stitching a wounded bowel with a fine thread made of the twisted intestine of an animal, "filo subtili, quod absterum est ex intestino animalis anneo" (f).

*Uses of Metallic Threads in Olden Surgery.*

Metallic threads have been used for various purposes in surgery from the earliest historical periods (g); but not as sutures for wounds, or ligatures for vessels. They have been employed, for example, in surgical practice for the following objects:—

1. In adjusting fractures of the lower jaw, Hippocrates, among other more important directions, advises that, after the broken ends of the bone are placed in apposition, the teeth on either side of the wound should, if they be disturbed and loosened, be tied together, two or more of them, with a gold thread (h). Paulus Ægineta (i), and after him various Arabic authors, recommends a thread of gold to be applied in the same manner for the same injury; and Wallner (k) has in modern times, for the same purpose, bound a silver thread around the front teeth in central fractures of the lower maxilla.

2. In attempting the radical cure of inguinal hernia, some Surgeons of the middle ages, as Bernard Memis (l), Franco (m), Fallopius (n), Ambrose Paré (o), etc., applied what they termed the "golden stitch," the "golden tie," or "*punctum aureum*," to the neck of the hernial sac, surrounding and constricting it, with the exclusion of the spermatic vessels and cord, by a golden thread, after it was cut down upon, and the bowels returned out of it into the abdominal cavity. This golden thread was left permanently *in situ* around the neck of the sac, sometimes with, as described by Fallopius, a slim defensive gold ring or crescent around the cord (*circutum seu semicircutum ex auro non valde crassum*), and the cutaneous textures healed over all. Besides applying a

(c) Reese and Jamieson's American Edition of Cooper's "Surgical Dictionary," article, "Ligature." "To our distinguished countryman, Professor Physick, of the University of Pennsylvania, is undoubtedly due the honour of having first introduced in 1814, what is known as the animal ligature into Surgical practice. His ligatures are made of Chamois leather."

(d) Continens Rasis, lib. xxviii. ; p. 344, of Venice edition of 1509.

(e) At least the strings of the ancient Egyptian, and hence probably of the Arabic harp, were made of catgut. "The strings of Egyptian harps were," says Sir P. Gardner Wilkinson, "of catgut, as of the lyres still used in Nubia." (Popular Account of the Ancient Egyptians, vol. i. pp. 111 and 118, etc.) "Wiro strings (he elsewhere observes) were not used by the Egyptians in any of their (musical) instruments, catgut being alone employed."—Ib. p. 125. The strings or cords of the old Greek harp were, in the time of Homer, formed, as we learn from one of his similes in the Odyssey, of the twisted intestine of the sheep, *ἐκ σπέρματος ὄντος βοῦς*, Book xxi. xl. 408. The word "cord," as applied to the strings of the harp, etc., is itself, in fact, sufficiently indicative of the material of the strings, as originally the term *χορδή* simply signifies Intestine.

(f) Methodus Medendi, lib. II. c. 85.

(g) It is perhaps not undeserving of remark that gold and silver seem to have been drawn into wires, and in this form used for embroidery, etc., from a very early era. Gold wires and their mode of manufacture, are referred to in Exodus (chap. xxxix. 3.) "Silver wire was," according to Sir Gardner Wilkinson, "known in Egypt about 3500 years ago, being found at Thebes of the third Thotmes. It was used nearly as early as gold wire, which we find attached to rings bearing the name of Osirtasen the First, who lived more than 600 years earlier." (Wilkinson's Ancient Egyptians, vol. ii. p. 82.)

(h) Adams' edition of the works of Hippocrates, p. 594.

(i) Adams' edition of the works of Paulus Ægineta, vol. ii. p. 445.

(k) South's edition of Chelms's Surgery, vol. i. p. 529.

(l) See Guy de Chauliac's Chirurgia Magna, tr. iii. d. 3, cap. 7.

(m) Traité des Hernies, pp. 59, 60.

(n) Opera Omnia, tom. ii. p. 313.

(o) English edition of Paré's works, p. 300. Paré's account is accompanied with sketches of three instruments required for performing the "*punctum aureum*." He figures,—1. a crooked needle, like the modern aneurism-needle, "with the golden wire put through the eye" of it; 2. mallets or pincers to remove the superfluous ends of the wire; and 3. mallets or pincers to twist the ends of the wire together. These instruments very precisely resemble some of those proposed to be used in applying metallic sutures in modern times.

permanent gold thread or wire for the cure of hernia, Paré speaks of occasionally using, for the same purpose, a temporary wire or thread of lead.

3. One mode of treatment long pursued in the management of fistula in ano consisted in passing a flaxen thread or ligature through the fistula and bowel, and gradually cutting through the intervening tissues, by the constriction and pressure of the ligature. This operation is described at length in one of the essays usually included among the Hippocratic writings (p). Foubert, a French practitioner of the last century, substituted a metallic or leaden thread for the flax thread formerly employed in this operation (q). The practice of dividing the structures placed between the bowel and the tract of the fistula with a ligature of lead was, with various modifications, subsequently adopted by Bosquet, Desault, Sebatier, and other continental surgeons.

4. From an early period in surgery polypi have been removed by cords or ligatures applied and tightened around their pedicles (r). In the sixteenth century, Gabriel Fallopius recommended a thread or wire of brass, steel, or iron, like that used in harpsichords (*filum aeneum, vel chalybeatum satis crassum, vel ferreum, ex quo arpicorda constituuntur*), introduced through a silver canula, as the best ligature for the purpose of strangling the base of nasal polypi (s); and a century ago, Levret (t) called the attention of the profession to the advantages of removing uterine and other polypi by the constriction of a silver wire, introduced through a double silver canula. Both of these forms of metallic ligature have been adopted by various followers.

#### Use of Metallic Pins for Sutures.

In the preceding instances the metallic wires or threads were not used as suture threads, to unite the edges and walls of wounds in the soft parts. And when first metals were used for this last purpose, they were employed in the form of fixed bodies, and not as flexible threads. For when the ancient Surgeons kept the lips of some of their wounds united for the requisite time by the metallic pins of their surgical fibulae, and when, in later times, the metallic needle of steel, bronze, silver, or gold was left in for a few days for the same purpose, in the well-known form of the twisted suture in hare-lip, etc., the material of the suture was so far essentially metallic.

#### Use of Metallic Threads for Sutures.

The idea itself of employing metallic threads for surgical sutures is not entirely modern, however much the practice may be deemed so. In his learned dissertation on the "Acia" of Celsus, John Rhodius alludes to many different forms of thread, as the *filum*, "*lineum, laneum, sericum, xylum, aureum, argentum, ferreum, plumbeum* (u)." After speaking of the employment of gold and iron threads in the industrial arts, he alludes to the question of these two metallic threads being capable of use in surgical sutures; and evidently without ever having tried them, he condemns them as unfit for such a purpose. "*Alterutrum certè subtile admodum continendis vulnerum oris sine evidenti doloris molestia vix conferre potuit.*"—p. 192.

During last century, however, metallic sutures appear to have been used, in some isolated examples, by one or two Surgeons. Thus, Purmann, "Chief Chirurgion to the

City of Breslau, in Germany," as he is styled on the title page of the English edition of his "*Chirurgia Curiosa*," used, with alleged great advantage, metallic sutures in wounds of the tongue. The metallic sutures which he employed consisted of what has been specially recommended in modern times, viz. silver threads or silver wire (v). Needles of gold and silver were long preferred by most surgeons in applying the twisted suture for the cure of hare-lip. In his "*Elements of Surgery*," published in 1746, Mr. Mißles speaks of employing silver and gold threads in the operation for hare-lip instead of pins, and figures a needle fitted to draw these metallic threads through the sides of the cleft lip (w).

The first Surgeon in our own times who appears to have actually used metallic threads in practice, was the late Professor Dieffenbach of Berlin. In a paper on Staphyloraphy published in 1826, he has detailed several instances of that operation, in which he used leaden thread to unite and keep united the sides of the divided palate. He preferred for this purpose threads of lead to threads of silk, as he found the ends of the leaden thread could be made by mere twisting of their elongated extremities, to bring into contact the raw sides of the wound more easily than could be effected by attempting to tie and knot the ends of silk threads, by introducing the fingers so deeply within the cavity of the mouth (x). "The difficulty," says Professor Fergusson (y), "of keeping the first noose steady has often been alluded to; the lead ligatures, by being twisted together, obviate this difficulty." The metallic suture in staphyloraphy has been alluded to by many later surgical writers (and modified by some), as, for example, by Mr. Liston in 1831 (z), Velpeau (aa), Pancoast (bb), etc.

Metallic sutures have been adopted in other plastic operations besides that of staphyloraphy. Gosset stitched together the sides of a vesico-vaginal fistula with gold wire, the gold threads being left in for twenty-one days (cc). In his "*Practical Essays on Plastic Surgery*," Mr. Spencer Wells observes: "The lead suture is sometimes useful in deep operations. A piece of soft lead wire is armed at both ends with a short needle. These are passed, by means of forceps or a needle-holder, from within outwards, and the needles removed. The ends of the lead wire are twisted together until the wound is brought into apposition. They are then cut off. This is the easiest suture to apply in cases of vesico-vaginal fistula when deep-seated. The only objection to its use is the necessity for protecting surrounding parts from irritation caused by the ends of the wire" (dd).

The use of metallic threads has been extended by some European surgeons to the stitching of common surgical wounds. In the British and Foreign Medical Review for

(v) See his *Surgery*, Part I. chap. 6: referred to by Heister in his *System of Surgery*. London Edition of 1757, p. 92. "Purman affirms (observes Heister) that he made use of silver threads in sutures upon this part of the tongue to great advantage."—p. 92.

(w) *Elements of Surgery*, p. 277.

(x) In the *Lancet* for 1826, vol. xi. p. 405, in a detailed account of Professor Dieffenbach's operation for Staphyloraphy, it is stated that—"The principal difference in Dieffenbach's mode of procedure from those recommended by Graefe, Roux, Souchet, Jousset, and Alcock, consists in the substitution of a finely-drawn lead wire for the ordinary ligatures. It is necessary that the lead should be as pure as possible; the wire needs only be a little larger than a stout pin; and if used when recently drawn, it will be found just as yielding as a waxed thread. The needles having been uncreased or cut off, the extremities of the ligature are then twisted once or twice slightly round and put on one side of the mouth until the other ligatures are introduced. It is then recommended to commence to close the edges of the velum, by twisting with a forceps the ends of the anterior ligature carefully around each other until the edges of the wound are brought into contact. The twisted wires are to be cut off within about a quarter of an inch of the palate, and turned forward upon the roof of the mouth. The second ligature is to be managed in the same manner, and so the third, or as many as there may be. Should the inflammation be so violent as to cause great tumefaction of the parts, the ligatures may be untwisted to the necessary extent to relieve the tension, without altogether setting the edges free, and the wire may be again twisted tighter when the inflammation subsides. To remove these ligatures it is only necessary to cut the wire on either side above the twisted part, when the whole ligature may be easily brought away by a little lateral motion.

(y) Observations on Cleft Palate, and on Staphyloraphy in the *Medico-Chirurgical Transactions*, vol. xxviii. p. 295.

(z) *Elements of Surgery*, part ii. p. 193:—"A ligature either of thread or of pewter wire can thus be conveyed at once; if the latter is employed, it is secured by twisting, and the ends cut off by pliers."

(aa) *Médecine Opératoire*, 1832, tom. ii. pp. 96, 97.

(bb) *Treatise on Operative Surgery*, 1844, p. 261.

(cc) See Dieffenbach's *Operative Chirurgie* (1845), vol. i. p. 577.

(dd) *Medical Times and Gazette* for 1854, vol. ii. p. 109.

(p) Adams' edition of Hippocrates' works, p. 817.

(q) See Leblanc's *Precis d'Operations*, vol. i. p. 97.

(r) Some ancient authors recommend the ligature to be pulled alternately at either extremity, or used with a sawing motion, like that used in working the *ecraseur* of M. Chassaignac in the removal of polypi and other parts. Rhazes indeed advises the ligature thrown around the base of the polypus to have knots placed upon it at short distances that the Surgeon may thus exert with it a greater sawing power. (*Divisio morborum*, cap. xlii. p. f. 62.) Other Arabian authors, as Albucasis and Avicenna describe the same operation of sawing through the stalks of polypi with knotted threads. Mesue recommends for the purpose a ligature made of several horse-hairs tied together with knots. (Adams' *Paulus Aeginata*, vol. ii. p. 291.) In the thirteenth century, the Italian Surgeon, Bruno, the reputed friend of Petrarch, orders these sawing knots to be placed upon the ligatures at about the distance of a finger breadth from each other; and whenever the root of a nasal polypus is very deep he recommends the extremities of the knotted ligature to be pulled alternately till the polypus is detached. (*Chirurgia Magna et Parva*, lib. ii. c. 12.)

(s) *Opera omnia*, tom. ii. p. 298, where a figure of the canula and loop of thread is given.

(t) *Sur la Cure Radicale de Plusieurs Polypes*, p. 482.

(u) De *Acia* dissertatio, ad C. Celsi mentem, etc. Copenhagen edition of 1672, p. 194.



April, 1846, p. 286, it is stated that platinum wire as a suture-thread has thus been "successfully employed at Guy's Hospital by Mr. Morgan." One of Mr. Morgan's colleagues at that Hospital, the late Mr. Bransby Cooper, in his "Lectures on Surgery," published in 1851, when speaking of the treatment of common surgical wounds by the interrupted suture, observes that this, "the interrupted suture, is the one most frequently used by Surgeons, and silk is the ligature generally used; but platinum wire is preferred by some Surgeons. As, however, it is rarely necessary or right to leave the sutures longer in the wound than forty-eight hours, I think (Mr. Cooper adds) it signifies little whether platinum wire or silk be employed" (ee). Again, Mr. Guthrie, when describing the treatment of wounds left by amputation, directs that "the common integuments of the stump should be drawn together in primary amputations by sutures formed of flexible leaden wire; by threads of silk, if leaden wire are not obtainable" (ff).

But in America the subject of metallic ligatures has met with more attention than in Europe. In 1832, Dr. J. P. Mettauer, of Virginia, employed them with perfect success in operating in a very aggravated case of laceration of the perineum and rectum, produced, the year previously, by a tedious labour. The laceration extended as high as three inches upwards, along the anterior wall of the rectum. After sufficiently removing and denuding the hardened edges of the lacerated cleft, and the parts exterior to them, Dr. Mettauer stitched carefully together the abraded surfaces with ligatures of lead wire (gg). "As the ligatures were applied they were tightened, so as to bring the abraded surfaces in contact; and then their ends were twisted together, and cut off of convenient length. About twelve ligatures were required to close the wound. From time to time the ligatures were tightened by twisting them, and the vaginal margins of the laceration cauterized with nitrate of silver to favour the formation of granulations, which it was judged would greatly strengthen the union in this part" (p. 114). The bowels were constipated for four days. The leaden suture threads were not removed till six weeks, "the parts having united perfectly." In concluding his account, Dr. Mettauer observes, "leaden ligatures were preferred in the management of the foregoing case, as experience had proven them, not only less irritating and liable to cut out when tightly drawn than any other material with which I am acquainted, but infinitely more convenient and effective in maintaining a uniform and perfect apposition by the ready facility of simply twisting them, and a proof that the leaden ligature may act forcibly for a long time without cutting out. When they were removed in the present instance, it could not be perceived that any material encroachment had been made upon the margins of the cleft" (p. 115).

Four years after recording his first case in the American Journal of Medical Sciences, Dr. Mettauer reported six additional instances in which he had operated for extensive lacerations of the perineum. "In all of those cases," he states, "the recto-vaginal wall was completely divided, so as to convert the two passages bounded by it into one" (hh). Six of the operations were attended with complete success. In the seventh case, the wound partially tore open some weeks subsequently under the distension produced by the passage of "a large indurated mass of feces, causing intense suffering;" and the patient had not yet submitted to a second operation for her cure. In all the cases in which he operated, Dr. Mettauer used the leaden thread as a suture; cutting it out, however, earlier than in his first case, or apparently from eight to twelve days after its insertion; and leaving the extremities of the wire longer than at first, in order that they might be more readily seized and tightened by an additional twist or two, if they offered to become loose during the first few days following the operation.

(ee) Lectures on the Principles and Practice of Surgery, p. 54.

(ff) See Mr. Guthrie's Lectures on the more important points of Surgery, in the Lancet for June 12, 1852, p. 555; and his Commentaries on the Surgery of the War in Portugal, etc., 5th edition, 1853, p. 72.

(gg) A case of ununited Parturient Laceration of the Recto-Vaginal Septum, successfully treated with Metallic Ligatures. By John P. Mettauer, M.D., of Prince Edward county, Virginia; in the American Journal of Medical Sciences for 1833, vol. xiii, p. 113.

(hh) "I will only," Dr. Mettauer again observes, "remark that the lacerations were extensive, none less than two inches and a-half in length."—American Journal of Medical Sciences for April 1847, p. 314.

In concluding this contribution, Dr. Mettauer observes, "My experience leads me to believe that every case of the afflictive accident is completely remediable. I decidedly prefer the metallic suture in the treatment of this infirmity. With it we are enabled to close and confine the denuded margin of the fissure with more ease and certainty than with the silken or thread suture. And should the least gaping of the wound take place, a few twists of the free ends of the wires will enable us to close it up again. The leaden suture, too, does not cut out as soon as silk or thread" (ii).

In the same year (1847) in which he published this second essay, on the cure of lacerated perineum with metallic sutures, Dr. Mettauer published an account of some cases of vesico-vaginal fistula which he had treated on similar principles. In his first case the opening in the back wall of the bladder was "fully the size of a Spanish milled dollar, and nearly circular." Its edges were denuded and brought together with eight leaden sutures; and after the extremities of these sutures were twisted and tightened, the opening was perfectly close in every part of it, and the line of contact of the opposing surfaces measured two inches. A short, light, silver catheter was permanently retained in the bladder. On the third day the wires were tightened, and again on the seventh. On the thirteenth day the ligatures were removed, and perfect union was found to have taken place along the whole line of contact. The cure was complete, and the woman bore two children subsequently without any return of the accident. Dr. Mettauer operated in five other cases of vesico-vaginal fistula, but not always with the same success. In his second case the fistulous opening was diminished, but not obliterated, after eight operations. In two of the six cases Dr. Mettauer employed thread sutures, but he did not "find them to answer so well as the metallic." His results, however, on the whole, were so favourable as to induce him to conclude with the strong allegation, "I am decidedly of opinion that every case of vesico-vaginal fistula can be cured, and my success justifies the statement."

Dr. Marion Sims, formerly of Montgomery, Alabama, now of New York, published in 1852 an essay on "The Treatment of Vesico-Vaginal Fistula" (kk), describing his mode of operating, and his specialities of management in this class of affections. In this essay Dr. Sims, among other suggestions, recommended the lips of the fistula, after they were refreshed by the surgeon's knife, to be held together by threads of silver wire used as a suture. Latterly a "Woman's Hospital" has been established in New York, principally for the treatment of fistulae and other injuries resulting from parturition, and Dr. Sims has, as Surgeon to that institution, had ample means of proving the valuable and happy results of his treatment. His great and acknowledged success in the cure of urino-vaginal fistulae, and their allied lesions, he himself attributes principally and essentially to the employment of sutures of slender silver wire instead of sutures of silk, etc. At the last anniversary meeting of the New York Academy of Medicine Dr. Sims read, and has lately published, a discourse upon the use of "silver sutures" (ll), displaying (to adopt his own words) "all the ardour and enthusiasm of a devotee." In this discourse he proposes to extend—and relates, indeed, various cases, showing that he had in his own practice extended—the use of silver sutures from vesico-vaginal fistulae to all the common wounds and operations of surgery. Speaking of silver wire as a suture, he remarks, "From the day its wonderful effects were witnessed in vesico-vaginal fistulae in 1849, I have never used any other suture in any department of surgery" (p. 32); and "I declare it (he elsewhere observes) as my honest and heartfelt conviction that the use of silver as a suture is the great surgical achievement of the nineteenth century" (p. 8).

Dr. Sims further indulges in the following enthusiastic and prophetic remarks regarding the value of the silver suture and its "universal applicability in general surgery:" "It is (he says) to revolutionize surgical dressings, and to ensure more beautiful and prompt cures. With it, properly

(ii) The American Journal of Medical Sciences for 1847, vol. xiii, p. 320.

(kk) American Journal of Medical Sciences for 1852, p. 59; or Braithwaite's Retrospect of Medicine for 1852, vol. xxvi, p. 341; or Ranking's Half-Yearly Abstract of the Medical Sciences for 1852, vol. xv, p. 231.

(ll) Silver Sutures in Surgery: the Anniversary Discourse before the New York Academy of Medicine. By J. Marion Sims, M.D. New York, 1856.

applied, there can be no gaping wounds to heal by the suppurating process, where there is skin enough to cover a stump; and in many cases erysipelatous inflammation, and even hospital gangrene, may be averted by substituting it for silk as a suture. After all amputations we must use sutures of some sort; and how often do we see silk ulcerating out, and creating such tendency to suppurating, that we are compelled to remove them before there is sufficient union to resist the retraction of the tumefied flaps. But with silver there is no inflammation, no suppuration, no cutting out of sutures, no gaping or retraction of flaps, and therefore no necessity for disturbing the dressing till all is firmly united and permanently well. This," Dr. Sims adds, "is no vain imagining; though enthusiastic, I am not wildly so, for all this has been familiar to me for the last eight years, and I but speak what I know. The next eight years will not find an educated physician anywhere who will dare to use silk sutures, for the silver-thread will now become as essential to the dressing case, as the needle itself; and if I may be allowed to venture a prediction, I will say that fifty years hence the statistics of our Hospitals will show a vast improvement in their bills of mortality after great operations, and this improvement will be due mainly to the use of silver as a suture. Look at its results in injuries of the vagina. Before this discovery, operations for vesico-vaginal fistula, and its congenic affections, were often attended with risk to life, while a cure was a mere accident. But how is it now? Why, every case is easily and perfectly curable that has tissue enough to render any operation whatever practicable; while a failure is the exception to the rule. Besides, there is not the least risk to life, as there is never any fever, or the slightest constitutional disturbance. I am not claiming too much for this suture when I say, that the same relative results must be attained in all other surgical operations requiring sutures, if the same method be adopted. My language is nowise extravagant; and I shall yet live to see the day, when the whole Profession of the civilized world will accord to this simple discovery the high position of being the most important contribution as yet made to the surgery of the present century."—*Pp. 44 to 46.*

The very earnest and unusual terms in which Dr. Sims thus describes the advantages of silver sutures, indicates at least a profound and intense conviction on his part of their great and unqualified superiority over sutures of silk and common thread. In the next part we shall endeavour to inquire into the truth and value of this opinion regarding metallic, as compared with organic threads.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### HOSPITAL NOTES.

#### DIFFERENTIAL DIAGNOSIS OF OVARIAN DROPSY AND ASCITES.

No fewer than four cases have recently come under our notice in which patients suffering from ovarian dropsy had been subjected to prolonged diuretic and mercurial medication, in the belief that the disease was hepatic ascites. In one case, a short time ago, in a large metropolitan Hospital, the reverse mistake was made, and the peritoneal cavity injected with iodine, in the hope of obliterating an ovarian cyst, which, as the autopsy a few days afterwards proved, did not exist. Rumour states that one or two other accidents of the same kind have occurred since the iodine-injection plan came into vogue, but we are not in a position to substantiate them. Facts like these prove that the differential diagnosis between these two affections is either not so generally understood as it ought to be, or else that it is a matter of extreme difficulty. Now, there is one sign which hitherto we have never found to fail, but which I, we believe, as compared with its value, but little known. In more than one work on the diseases of women we find no mention of this symptom, although in extreme cases it is the only one which is available. The sign referred to is percussion of the lumbolateral region. If in a case of ascites in which the dis-

tension is so great that the hydrostatic line of level in front is not changed by posture—and it must be remembered that only in ovarian cases in which the cyst is so large as to simulate this extreme condition ought any difficulty to occur—if, in such a case, the patient be made to sit up in bed, and the loins be percussed, it will be found that the note is the same (usually dull) on both sides. If an ovarian case, no matter how great the distension, be treated in the same way, one loin will be found to be clear, and the other quite dull. The explanation is obvious; in ascites the air-containing coils of gut float as far forwards as their mesenteric attachment will permit, while in the case of an ovarian cyst, they are pushed over to the healthy side. It is not easy to conceive any condition of things, excepting entire exclusion of air from the whole tract of intestines, which could diminish the trustworthiness of this symptom. It indicates also, with unflinching accuracy, on which side the ovarian cyst, if it exist, has originated.

#### ADHESION OF CALCULI TO THE BLADDER.

Many Surgeons have expressed doubts as to whether calculi ever became really united to the bladder, and attribute to mistaken impressions during the performance of the operation the statements of lithotomists as to their having encountered difficulties in removing the stone on account of adhesions which it contracted. There can be little doubt but this occurrence is talked of much oftener than it really occurs, but that it does so occasionally is equally beyond reasonable question. Several instances are on record in which calculi were found after death occupying the bladder and united by organic adhesions to its walls, and with such in remembrance it is not fair to set down all those in which the operator's impressions are the only obtainable evidence, as mistakes or as excuses for the indexterous use of the forceps. A case in which the evidence in support of the belief that the stone was really adherent, was unusually strong, has just occurred to Mr. Henry, at the Middlesex Hospital. The patient was a boy aged 11, in whom symptoms of stone had for long existed, but of late with considerable mitigation. A large calculus was easily detected. In the operation, Mr. Henry stated that he found it connected with the anterior part of the bladder, and difficult to reach. Repeatedly it eluded the forceps, and was eventually only seized by the aid of firm pressure made over the lower part of the abdomen. When extracted, its exterior presented some shreds of organized membrane firmly attached. These shreds were submitted to microscopic examination, and were then found to present all the characters of granulation stricture undergoing organization. The lad recovered, and so happily no opportunity was afforded for inspecting the interior of the bladder.

#### SILVER-WIRE SUTURES.

The relative advantages of silver wire over silk and hemp as a suture will no doubt be soon decided. Dr. Marion Sims' advocacy of them, however unmeasured in its terms, will probably induce their extended trial. Mr. Baker Brown speaks most strongly in their favour in the closure of vesico-vaginal fistula, and has had several successful cases. From the result of a case in which we employed them for the closing a large cutaneous incision, we quite believe that they irritate much less than silk, and do not so readily cause ulceration. Should further experience endorse this conclusion, their uses will be very extensive, more especially in the various departments of plastic surgery.

**ADULTERATION OF FOOD.**—Mr. Scholefield has a notice on the order-book of the House of Commons to bring forward a Bill to prevent the adulteration of articles of food and drinks.

**IMMENSE COOKING APPARATUS.**—The Visiting Magistrates of the Middlesex County Lunatic Asylum are about to have constructed a gas cooking apparatus, calculated to cook for fifteen hundred persons daily. Mr. Sharp, of the Southampton Gas Works, has been consulted respecting the plans and construction of this, the largest application of gas to culinary purposes. The baking compartments are to be capable of cooking eighty-four meat pies.

THE PROVINCIAL  
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL  
OPERATIONS PERFORMED DURING  
THE YEAR 1857.

(Continued from page 481.)

THE subjoined Report comprises the following Hospitals:—Addenbrooke's (Cambridge), the Bristol General, the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Glasgow Royal, the Gloucester, the Hull, the Leeds, the Leicester General, the Liverpool Royal, the Liverpool Southern and Toxteth, the Queen's, Birmingham, the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the Sussex County (Brighton), the West Norfolk and Lynn (Lynn), the York County.

EXCISIONS OF BONES AND JOINTS.—*Concluded.*

*Case 22.*—Addenbrooke's: Mr. Humphry.—A girl, aged 18, pale, but in tolerable health, for seven years the subject of diseased knee-joint. The disease had been much aggravated by a sprain received three weeks before admission. There was much swelling, but no abscess had ever formed. Excision of the joint was performed. The patella, as well as the extremities of the two bones, was removed. The synovial membrane was found thickened; the cartilages were extensively ulcerated, and the ends of the bone were united by firm fibrous bands. Profuse suppuration followed the operation, but the wound gradually closed. Six months afterwards several sinuses still remained open. Under treatment. *Case 23.*—Addenbrooke's: Mr. Humphry.—A healthy woman, aged 27, was admitted with chronic disease of the knee-joint, consequent on a kick received nine years before. Excision of the joint was performed on October 25. The patella was removed, and the synovial membrane, which was much thickened, was dissected away; scarcely any suppuration followed, and the healing process was remarkably rapid. She was up within six weeks of the operation, and was discharged at the end of the tenth week, the bones being firmly united. *Case 24.*—The Hull: Mr. Craven, jun.—A strumous lad, aged 9, had suffered from disease of the right knee for two or three years. Excision of the joint was performed, the long semilunar incision being adopted; the patella was not removed. The case progressed well, and at the date of report ankylosis was almost complete. Under treatment. *Case 25.*—The Hull: Mr. Huntingdon.—A healthy man, aged 30, was admitted in consequence of an injury to his elbow-joint, inflicted by a circular saw. The olecranon process and the inner condyle of the humerus were cut through, but the vessels were uninjured. Mr. Huntingdon sawed off the other condyle, and removed also a further portion of the ulna and the articular surface of the radius. The arm was laid in a straight splint for three weeks, and afterwards placed on an angular one. The parts healed well, and a good amount of motion was secured in the new joint. *Case 26.*—The Dundee: Dr. Crockatt.—A strumous man, aged 20, was admitted, with disease of the right elbow-joint, consequent on an injury. The joint was excised in the usual manner, and a good recovery, with a slight motion in the new joint, ensued. The articular surface of the ulna, and the lower end of the humerus, were extensively ulcerated. *Case 27.*—The Brighton: Mr. Lowdell.—A girl, aged 14, the subject of strumous disease of the elbow-joint, of eighteen months' duration. Excision was performed in the usual manner, and a good recovery followed. She left the Hospital three months after the operation, having then a fair amount of motion in the joint, which was daily improving. *Case 28.*—The Glasgow.—A strumous boy, aged 10, the subject of chronic disease of the hip-joint. Excision of the head of the femur. Recovery. *Case 29.*—The Glasgow.—A man, aged 33, in good health. Primary excision of the ankle-joint, in consequence of a compound dislocation. Recovery. *Case 30.*—The Glasgow.—A strumous girl, aged 15, the subject of chronic disease of the elbow-joint. One ankle was also affected. Excision of the

elbow was performed, but the child sank under hectic exhaustion at the end of the second month. *Case 31.*—The Glasgow.—A boy, aged 15, the subject of strumous disease of the elbow-joint. Excision. Recovery. *Case 32.*—The Glasgow.—A boy, aged 11, for nine months the subject of strumous disease of the elbow-joint. Excision. Recovery. *Case 33.*—The Glasgow.—A girl, aged 18, for four years the subject of strumous disease of the knee-joint. She was in much reduced health. Excision of the joint was performed in the usual way on July the 9th. A good recovery followed, and the consolidation of the parts was complete by the middle of December. Her general health had much improved, the ankylosis was perfect, and she could bear weight on the limb; the shortening was about an inch-and-a-half. *Case 34.*—The Glasgow.—A boy, aged 10, for four years the subject of diseased knee-joint. Excision in the usual manner on December 28. At the date of report the case was doing well. *Case 35.*—The Glasgow.—A man, aged 33, was admitted with a compound dislocation of the elbow-joint, caused by a fall from a scaffold. The heads of the radius and ulna were broken, and were excised. The articular surface of the humerus was not interfered with. Recovery, with complete ankylosis, resulted. *Case 36.*—The Glasgow.—A man, aged 27, was admitted on November 3, having had his elbow-joint opened by a circular saw; the olecranon and lower end of humerus had been injured, and were consequently removed. At the date of report the case was doing well. *Case 37.*—The Liverpool Royal: Mr. Bickersteth.—A delicate looking boy, aged 11, the subject of diseased knee-joint. Excision was performed; the semilunar incision being adopted. The joint was found quite disorganized; the cartilages being almost wholly gone. The patella was not removed. A profuse discharge followed, and the boy was for some time in a critical condition. At the date of report there seemed good reason to hope the limb would be saved. *Case 38.*—The West Norfolk: Dr. Cotton.—A thin, spare woman, aged 45, was admitted with the intention of submitting to amputation of the thigh on account of diseased knee-joint. The disease had existed twenty-five years, and there was a large ulcer with fungoid granulations on the inner side of the joint. Excision of the joint was performed in the usual manner on September 28. She recovered well; and at the date of report was able to bear considerable weight on the limb. *Case 39.*—The West Norfolk: Dr. Cotton.—A delicate girl, aged 16, was admitted with chronic enlargement and contraction of the knee-joint: the disease was of nine months' duration. The joint was excised in the usual manner on September 28. For some time she appeared to be doing well, but she subsequently sank into a state of extreme anæmia, and so died in the beginning of the ninth week. Anasarca had been present during the last few weeks. The autopsy showed no disease of either lungs, heart, or kidneys, nor were there any evidences of pyæmia having existed. No osseous union had taken place between the extremities of the bones. *Case 40.*—The West Norfolk: Mr. Kendall.—A girl, aged 3 years, the subject of strumous disease of the knee-joint for more than twelve months. Excision of the joint was performed, and she made an excellent recovery. At the date of report she was able to bear weight on the limb. *Case 41.*—The Queen's Hospital, Birmingham: Mr. Sands Cox.—A healthy boy, aged 3, was admitted on account of a bony growth, occupying the lower part of the scapula: it had been gradually increasing for two years. Mr. Cox excised the whole of the bone beneath its spine, by means of a chain saw passed under it. No vessels required ligature, the hæmorrhage being arrested by pressure. The tumour proved to be a flat-based exostosis. The healing was retarded by an attack of erysipelas. He was discharged well six weeks after the operation. *Case 42.*—The Leeds: Mr. Teale.—A boy, aged 9, the subject of diseased tarsus. The os calcis, and the greater part of the astragalus were excised. The suppuration was profuse for some weeks, but at length the parts healed well. At the time of discharge from the Hospital, only a very small sinus remained. *Case 43.*—The Glasgow.—A boy, aged 8. Excision of the os calcis on account of strumous disease. Recovery.

OPERATIONS FOR CARIES OF BONE (NOT  
EXCISIONS).

*Case 1.*—The Leeds: Mr. Teale.—A sallow unhealthy looking man, aged 30, the subject of carious disease of the head of the tibia. The discharge escaped from a small orifice.

The cavity in the head of the bone was trephined and gouged out. He improved greatly in health after the operation, and the wound slowly healed. *Case 2.*—The Queen's, Birmingham: Mr. Sands Cox.—A boy, aged 11, the subject of carious ulceration of the lower end of the tibia. The gouge was applied, and some small pieces of bone removed. Recovery. *Case 3.*—The Queen's, Birmingham: Mr. Knowles.—A lad, aged 9, who had been for some time under care for carious disease of the tarsus. The sinuses were laid open, and the gouge applied to the diseased surfaces. Recovery. *Case 4.*—The Bradford: Mr. Meade.—A woman, aged 33, the os calcis was gouged on account of caries. Under treatment. *Case 5.*—The North Staffordshire: Mr. Turner.—A man, aged 27, in fair health, the subject of diseased tarsus. The three cuneiform bones were almost wholly removed by gouging. Under treatment.

#### AMUSSAT'S OPERATION FOR ARTIFICIAL ANUS.

A man, aged 49, was admitted on Nov. 4, into Addenbrooke's Hospital, under Mr. Humphry, suffering from obstruction of the bowels, caused by a tumour pressing on the upper part of the rectum. The bowel itself appeared to be quite healthy. His sufferings had been great, and his health much impaired. He stated that he had enjoyed good health until a year before, when for the first time he began to experience difficulty in defecation; eight months ago he had had a stoppage, which had lasted a week. For seven weeks before admission, the bowels had scarcely been relieved at all, only very small quantity of feces having been got away by the frequent use of injections. Under these circumstances it was determined to open the colon in the left loin (Amussat's method). The operation was done with much ease, the bowel being distended by flatus and feculent matter. It afforded the greatest relief, and no unfavourable symptoms whatever followed. At the date of report (December 31), the feces passed freely both by the rectum and by the artificial opening.

#### AMPUTATION OF THE PENIS.

*Case 1.*—The Leeds: Mr. Teale.—A healthy man, aged 77, the subject of epithelial cancer. He stated that the disease had commenced so long ago as twenty years back. The glands in the groin were not affected, but the urethra had become obstructed, and he made water with the greatest difficulty. The whole organ was amputated, and the mucous membrane of the urethra stitched to the skin. When the parts were healed the urethral meatus was freely open. *Case 2.*—The Liverpool Royal: Mr. Stubbs.—A healthy looking man, aged 35, the subject of epithelial cancer of the penis. Amputation. Recovery.

#### OPERATIONS FOR URETHRAL STRICTURE.

*Case 1.*—The Glasgow.—A man, aged 48, for eleven years the subject of stricture. Patient and repeated attempts by dilatation had failed to cure it, and perineal section in the usual method was performed. Recovery. *Case 2.*—The Leeds: Mr. Teale.—A man, aged 43, had been the subject of a very troublesome stricture for several years. No instrument could be passed. Perineal section without a guide was performed. Considerable difficulty was experienced in finding the vesical part of the urethra. The cure was subsequently much delayed by the extreme irritability of the parts, which rendered the use of instruments difficult. Recovery. *Case 3.*—The West Norfolk: Dr. Cotton.—A soldier, aged 40, in tolerable health, but for twelve years the subject of stricture, was admitted on September 29, on account of extensive extravasation of urine into the perineum, and beneath the abdominal fascia. Free incisions were practised, and considerable quantities of pus and decomposed urine escaped. The patient was freely supported by diet and stimulants, and did well. No instrument could be passed through the stricture, and on October 8, perineal section (without a guide) was performed. About an inch and a half of the urethra having been divided, a No. 12 catheter was introduced and retained. At the end of a month the wound had perfectly healed, and no fistula remained. Two months later he called at the Hospital, and stated that he continued quite well: the urethra freely admitted a No. 12. *Case 4.*—The Liverpool: Mr. Bickersteth.—A waiter, aged 27, of sallow complexion, the subject of stricture for several years. The stricture had become much worse during the six months previous to admission. He had had instruments passed at various times, and had once suffered from extra-

sation of urine. On admission, he was treated with warm baths and opium suppositories, and after a few days a No. 5 bougie was passed. He subsequently had a smart attack of catarrh of the bladder; but this yielded to treatment, and his general health improved. Perineal section (on a grooved staff) was performed on March 17. A No. 8 catheter was retained in the bladder for forty-eight hours afterwards. A few days after the operation an attack of jaundice, with bilious vomiting, occurred. At this time the urine passed freely; but in the following week he complained of severe pain about the bladder, and became unable to pass his water. Catheters were now passed, but no urine could be obtained. In the belief that the bladder was distended by blood-clot, the patient was put under chloroform, a grooved staff introduced, and the opening in the urethra enlarged. The finger now could be passed into the bladder without difficulty, but still no urine came. A large gum-elastic catheter was passed by the wound, with no better success. At length, however, on gentle pressure being made on the distended bladder, a large mass of blood-clot was ejected, and about three pints of urine followed. Arterial blood was now observed to be flowing freely from the deepest part of the wound. With some difficulty the vessel was secured on a tenaculum, and a lithotomy tube was afterwards retained in the bladder. The patient afterwards sunk into a feeble state, and death took place on the second day. At the autopsy the liver and both kidneys were found diseased. *Case 5.*—The Bradford: Mr. Parkinson.—A man, aged 28, the subject of an old stricture, the result of injury to the perineum. Not even the smallest instrument could be passed. Perineal section (without a guide) was performed. Death, from urinary infiltration and diffuse inflammation of the cellular tissue followed on the tenth day.

#### OPERATIONS BY THE ÉCRASEUR.

From the reports sent to us it appears that the *écraseur* has been used in a variety of cases in Provincial Hospital practice during the past year. In one case, a man, aged 48, was admitted, under the care of Mr. Kendall, into the West Norfolk Hospital, on account of a large growth of cancer on the left side of the tongue. The growth had existed eight months, but had latterly so much increased as to prevent closure of the mouth, and to impede mastication. At the urgent request of the patient, the whole of the left side of the organ with the diseased mass was removed by the *écraseur*. Profuse hæmorrhage from one vessel followed its separation, but was arrested by a ligature. The operation was performed on July 4th, and on October 18th, the man again came under care with a return of the disease in the base of the tongue and in the glands of the neck. In two cases under the care of the same gentleman, large cutaneous outgrowths from the clitoris and nymphæ occurring in young women, were successfully removed by this instrument without hæmorrhage. In each instance the wound healed well. In the case of a girl aged 20, in the Hull Infirmary, under the care of Mr. Craven, the *écraseur* was employed for the removal of two separate tumours, each about the size of a hen's egg, growing on the side of the face; one of the wounds healed well, the other not so readily. In the site of the latter the disease returned about two months afterwards. In this it had originally been of very suspicious aspect.

#### EXCISION OF TUMOUR FROM FALL.

Dorset County: Mr. Tapp.—Elizabeth Chal, aged 26, re-admitted October, 1857. Has never enjoyed good health. Had small-pox when four years old, and inflammation of eyes, which have never been well since; she has some opacities on cornea, and has lost her eyelashes. States that two and a half years ago she noticed a tumour the size of a pea, situated near the articulation of the left malar with superior maxilla. It grew very slowly for two years, when it began to increase, and when admitted, three months ago, was the size of a walnut, and divided into two parts. Under the constant application of collodion it decreased to one-half its original size, and she left the Hospital September 3, 1857, much improved in every respect. The tumour remained quiet until three weeks before admission, when it began to grow, and has grown rapidly; the two parts into which it was formerly divided have coalesced, and it is larger than it was on her first admission, the skin looking angry and ready to

break. It was removed October 30, the day after admission, and the tumour upon examination was considered to be cancer. She left the Hospital, quite recovered, December 3, 1857.

#### LITHECTASY.

Mary Ann Selway, aged 6 years, admitted October, 1857. Eighteen months ago began to suffer pain in passing water, and at other times as well; viz. when she ran about. About three months before admission, she passed blood with her urine; and for five or six months before admission, the urine passed involuntarily. A sound was introduced, and stone detected, which was removed on the 10th of November, 1858, by dilatation. The patient was able to hold her water during the day, thirty-six hours after the operation, and for three nights before her discharge, November 30, there was no incontinence of urine. Size of stone,—large circumference, 3 inches; small circumference, 2½ inches.

#### AMPUTATION OF THIGH.

Edward Brown, a carter, was admitted December 28, 1857, with a curved wound situate on the inner side of the right thigh, about three inches above the condyle; the length of wound was about three inches, it was caused by being trodden on by his horses while endeavouring to stop them, they having run away. The wound did not appear deep, the edges were clean like an incised wound; it was brought together with sutures, went on well for a day or two, but on removing the sutures, no adhesion had taken place; it took an inflammation and suppurated, the man being feverish and having an unsatisfactory look. On Saturday night, January 9, 1858, at 11 o'clock, hæmorrhage of artificial character occurred to a considerable extent; the wound was immediately enlarged, clots removed, and the vessel sought for, but could not be found. The wound was then plugged with lint, and strictly watched; all went on well until Thursday, January 14, when hæmorrhage recurred, wound again enlarged, clots removed, but no vessel could be found. It was then determined to tie the femoral under the sartorius; but on further examination, the femur in the popliteal space was so much denuded of periosteum, that it was deemed advisable to amputate at the junction of middle and lower third. On examination of the limb, it was found that a small branch, apparently one of the articular, had sloughed at its junction with the main trunk, leaving a small hole in the popliteal. Discharged cured April 1, 1858.

#### REMOVAL OF STONE.

Thomas Hawkins, admitted February 11, 1858, reported to be suffering from symptoms of stone. On admission an attempt was made to pass a sound, but it could not be done, owing to spasmodic stricture; the next day, and a day or two after that, attempts were made, but without success; the sound passing some way down the urethra, but causing great pain, and the water flowing when the attempts were persevered with. Under these circumstances, and as the urine deposited a large quantity of tenacious mucus similar to that obtained in catarrh of bladder, it was resolved to treat him on that principle, by warm hip-baths, etc.; this somewhat improved his condition; and one day when trying again to pass a catheter, the instrument came down upon a hard body, evidently a stone in the urethra, one end of which was situated about one inch below the lower border of the scrotum. The man called my attention to a hard body, which he now told me he had found come down and go back again since September. He further informed me that since September, when he sat, this body came down, but went back when he stood up; he could not ride astride his horse in consequence of this body. On introducing the finger into the rectum, the stone could be felt in the urethra, and evidently of some size; an incision was made in the middle line of the urethra, over the tumour, and a stone extracted weighing 2½ drachms. The man's condition improved, and it was supposed we had got to the bottom of his troubles, but Mr. Tapp thought there might be another, perhaps, and a catheter was again passed some two or three days after, and another stone detected much in the same place, weighing 3½ drachms, and which was removed by slightly enlarging the first wound. The man recovered and was discharged quite well, April 8, 1858.

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## Medical Times & Gazette.

SATURDAY, JUNE 5.

#### ON SOME RECENT CHANGES IN MEDICAL EDUCATION AND EXAMINATION.

THERE is no one who wishes well to the Medical Profession who will not view with interest and satisfaction every attempt made to improve the education of Medical students, or to devise more and more efficient means of testing, by examination, the competency of candidates for degrees and diplomas.

It has long been a difficult problem to determine how knowledge can be best infused into the mind on the one hand, and how its acquisition may be tested on the other. On the question of education, some would stimulate the ambition of youth by the alluring temptation of prizes and scholarships for the most deserving students, while others would denounce the prize system as calculated to make only book-worms, and not men of practical acquirements. Some would argue that the various sciences on which the superstructure of medicine is raised should be communicated by means of numerous courses of lectures, while others would maintain that students may learn as much, if not more, in the retirement of their own rooms, and with the aid of appropriate books, than from the discourses of their Professors. As to the subject of examinations, again, while all are agreed as to their importance and efficacy, the utmost diversity exists, both in theory and practice, as to the mode of carrying them out;—some would select examiners from the Medical Teachers of the Universities and Schools, while others would exclude teachers altogether from such duties, on the ground that the examiners might be biased in their judgment by predilections for their own pupils. In all these views and reasonings there is much truth on both sides; but in the absence of any State regulations for the education and examination of Medical students, we are compelled to take matters as we find them; and while we commend the zeal of those bodies in our Profession which endeavour to advance with the progress of the times, we may take the liberty to reprove those which linger in the rear of improvement, and are urged on to exertion only by the force of circumstances.

Some weeks since we alluded to a change about to be effected in the present curriculum of education of students preparing themselves for the diploma of the Royal College of Surgeons; and we are now able to announce that the change which has been some time contemplated will forthwith be carried into operation. The results of this change will be, that while the mere attendance on lectures is diminished, the examinations at the College will be more stringent than heretofore, and will be held upon two separate occasions, instead of one, as at present. The candidate may present himself for his first examination, which will consist chiefly of Anatomy and Physiology, at the termination of the second winter session of his attendance on Lectures and Hospital practice: the second examination will take place at the termination of

the curriculum, and will comprise Surgery and Pathology. It is also understood that a portion of the examination will be conducted by means of written papers; a very excellent plan for eliciting the information of candidates, and a much more satisfactory one than that of mere oral conversation, in which ignorance may sometimes be successfully masked, and ability may remain undiscovered.

It is obvious that by the changes now proposed the system of *grinding* will receive a heavy blow; for when students are compelled to present themselves at two separate examinations held at distinct intervals, and when they are required to *write* their answers, it is quite evident that the plan of cramming a man for examination in a few weeks must soon come to an end; while the diligent student will have the gratification of exhibiting, at progressive intervals, the advance which he has made in the different branches of his Profession.

The compulsory attendance on Lectures is very much diminished in the forthcoming Regulations; for although the subjects of the lectures remain unaltered, a much smaller number of courses is required than before. This will be, no doubt, a great boon to the student, who will thus be relieved from the necessity of attending year after year courses of lectures upon the same subject; while he will have more time to devote to the practical operations of the dissecting-room, and to attendance in the wards of the Hospital. It appears to ourselves that the oral Lectures in the Medical Schools have been too much amplified of late years, and that, in the zeal of each Lecturer to expound in all their details the facts and bearings of his own speciality, the students have been bewildered with an infinity of words; while the great landmarks of the Profession have been almost lost amidst the *verbiage* with which they were surrounded. Not many years since, two courses of Anatomy and Physiology were delivered at each of the Medical Schools in each winter session; and we are not sure that in the present day, when those courses have been indefinitely amplified, our rising Physicians and Surgeons have derived much benefit from the change. It is, of course, desirable that Medical science should be cultivated to its fullest extent, and in all its departments and dependencies; but life is short, and art is long, and the average period allowed to Medical students to complete their curriculum is far too brief to allow them to do more, under ordinary circumstances, than to acquire a fair general knowledge of the theoretical and practical subjects presented to their notice; more especially when it is remembered that a great majority of our alumni are compelled to enter upon the responsibilities of practice at the age of twenty-one.

These considerations, in our opinion, derive still greater weight from the circumstance that the curriculum of the College of Surgeons is extended over only four years—a period, in our judgment, which is barely sufficient to make a man of ordinary capacity acquainted with the outlines of his Profession; more especially when we recollect that out of these four years, the lectures and Hospital practice occupy scarcely two years and a-half, and the rest of the time is pretty well left to the student's own disposal. But perhaps it is necessary to manufacture Surgeons in a short time and at a cheap rate; and in the present demand for Medical men, particularly in the public service, there may be some justification for the plan adopted.

We have received from the Society of Apothecaries of London the Regulations for the new curriculum of education proposed by the Court of Examiners of that body, together with some prefatory remarks by which the Regulations are accompanied. By this document it would appear that the Court of Examiners have altered their curriculum, in conjunction with the Council of the College of Surgeons, and in conformity with the views advanced by the latter body. The number of subjects required by the Apothecaries' Society is

greater than that required by the College, with the exception, of course, of Surgery; but the general features of the two plans are pretty much the same.

In the department of Practical Medicine we perceive that a very important change has been made in the Regulations of the Apothecaries' Society;—for the instruction in Clinical Medicine is now to consist of a distinct course of Lectures on that subject, while the second course of Theoretical Lectures on the Practice of Medicine is abolished, or at least is not made imperative.

It may be interesting to our readers, and especially to the younger part of them, to know that these Regulations will come into effect on and after the 1st of August next; after which period the examinations will be divided into two parts, to be held on two separate days. At the College of Surgeons, as we have before mentioned, the first examination will comprise, chiefly, Anatomy and Physiology; and the second will embrace Pathology and Surgery. At Apothecaries' Hall, the first examination will include Latin, Chemistry, Materia Medica, Botany, Physiology, and Anatomy; and the second will be chiefly devoted to the Practice of Medicine and Midwifery, together with Pathology and Medical Jurisprudence, including Toxicology.

We alluded last week to the very striking and important novelties introduced into the examination of candidates for the Medical degree at St. Andrew's; and we have only to repeat the expression of our gratification that the Medical Professors of that University have shown themselves so sensible of the necessity of progress in Medical education.

#### THE WEEK.

THE prospects of Medical Reform will be considerably brightened since the debate which took place on Tuesday night upon the subject. It will be perceived that Mr. Walpole has promised to introduce some amendments into the bill of Mr. Cowper, which may have the effect of reconciling the conflicting views now entertained on this much vexed question. The speech of Mr. Walpole deserves great attention for the ability which it displays, and the lucid views at which he has arrived from a long and careful consideration of the Medical Reform question.

With great regret we learn that the Poor-law Board have completed the series of persecutions to which Mr. Symes of Bridgewater has been exposed by dismissing that gentleman from his office. This cruel proceeding has excited the deepest sympathy for Mr. Symes both in and out of the Profession, and especially in his own town, where the expression of commiseration is almost unanimous. The exception, we regret to learn, is to be found among one or two Medical men, and it is thought with some reason that Mr. Symes has been made the victim of personal animosity. We hope that the matter will not be allowed to rest, and that it will be brought before the notice of Parliament.

We publish this day two documents on the subject of the Royal Medical Benevolent College: one by Mr. Propert, the excellent founder and indefatigable friend of the institution; the other, which is a statement of grievances, by the dissentient Governors, who have called in question the whole policy, past and present, of the Council. As both sides have thus had the privilege of laying their views before the Profession, we hope that at the meeting to be held next week, the subjects in dispute will be discussed with mutual patience and forbearance, and that the result may be an amicable understanding between the contending parties. The Royal Medical Benevolent College is too important an institution to be



undangered in its present career of prosperity by internal discord; and it is most especially to be regretted that the differences which now prevail have originated from the conflicting opinions of those, who, however divided on other points, are all staunch friends of Mr. Probert's patriotic work, and ardent admirers of the enthusiastic energy by which alone such an Institution could have been originated, and brought so far on towards a secure and permanent success.

In another part of the Journal will be found a series of Resolutions lately passed at the Medical Institution of Liverpool, on the subject of the appointments to Medical Charities. It is justly considered that the present method of canvassing the Governors of these institutions by the Profession is undignified and degrading, and is no less annoying to the persons canvassed than to the canvassers. It will be seen that the efforts of the Medical men in Liverpool have been attended with some degree of success, and their recommendations have been acted upon by the Southern Hospital and by the St. Anne's Dispensary, and it is hoped that the principle will be still further extended, not only in Liverpool, but throughout the country.

Among curiosities in Medical literature, the following deserves a place. A French Surgeon visits London in 1856 to examine the contents of its museums in relation to the subject of stricture of the urethra, at the instance, he states, of M. Malgaigne. Having made his examination he hastens to report respecting it to the Société de Chirurgie of Paris. He has discovered, however, that our countryman, Mr. Henry Thompson, of University College Hospital, has made a similar but much more extended investigation some years previously, the results of which formed a portion of the work for which he received the Jacksonian prize of 1852. Accordingly Dr. José Prò adopts the portion of that work (about 30 pages) which relates to the pathological anatomy of stricture, and which Mr. Thompson presents as a *résumé* of the facts which the museums exhibit; simply translates it, and, omitting all mention of Mr. Thompson's authorship, serves it up to the Academy as his own. It met with great favour, and is published in Paris under the name and as the production of Dr. José Prò. Our readers will find a brief analysis and review of it at another page. We understand that Mr. Thompson is taking the necessary steps to claim his rights as an author and as an observer, and we have no doubt he will obtain a full recognition of them by the Société in question.

We beg to direct the notice of our readers to the full Report of the discussion held at Bedford on the 21st ult., on the subject of Consultations with Homœopathic Quacks, which we publish in another part of the present number of our Journal. Amidst the apathy and discord which too often prevail among the members of our Profession, it is quite refreshing to find a large number of our brethren meeting together, and expressing in bold, but most temperate language, their abhorrence of quackery, and their determination to uphold the legitimate interests of our honourable calling. In expressing our high admiration of the conduct of Dr. Paley and Mr. Philbrick, we feel that we only re-echo the sentiments of the whole Profession throughout the length and breadth of the land; and we hope that, although these gentlemen may have suffered some pecuniary loss, and experienced some other annoyances from the late notorious case at Stamford, they will find in the approval of their own consciences and the warm thanks of every well-wisher to Medical science, a reward which will much more than compensate them for any injury they may have received. The Bedford meeting will

certainly not be without its fruits; and we cannot too highly approve of such assemblies for the discussion of points touching our common honour and reputation. One or two men, standing unsupported, might fear to sacrifice themselves in any cause, however good; but a multitude, meeting together, speaks trumpet-tongued to the world; and the warning voice thus sent forth will confirm the steadfast in their honest career, and convey a hint to the waverers which is not to be misunderstood. We would call especial attention to the admirable speech of Dr. Herbert Barker on the late occasion.

We perceive, by a notice which has been forwarded to us by the Society of Arts, that the Council of that Society have appointed a Committee to investigate the subject of mechanical contrivances applied to Medicine and Surgery, to promote improvement in the production of such instruments, to examine and report on the merit of the apparatus submitted to notice, and to recommend rewards for successful invention. The Committee consists of a large number of Medical gentlemen, distinguished in all branches of the Profession; the object of appointing so large a body being to afford material for the formation of special sub-committees, each to consist of at least three or four gentlemen. The Committee unanimously elected Mr. James Luke, chairman, and Dr. Watson, Dr. Budd, Mr. H. C. Johnson, and Mr. Partridge, deputy-chairmen, and Mr. F. S. Haden, and Mr. Mitchell Henry, reporters. It was in contemplation to form Sub-committees on general Medicine and Surgery, and on Dental, Obstetric, Ophthalmic, and Orthopædic Surgery, and also on Philosophical Apparatus applied to the investigation and treatment of disease, and on Veterinary Surgery. At the inauguration of the Committee it was observed by Mr. Wentworth Dilke, in opening the proceedings, that the price of Surgical instruments in this country was much greater than in France, and that although English instruments were superior in temper and quality, it was not certain that this advantage was commensurate with the great difference in price. The present Committee on Surgical instruments is an offshoot of the Great Exhibition of 1851.

Mr. Griffin has just published, in the form of a printed circular, the Report of the late Deputation of Poor-law Medical Officers to the President of the Poor-law Board. This Report has been forwarded by Mr. Griffin to all the Poor-law Medical officers whose addresses are known; but as many changes have necessarily arisen since last January, when the list of Medical officers was made out, we understand that a copy will be forwarded to any gentleman who will communicate with Mr. Griffin to that effect. The document to which we refer is of very great interest, and the result of the deputation to Mr. Estcourt is very fully and accurately reported. We are also happy to perceive that a ray of hope seems gleaming in the distance in favour of that much ill-used class,—the Poor-law Surgeons; for Mr. Estcourt, whether moved by the number and respectability of the gentlemen forming the deputation, or whether convinced in his own mind of the injustice inflicted by the present system, promises to prepare a Bill, during the present session, for the amendment of existing evils. As this promise has been made by Mr. Estcourt, we have no doubt, from the high respectability and integrity of his character, that he will fulfil it; and we may anticipate, before the end of the session, the appearance of a measure which can be maturely considered during the recess. It is most gratifying to record this success, although hitherto partial, achieved by Mr. Griffin's exertions; and we hope that his brethren of the Poor-law Medical service will still rally round and support him, until an adequate measure of Reform is obtained.

The Biennial Festival of the Medical Benevolent Fund will be celebrated by a public dinner, at St. James's-hall, Regent-street, on Thursday next, June 10, under the presidency of the Earl of Granville, and we hope that the attendance of a numerous assembly of our Professional brethren and their friends will bear testimony to the excellence and usefulness of this simple and unobtrusive Medical charity. The chief novelty of the forthcoming celebration (after the dining-room itself, which is one of the great ornaments of the metropolis) will be the presence of the ladies, who may obtain tickets at a very moderate rate, and we trust that gentlemen who attend will induce ladies of their acquaintance to enhance, and partake in, the enjoyment of the festive occasion. Although we have on many previous occasions alluded to the services rendered to many necessitous members of our Profession and their families by the Medical Benevolent Fund, we may take occasion to remind our readers that the objects of this Fund are to relieve cases of urgent necessity, by pecuniary grants commensurate with the resources in hand, and proportioned to the urgency of each case. The relief thus afforded is dispensed by a Committee of gentlemen, meeting periodically at the house of Mr. Churchill, who kindly lends a room for the purpose, thus materially lessening the working expenses; and the recipients of the benefits are not exposed to the trouble and expense of a prolonged canvass, their own misfortunes and the recommendation of some respectable friends being the only solicitation required. The quiet nature of the proceedings, and the private manner in which the relief is administered, in some measure keep the Medical Benevolent Fund out of general view; but those real promoters of charity, who would do with their right hand the good deeds of which their left is unconscious, and who would desire to obviate the exposure of the distress, perhaps temporary and transient, into which some member of our Profession, or his widow or children, may have fallen, will perhaps entertain as high an estimate of this Fund as of some others of which the operations are more public and conspicuous. We leave the consideration of this matter to the benevolent, and we doubt not that a warm response will acknowledge the force and justice of our appeal.

A Bill is now before Parliament, entitled "Friendly Societies Act Amendment," which contains the following:—"And if the said child have been attended immediately before its death by the Medical officer of any Union, on account of such Union, he shall deliver to the parents or friends of the deceased child, upon their application, a certificate stating the probable cause of death of such child, without fee or payment of any kind. Coroners are required to do likewise." No fee is to be paid for such certificate; and thus we see another instance in which the services of Medical men are to be pressed gratuitously into the sphere of public duties.

## CONSULTATIONS WITH HOMŒOPATHIC QUACKS.

### MEETING OF THE PROFESSION AT BEDFORD.

At a large meeting of Medical men held at Bedford, on Friday, May 21st,

Dr. WEBSTER said:—Mr. President and gentlemen, I rise for the purpose of bringing under your consideration a circumstance that has recently occurred in the district of our South Midland Branch of the Association, which has created much excitement, and occasioned much discussion both within and without the Profession. Involving as this matter does many medico-ethical considerations, and happening in the practice of two of our members, a full investigation into

the circumstances, and a decided opinion upon them, may justly be expected of this meeting. I am informed, Sir, that a faithful account has not yet been given to the public; and before entering upon the subject it may be desirable that you, Sir, should request of those two gentlemen, whom we gladly see present to-day, to favour us with authentic details. But before doing so, I would express a hope that our observations and expressions may be of the most temperate character, and that we shall not be led away into any disquisition upon the merits of Homœopathy, it being quite sufficient at the present meeting of Professionally educated gentlemen, to refer to the fact that the so-called system has been weighed in the balance of talent, science, and truthful investigation, and has been ever found wanting. Will you then, Sir, solicit from Dr. Paley, of Peterborough, and from Mr. Philbrick, of Stamford, the account of this case.

Dr. PALEY said, he should have pleasure in stating the facts of the case, which he believed was a very important one. It was that of a gentleman living near Stamford, who was suffering from paralysis of the left side, and had previously suffered from similar symptoms in a much lighter form. He (Dr. Paley) had no doubt that there was some structural disease of the brain, probably of long standing, and he therefore did not think it right to adopt active treatment; retention of urine did not occur till some days after, and then not from any disease of those organs, but as a consequence of the paralysis. Under the treatment prescribed, the patient appeared to him (Dr. Paley) to be doing well; but the wife of the patient, not being satisfied, had been very anxious from the first, that Dr. Bell, a homœopath, should be called in in consultation. Both Mr. Philbrick and himself positively declined to meet Dr. Bell if he came down, and in consequence of this refusal a telegraphic message was sent to Dr. Bell to put off his journey for some time. On Sunday afternoon Dr. Bell came down; and here, in speaking of the conduct of others, he (Dr. Paley) would prefer to use only documentary evidence. In a letter to Mr. Philbrick, the lady says, "In answer to your letter and bill, I beg to say that I requested you and Dr. Paley to meet Dr. Bell on Sunday, Feb. 21, which you both declined to do." In another part she says, "As soon as Dr. Bell saw the patient he was much shocked, pronounced him in imminent danger, desired me to send for his brother, as his opinion was that he would sink in a few days under rhubarb, gentian, etc." He (Dr. Paley) had arranged to go again on Monday; but after Dr. Bell had seen him, a polite note was sent, explaining the circumstances, and declining his further attendance. From an accident this note did not arrive in time, and he (Dr. Paley) and Mr. Philbrick saw the patient together on the Monday morning after Dr. Bell had left. The patient then required the use of the catheter; and before considering what further course they should adopt under the circumstances, they determined first to relieve their patient. This was done, and then Mr. Philbrick was requested to attend with Dr. Bell to perform the necessary operations. After consulting together as to what was the proper course for him (Mr. Philbrick) to pursue, he respectfully but firmly declined to have anything further to do with the case so long as Dr. Bell had charge of the patient. There had been much misrepresentation; but what he had stated were the simple facts of the case. Mr. Philbrick had been accused of "leaving the patient to die," rather than meet Dr. Bell; of having acted from temper, etc. He (Dr. Paley) was present when Mr. Philbrick declined, and he must say that he thought Mr. Philbrick had acted throughout the whole of this painful case with humanity and firmness. The patient was not left in an emergency, the catheter having been used before he left the house. More honourable conduct than that of his friend Mr. Philbrick, he had never met with from any practitioner; and he thought he had been most harshly treated. After Mr. Philbrick declined, he received another letter from the lady, in which she says:—"He (Dr. Paley) will be glad to hear that Mr. Jackson came without making the least difficulty, to perform the operation for the patient this morning; and he has not the slightest objection to meeting Dr. Bell, or acting under his directions, which of course makes Mr. — quite comfortable." In consequence of this intimation, he communicated with Mr. Jackson, who in his answer stated that he was in attendance upon the patient for the purpose of introducing the catheter. In the postscript he stated:—"I have never yet seen Dr. Bell, but he and Mr. Fergusson are coming

down from London to-night, when I shall have an interview with those gentlemen." In his last letter to the lady he (Dr. Paley) remarked, "that the Profession do not believe that infinitesimal doses of medicine have any effect in relieving true disease, whatever supposed effect they may have over imaginary disorders; further, they suspect that many of those who profess to follow the system do not fully carry out their own principles, and are often obliged in serious cases to fall back upon legitimate medicine, and give efficient doses, though in a highly concentrated form. Regarding, then, the system as a delusion, if fully carried out, or as one involving an unworthy deception, if evaded, they do not see how, with any regard to their own honour, they could take part in or sanction such a plan of treatment." With that letter closes the correspondence. He hoped the members had come to the conclusion that he and his friend had acted courteously, but firmly. (Hear, hear.) He should just like to call attention to Mr. Fergusson's letter. Mr. Fergusson stated that he accompanied Dr. Bell to Lincolnshire to see an urgent Surgical case! But he (Dr. Paley) would say that it was scarcely a Surgical case at all, and certainly not an urgent one. In another curious letter from the lady she says, "We did not send for Mr. Fergusson, Dr. Bell brought him;" but the former gentleman says he does not consult with Homœopaths; but if going down to Lincolnshire with Dr. Bell to see a patient, and meeting him and Mr. Jackson at the patient's house, he not consulting, he (Dr. Paley) did not know what was. The circumstance of Mr. Fergusson attending the case with Dr. Bell, had left an impression on the minds of people in the neighbourhood, that Mr. Jackson was justified in so doing. What possible reason was there for bringing Mr. Fergusson down at all? The case must have been extremely exaggerated on the part of some one; but the result of the investigation showed that the case was not of the character represented to Mr. Fergusson. He knew that attempts had been made to produce an impression prejudicial to Mr. Philbrick and himself, who were accused as having acted from pique, whereas they had been actuated by a sense of duty and honour.

Mr. PHILBRICK had nothing to add to the statement of Dr. Paley; and it would only be occupying their time uselessly if he were to make any lengthened observations. He felt that he had to choose between his honour and his pocket, and he preferred retaining his honour. (Applause.)

Dr. WEBSTER said: After these clear and satisfactory statements, I think I shall be justified in proposing for your consideration the following resolution:—"That it is the opinion of this meeting that no honourable man, whether Physician or Surgeon, can meet in consultation a Homœopathic practitioner, or, as such, can act in conjunction with him." The unhappy alliance between Mr. Fergusson and Dr. Bell has called forth several letters, which have found a place in one only, I am sorry to say, of our Medical journals; and after the perusal of those letters in the *Medical Times and Gazette*, the question has arisen in my mind whether our Professional duties to our patients are ever at variance with that proper respect and duty each man owes to himself individually. I do not think they ever are, and I hope to make it appear that if we always entertain a proper appreciation of those duties, they never can be so. If we have no belief in the truth of principles in the acquisition of which we have all spent so many years of study and research, it is full time they were discarded, and some others substituted in their place. But if, to use the words of Dr. Sieveking, "we have the full assurance of the reality of our science, and that we believe what we have learnt, and what we are daily practising," are we true to ourselves, are we just to ourselves, by word or deed to throw into the minds of our patients discredit, diffidence, or disbelief of the remedial agents or measures we prescribe for their ailments? This is not the way to inspire hope and confidence, oftentimes the means of cure, and at all times so essential in the treatment of the sick, to which mental comfort and dietetic injunctions the dogmatic Homœopath can only trust. What, then, becomes of the aphorism in the letter of "Justa aut Nihil?"—"Since Homœopathic remedies are nothing, treat them as nothing, and let your patients take them or not, just as they please." Would this be manifesting a faith, a confidence in your own Medical creed, or be discharging your duty to your patient, in permitting him to rely for the relief of his malady upon means you conscientiously believe to be

worthless? Could you say this to your patient, "Do this, or take this, and it is my honest opinion that you will be better?"

This motion was seconded and carried unanimously.

Dr. BARKER said: Mr. President and Gentlemen,—It is with feelings at the same time of regret and of pleasure that I second this resolution—of regret, because it is necessary to vindicate the honour of our noble Profession against one of the worst forms of heresy which ever crept into it; and of pleasure, because so many of our members are inclined to meet together for the purpose of defending that honour when it has been sadly assailed. In some way the transcendental ravings of a German empiric have, in our day, become fashionable, and have found partisans from among a few renegade members of our own Profession. Many other delusions might be alluded to which sprung up in days of yore, became to a certain extent fashionable and popular, but at length went the way of all other errors and impositions, and are now known only in history. That Homœopathy will follow this course there can be no doubt. It has well nigh died out in the land which gave it birth, and will ere long be found only in the history of great frauds and delusions. Some other form of empiricism will take its place and have its day, and thus there will ever be a contest between truth and error, between the genuine and the counterfeit, between the true student of nature and of science, and the mere worshipper of Mammon. As a Medical system, there is no doubt in the mind of any one who has studied it, that Homœopathy is a great delusion. Every one who practises it belongs to one of only two classes—either he believes it, and is himself deluded; or he does not believe it, and practises it for the sake of deluding others. Now, of the first class, whose mental calibre we will not characterise, there are very few, if any, practitioners. Of the second class, it is to be regretted, there are many. One significant fact we will just notice, *en passant*, that we cannot call to mind a single instance of a man joining the ranks of the Homœopaths who, at the time of his pretended conversion, enjoyed an extensive practice based upon the legitimate system. This looks very suspicious. In fact, it has been adopted by men who have failed to realize their wishes in the regular mode of practice, or as a stepping-stone by young candidates for respectable practice. It is true that some Medical practitioners, and educated men too, seeing that occasionally a respectable patient might be obtained by the concession, have been willing to practise either way; to give the large bolus or the tiny globule; the five-grain dose or the decillionth-of-a-grain dose, according to the choice of the patient! By some practitioners Homœopathy has been adopted in name and form only; for under the pretence of giving infinitesimal doses, they have given the ordinary doses of active medicinal agents. A case came under my notice a short time ago in which mercury had been given by a Homœopath, in such doses as to have produced salivation. In fact, it has been proved that in some cases poisonous overdoses have been surreptitiously given, and the poor patient destroyed. All this undoubtedly indicates a sad want of principle, and the time has arrived when every true lover of his Profession must take his stand against the imposition. The immediate cause of this movement you have already heard very ably stated by Dr. Webster, Dr. Paley, and Mr. Philbrick. A distinguished consulting Surgeon has been tampering with Homœopathy. It is true he repudiates the notion of having consulted with the Homœopath, but the line of demarcation between having been fetched by, and travelling with, the charlatan, and consulting with him and Mr. Jackson in the patient's house, does not appear to have been very broad, distinct, and satisfactory. It is high time that the Profession should cease to treat the subject with apathy. If we in the provinces feel it to be our duty not to soil our hands with quackery, and to forego the fees which are proffered to us from this source, surely it is equally—aye still more—incumbent upon our more distinguished metropolitan brethren, not to yield to the temptation; not to touch "the unclean thing." It is a good sign of the times, that the Medical journals have taken so correct a view of the subject. Some leading articles which have lately appeared deserve to be printed in gold, and placed in the library of every true Medical man. The sentiments which have been so well expressed by the journals, and which have been broached to-day, are those which are entertained by nineteen-twentieths of the Profession. In all probability very many of the Profession feel so strongly on this point, that they would not consult with any one who so far recog-

nised charlatany as to consult with Homœopathic practitioners. I do not hesitate to state that I would refuse, in any case, to meet the Physician or Surgeon who had been known openly and avowedly to have met a Homœopath. The time has arrived when the line must be drawn between the true Profession and the false Profession; between those who boast of their Harvey, Sydenham, Heberden, Jenner, the Hunters, the Coopers, Abernethy, Liston, Brodie, Copland, Bright, Latham, Williams, Watson, Paget, and, though last, not least, Richardson (who favours us with his company to-day), and a host of other bright luminaries, and those who glory in Hahnemann, Holloway, Fleischmann, Coffin, Morrison, Epps, L'Amert, Culverwell, *et hoc genus*. In answer to the question, What should be done? I would just throw out the following suggestions:—1. That every individual member should, in his own conduct, most jealously regard the honour of the entire body. Attention to this fundamental rule would be all that is required. 2. That a central and extensive medico-ethical association should be established for the purpose of framing a code of ethics adapted to the present condition of the Profession. This would also constitute a court of appeal. Several smaller medico-ethical associations exist scattered through the country, the parent of them having been established in Manchester eleven years ago. I wrote to the President of the Manchester Medico-ethical Association, Sir James L. Bardsley, to ascertain if any resolution had been adopted relating to Homœopathy. It appears that the first bye-law of that association declares that "no member shall practise professedly or exclusively Homœopathy, hydropathy, or mesmerism," and in the Code of Etiquette it is declared that "no member shall meet in consultation any medical practitioner who may be inadmissible by the operation of the bye-laws, section first, as a member of this association." Sir James Bardsley adds, "I may say that no member of our association would, under any circumstances, meet in consultation with Homœopaths." 3. That petitions should be forwarded to the heads of Universities and Colleges, urging them to the judicious exercise of all the power they possess. There can be no doubt that the universities and colleges have been apathetic; with one exception, that of the College of Surgeons in Edinburgh, I am not aware that any notice has been taken of the dishonourable conduct of their members. An immense amount of good would accrue from a movement in these quarters. 4. That the editors of the Medical Directories be requested to publish a list by itself of the members of the Profession practising Homœopathy, hydropathy, mesmerism, &c., instead of incorporating them among the true Medical men. 5. That resolutions on the subject be adopted by every meeting of Medical men throughout the country, and forwarded to the medical journals for insertion.

Mr. PAGET congratulated the meeting upon an amended resolution, which was a great improvement on the motion, as it appeared in the circular calling the meeting. But he would even now venture to suggest that it was not sufficiently explanatory of their object. It appeared to him that the resolution should not only embody the sentiments of the Profession, but it should distinctly state the grounds on which they based their opinion. He had drawn up a resolution which he would read to the meeting; it was as follows:—"That so long as a system has no higher philosophy than the jargon of 'similia similibus curantur,' nor sounder chemistry than the delusion of 'infinite dynamization,' it is degrading to a man of education to be connected with it. He, therefore, who assents to consultation with Homœopaths, be they impostors or dupes, forfeits the respect of his Professional brethren, and his membership of this Branch of the British Medical Association." The motion was seconded and carried unanimously.

Mr. MARRIATT said the very honourable conduct of Dr. Paley and Mr. Philbrick was beyond all praise, and demanded an expression of approval from that meeting. He sincerely hoped that the Profession generally would follow their example. He could not but express his very great regret at the annoyance to which they had been subjected. He would move a vote of thanks to those gentlemen for their honourable and straightforward conduct in the matter which had formed the subject of their deliberations to-day.

Dr. WILLIAMS seconded the motion, which was carried unanimously.

Dr. PALEY briefly thanked the members for this cordial

expression of their sympathy. The circumstances had made a strong impression in the neighbourhood; but he was quite sure that all candid persons must admit that he and his friend had honestly performed their duty. (Hear, hear.)

The PRESIDENT alluded to the fact of Mr. Fergusson accompanying Dr. Bell, and suggested whether the meeting would not be justified in passing a resolution on the subject. It appeared there was not the slightest necessity for going to Lincolnshire, and there is no doubt about the consultation.

Mr. PAGET said Mr. Fergusson must have known that Dr. Bell was a Homœopathic practitioner when he accompanied him to Lincolnshire, and yet he said that he does not encourage Homœopaths; but he (Mr. Paget) would say he did give encouragement to consult him; and it was a question whether they ought not to pass a resolution condemnatory of the conduct of Mr. Fergusson, and of the practice of meeting a Homœopath under any circumstances whatever.

Dr. RICHARDSON said Mr. Fergusson, unfortunately, was not the only prominent man who favoured Homœopaths. It was exceedingly distressing to all honourable men; because, if it were not for the countenance Homœopaths received from some members of their own Profession, the public would not be duped in the way they have been. He was sorry that Mr. Fergusson, in his good-natured way, should have allowed himself to attend to the representations of a Homœopath. But if they passed a condemnatory resolution, it would be simply making a martyr of him, while the others would go scot free.

Dr. BARKER said he would give up a patient rather than meet any one who avowedly met Homœopaths. If a man wished him (Dr. Barker) to meet in consultation with another practitioner who encouraged Homœopaths, he should refuse.

The resolutions being carried, it was ultimately agreed that a copy of them should be forwarded to Messrs. Fergusson and Jackson. After receiving the signature of every member present, it was also agreed that the resolutions should be sent to the absent members of the branch for their signatures, and then forwarded for insertion in the weekly Medical Journals.

#### LETTER FROM MR. GEORGE HORNBY.

[To the Editor of the Medical Times and Gazette.]

SIR,—I beg to forward you for insertion in your Journal a copy of some resolutions passed at a large and influential meeting of the Yorkshire Branch of the Medical Association, held at Leeds on the 27th instant:—

Proposed by Mr. Teale, and seconded by Dr. Swaine, and unanimously resolved,—“That the members of this branch pledge themselves neither to meet in consultation, nor attend in conjunction with Homœopathic practitioners.”

Proposed by Mr. H. Jackson, and seconded by Mr. Husband, and unanimously resolved,—“That no member of this branch will meet in consultation any member of the Profession who knowingly violates the last resolution.”

I am, &c. GEORGE HORNBY,

York, May 31, 1858.

Hon. Sec.

#### ROYAL MEDICAL BENEVOLENT COLLEGE.

##### STATEMENT OF THE DISSENTIENT GOVERNORS.

I.—That in 1855 the Council of the Royal Medical Benevolent College, without fully consulting the governors, obtained an “Act of Incorporation,” the provisions of which were such as to preclude the subscribers from an effective control over the management of the College.

II.—That, by virtue of the powers thus reserved to itself, the Council has:—1st, improvidently administered the funds committed to its charge; 2ndly, misapplied moneys subscribed for special purposes; and, 3rdly, unjustly deprived the sons of living Medical men of restricted income of the cheap education originally promised.

##### 1. Extravagance and Mismanagement:—

a. The estimated cost of the buildings was £18,000. For this money there were to have been residences for 104 pensioners, accommodation for 100 scholars, and a chapel. The architect's plan, which is very simple, and has not been materially departed from, is not yet com-

pleted, although more than £36,000 have been expended in building purposes(a).

b. The law expenses alone up to 1856 amounted to £1789, exclusive of the cost of the "Act of Incorporation."

c. The architect, whose commission on his original estimate (at 5 per cent.) would have been £900, has already received, on account, the large sum of £1600.

d. The Council has received upwards of £50,000 in subscriptions and donations. Out of that sum only £2500 have been expended in the education of free scholars, and only £193 (!) in grants to resident pensioners. Nevertheless, the Council has already mortgaged the land and buildings for £7000. The pensioners received in 1856 only £5 each, and in 1857 only £10 each, without any further allowance for servant, board, or clothing.

e. That the Council managed the funds entrusted to its care so as to sustain a loss of £1169 on its investments.

## 2. Misapplication of Special Funds:—

a. In accordance with the 6th clause of the Act of Incorporation, the Surrey Benevolent Medical Society paid £2000 to the "Endowment Fund" of the college, to secure certain privileges to four scholars. The Council, instead of funding the £2000, as they were bound to do by their 9th bye-law, employed it for other purposes. Other moneys were subscribed, especially to the "Endowment Fund," yet no Endowment Fund was founded with those sums.

b. £2760 were specially subscribed to build a chapel. In December, 1856, only £150 had been devoted to this object, the remainder had been otherwise spent.

## 3. Unjust increase of charge to paying Scholars, so-called Exhibitioners:—

a. By the original prospectus, a first-class education was promised to the sons of Medical men for £25. This was an original feature of the scheme. It was to be a boon, not to the rich, for they could not need it, but to those who were unable to pay for their sons the ordinary cost of a good education. These scholars were termed "Exhibitioners," and the Council were charged with the duty of selecting those entitled to benefit by the boon. This charge, when the school opened, had been raised to £30, including the use of books.

b. When the boys (who had been removed from other schools) had been at the college for nearly a year, the charge was raised to £40, and enforced against the boys already in the institution.

The dissentients to these acts of the Council leave the evidence of mismanagement, extravagance, and misapplication of funds to speak for itself. The Council up to the present moment has made no reply to the charges against it on these heads, except by asserting in its report the flourishing state of the college. The matter of the school, however, has been replied to. We briefly state the arguments on the two sides.

### Council.

That the Act of Incorporation, clause 38, forbids the application of any portion of the funds of the college to assist in the maintenance and education of paying scholars—sons of Medical men, so-called Exhibitioners. They are supported in this interpretation of the act by the opinion of Mr. Freshfield (a member of the Council), and by that of Mr. Willcock, whose opinion was taken after the charge had been increased.

### Dissentient Governors.

That the 38th clause of the Act of Incorporation does not forbid the application of a portion of the funds of the college, if necessary, to assist in maintaining and educating Exhibitioners; because this cheap high-class education to the sons of needy Medical men is one of the main objects of the foundation, being prominently put forward in the original prospectus, as well as in that issued after the act was passed, and also because the act must not (as a private act) be so interpreted as to involve a compulsory alteration in the plan and laws of the institution, which existed at the time of the passing of the act, and upon the faith of

which the public had subscribed their money. The Dissentient Governors are supported by the opinion of Messrs. Frere and Co., and also of Mr. Roundell Palmer. The case submitted to Mr. Palmer has been published.

That under good management the *prime cost* would not exceed £30.

That, in the estimate of the Council, there are charges which are unreasonable and exorbitant, viz.:—

Office Expenses to the extent of £238 10s. per annum for 150 boys.

A charge for wear and tear of furniture, and fittings, and of linen, to the extent of £712 2s. per annum for 150 scholars.

Extravagant expenditure in the domestic arrangements of the school as compared with other similar establishments for the sons of Professional men.

3. The dissentient Governors further complain of the unfair conduct of the authorities of the College in the following particulars:—

1st. At the Extraordinary Meeting, April 3, 1857, convened by requisition, signed by 147 Governors, to consider the increased charge to exhibitioners, and other important business, John Labouchere, Esq., in the chair, fair and full discussion was suppressed, and the meeting was broken up without completing the business for which it was called. Prior to this meeting a letter calculated to prejudice the Governors was circulated by the Treasurer.

2nd. At the Annual General Meeting, 1857, it was ordered by the Meeting that "a balance sheet of the accounts of the College, from the beginning of the undertaking till December 31, 1856, be printed and circulated," with a view to exhibit the liabilities and assets of the College. *This order has been disregarded*; a mere divided and obscure statement of the receipts and expenditure, not showing the liabilities, was substituted by the Council.

3rd. At the Annual General Meeting, held May 11, 1858, John Labouchere, Esq., having been again placed in the chair, discussion was a second time completely stifled, and the Meeting conducted with such partiality as to draw forth a protest even from adherents of the Council. Prior to this Meeting the Treasurer again addressed a letter to many Governors calculated to influence an important election. (See Report in *Morning Post*, May 13, 1858, and *Morning Herald*, May 12 and 14, 1858.)

Signed on behalf of the Committee,

June 1, 1858.

WM. CHOLMELEY, M.D. Hon. Sec.

## LETTER FROM MR. JOHN PROPERT.

[To the Editor of the Medical Times and Gazette.]

SIR,—Certain letters having been published in the Medical journals in reference to the affairs of the Royal Medical Benevolent College, which I cannot but think may, to some extent, mislead those of the Governors who have not inquired into the facts of the case, I trust you will allow me as briefly as possible, and once for all, to reply to them. The allegations of mismanagement on the part of the Council, appear to be founded on certain statements which were diligently circulated among the friends of the Institution some months ago, in the form of a pamphlet, entitled a "Report of a Sub-Committee of Governors," "the avowed object of which Report was to support the interests of the exhibitioners of the College." By pointing out to your readers the errors and mis-statements of this pamphlet, I shall, I trust, remove from all reasonable minds any unhappy impression that it may have produced

(a) The Scholastic Department proper accommodates 110 boys, but, on the other hand, there are residences provided for only 20 pensioners.

The charges therein brought against the proceedings of the Council may be briefly comprehended under four heads, namely,—“extravagant outlay,”—“misapplication of funds,”—“obtaining inordinate power by procuring an act of Parliament for the purpose of depriving the exhibitors of a cheap education,”—and “extravagance in the board and education of the exhibitors.”

1. With regard to the first of these charges,—extravagant outlay in the building and arrangements of the College—I have only to say that, whereas in the pamphlet it is stated that the building cost £45,000, the fact is that the cost, including that of the chapel, was only £35,000. Here, then, is a fundamental error of ten thousand pounds at the outset, and this is, I grieve to say, but a sample of the rest. As to the outlay exceeding the original estimate,—this was rendered unavoidable by the extraordinary rise in the price of labour and materials, and by many other unforeseen difficulties, which intervened between the period when the estimate was made and that in which the building was commenced; to which may be added, that the state of the funds seemed to justify the Council in providing a third room for the accommodation of the pensioners.

2. The second charge, that of misapplication of funds, is equally unfounded; the grounds of this allegation are only apparent, not real, and have arisen from an economical arrangement which could not be explained in the balance-sheet, but which was fully explained in the report read to the Governors at the last annual meeting.

3. The third charge is also founded on misrepresentation and error; the Council did not obtain *inordinate power*, by procuring an Act of Parliament for the purpose of depriving the exhibitors of a cheap education. On the contrary, they *lost* the power of carrying out their original intention and most earnest wish of providing a first-rate education for the sons of Medical men, at £30 per annum; and they lost it, not by any act of their own, but by an Act of Parliament which was *forced upon them much against their will*. This also was fully explained by Mr. Freshfield at the annual meeting of Governors.

4th, and lastly; the charge of excessive outlay in the board and education of the exhibitors, which charge, it is attempted to prove by figures, is also utterly unfounded. The attempt to show that the expenses of a school at Epsom can be easily reduced to the sum required for a certain school at about one-eighth of the distance from the London markets, is preposterous: and the proposal to reduce the expenses by such petty suicidal economy as abolishing the London Offices, making no charge for wear and tear of fittings, charging the Charitable Fund with the whole of the Headmaster's fees as Chaplain, and with the insurance of the school furniture (which last item would save each exhibitor the heavy expense of tenpence per annum);—these and similar suggestions gravely proposed in the pamphlet, but too plainly show that the search for grievances is desperate, and that the animus of the malcontents is not such as to entitle their representations to any great amount of respect. Having thus replied to the charges which have been brought against the Council, I may be allowed to ask, on what are these objectors intent? If they indulge a vain and frantic wish to pull down this noble edifice about their ears, I can understand their proceedings; if not, I ask, *what possible good, and how it will, can this factious opposition effect?*

New Cavendish-street.

I am, &c.

JOHN PROBERT.

## MEDICAL INSTITUTION OF LIVERPOOL.

A special meeting of the members was held at their rooms, Mount Pleasant, on Tuesday evening, May 25, for the purpose of considering the propriety of again addressing the committees of the public charities of Liverpool, on the subject of the present mode of conducting the election of their honorary medical officers, whereby a canvass personally or by the active agency of friends is rendered necessary; a proceeding which is considered by the Profession to place them in a false and undignified position.

The chair was taken by Dr. MACINTYRE, Vice-President of the Institution.

Mr. DESMOND moved the first resolution, briefly stating the

circumstances that led to the present movement, which commenced in 1856, when an address was forwarded to all the public charities of the town, and the recommendations of the Profession were acted upon by the Southern Hospital, and more recently by the St. Anne's Dispensary. To illustrate how harassing it must be to the Trustees to exercise their privilege of voting, even after being canvassed, Mr. Desmond alluded to the fact, that at the last two elections for honorary Surgeons to the Liverpool Dispensaries, out of 1200 Governors who were entitled to vote, there polled at the election in September, 1856, for the first candidate, only 36; for the second, 26, and for the third, 15 votes; and at the election in April, 1857, the votes were, for the first candidate, 56, and for the second, 36.

Resolution I.—“That this meeting views with much satisfaction the alterations made by some of the Public Charities, whereby the election of Honorary Medical Officers is for the future to be carried on without canvassing; but it has also to regret that this mode of election has not been more generally adopted.”

This Resolution was seconded by Dr. Cameron, and having been put to the Meeting, was carried by acclamation.

Dr. Voss stated, that having held office in several public Institutions, he could bear testimony to the undignified and false position in which Medical men were placed, when forced to canvass with the view of obtaining an appointment; and he considered that this mode of election gave an overwhelming advantage to those candidates who had numerous friends, and irrespectively of their Professional abilities. He felt great pleasure in submitting to the Meeting the following Resolution:—

Resolution II.—“That our Secretary be requested again to call the attention of the Committees of the Public Charities, to the letter from the Institution, dated April 21, 1856, and once more to urge upon them the desirableness of making such alterations in the present mode of electing their Medical Officers, as will effectually put a stop to canvassing, and meet the wishes of the Medical Profession.”

This Resolution was seconded by Dr. Imlach, who had been a member of the original committee appointed to consider this question. He assured the Meeting that he felt warmly interested in the success of the present movement.

Several members expressed similar sentiments in support of the Resolution, which having been put to the Meeting, was carried by acclamation.

Dr. DICKINSON moved the next Resolution.

Resolution III.—“That the thanks of this Meeting be conveyed to the Governors of the Southern Hospital, and of St. Anne's Dispensary, for having so far acted in conformity with the suggestions of the Profession.”

He regretted that he had been unavoidably absent from town when this important question had been brought under the consideration of the Profession, and added that his personal experience had convinced him of the great objections to the system of canvassing for public Medical appointments. The alterations adopted by the Southern Hospital and the St. Anne's Dispensary met with his cordial approval, and deserved the best thanks of the Profession.

The motion was seconded by Mr. GRIMSDALL, who impressed upon the Meeting the necessity of individual exertion on the part of all those who already held appointments in any of the Medical charities of the town, with the view of urging the Trustees to take this subject into consideration.

The resolution was then put by the Chairman, and carried unanimously.

After a few remarks by some of the members, and the usual vote of thanks to the Chairman, the meeting separated.

(Copy of letter alluded to in Resolution II.)

“Medical Institution, April 21, 1856.

“SIR,—At a special meeting of the members of the Medical Institution, held on the 10th instant, it was unanimously resolved,

“‘That in the opinion of this Society, the present mode of electing honorary Medical officers to public charities, and the canvassing consequent thereon, are highly objectionable, being derogatory to the dignity of the Profession, and harassing to the Trustees.’

“Dr. Voss, Dr. Macintyre, Dr. Fergusson, Mr. Long, and Dr. Imlach were appointed a committee to carry out the views



of the Meeting; and they are desirous of ascertaining whether your committee sympathises with this movement, as they then hope to be able to propose a plan by which all canvassing, whether by personal application, by circular, or by advertisement, may be avoided.

"I have the honour to be,

"Sir, your obedient servant,

"H. IMLACH, Sec. to the Committee."

## REVIEWS.

*Observations on Naval Hygiene and Scurvy, more particularly as the latter appeared during a Polar Voyage.* By ALEX. ARMSTRONG, M.D., R.N. Pp. 117. London. 1858.

Dr. Armstrong is already favourably known to the Profession and the public by his *Personal Narrative of the Discovery of the North-West Passage*, published last year, and reviewed in our columns. In that very graphic history, Dr. Armstrong made known the perils and dangers, the hardships and privations, which many of our brave countrymen endured while engaged in the arduous duties which nearly terminated their own lives, but which were rewarded by the important geographical discovery so long and so earnestly sought for. In the present work Dr. Armstrong has devoted himself to a subject exclusively medical; namely, the Pathology and Treatment of Scurvy; and in connexion with this disease he has offered some very useful observations upon Naval Hygiene in general.

The opinion that scurvy might be prevented altogether on ship-board by the adoption of sound hygienic measures, appears to be fully borne out by the experience gained during the voyage of the Investigator; for it was not until upwards of two years and three months from the date of the ship's commission, and after a residence of two winters in the ice, during the second of which the crew were on short diet, that scurvy made its appearance. After the period alluded to, when the crew were reduced by hard work, privation, and despondency, the disease at last supervened; and, from the necessary absence of remedial appliances in the desolate regions of the Pole, several of the sailors were carried off. The melancholy spectacle of the illness and death of many of the crew from well-known though, under the circumstances, unavoidable causes, necessarily gave Dr. Armstrong peculiar opportunities for observing the symptoms and varieties presented by scurvy; and he has turned the materials thus placed at his disposal to good account.

He confirms the impression generally entertained that a long-continued use of salt meat is the chief cause of scurvy; and he recommends that less salt should be employed in preserving the meat, and that spices should be substituted to a certain extent. While admitting also that the quality of the salt meat now supplied to the navy is much better than it was in former times, he tells us that it is not yet always so good as it might be, and that he has occasionally seen salt beef so hard that it resembled the consistence of wood, and was actually fashioned sometimes into ornaments by the sailors.

The remedial treatment of Scurvy consists in the administration of lemon-juice: a fluid which is very properly ordered to be used on board all sea-going ships, but which, in the merchant service, is certainly not so extensively or so regularly given as it ought to be. Dr. Armstrong, also, very properly insists that it should not only be given to the men, but that proper regulations should be observed to ensure their drinking it; because any neglect in its administration or its consumption may lead to the establishment of a cachectic debility which may terminate in an outbreak of confirmed disease.

The view advanced by Dr. Garrod, that the beneficial effect of lemon-juice in scurvy may be due to the potash contained in the juice, and not to the acids, finds no favour with Dr. Armstrong, who denounces any alkaline treatment as altogether inefficacious, and, indeed, positively detrimental. He considers that the vegetable acids contained in lemon-juice possess some specific power over scurvy, and that the combination of acids in the juice, namely, the citric and the malic, possesses more efficacy than the citric alone, although the latter is a very good, and indeed the best substitute, for the lemon-juice itself.

As a record of personal experience in a very terrible disease, but one which is certainly under the control of medicine, Dr. Armstrong's book will be read with the highest interest; while the numerous remarks on Hygiene, in which it abounds, are well worthy the careful attention of the authorities to whom is intrusted the superintendence of the lives and health of our marines, whether in the navy or the merchant service, in every region of the globe.

*Mémoire sur l'Anatomie Pathologique des Rétrécissements de l'Urèthre.* Par JOSE PRO, M.D. Paris, 1856, Leclerc.

*A Memoir on the Pathological Anatomy of Strictures of the Urethra.* By Dr. JOSE PRO. Paris, 1856, Leclerc.

One of the most remarkable instances of wholesale plagiarism which it has been our lot to meet with for many years occurs in a work, the title of which is placed above. It is difficult to say whether the extent of the theft, or the unscrupulous and barefaced manner in which it has been performed, is the more striking peculiarity of the performance.

The work commences with introductory matter, containing a brief account of the anatomy of the urethra, and an imperfect history of English and French literature relating to the subject. At the close of this, the author offers the results of "his own proper observations," in relation to the pathological anatomy of stricture, and this he terms "the body of the work." This "body" comprises twenty-six quarto pages. Will our readers believe that *twenty-three of these pages* are rendered almost *verbatim* into French from the well-known work on that subject by Mr. Henry Thompson? Yet such is the fact: Dr. Pro has laid under contribution nearly the whole of the second chapter in that work, simply translating with very considerable care and accuracy page after page, as it appears in the English. No acknowledgment whatever is made; and although Mr. Thompson is named, all allusion to his authorship is studiously avoided.

What makes the appropriation worse is, that the book before us was in the first place sent to the Société de Chirurgie of Paris as an original memoir; and the consequence was that the thanks of the Society, and the title of Corresponding Member, were conferred upon its presumed author for the pathological researches he was supposed to have made. As an example of the manner in which the whole is executed we subjoin the following passage:—

MR. THOMPSON, p. 59.

"On laying open a strictured urethra after death, we shall discover that the structure in which the constriction itself is seated, is by no means always the same. It may be almost confined to the mucous membrane of the urethra, in which case it, as well as the bundles of elastic fibre beneath, appear to be simply hypertrophied, a condition which may be regarded as the primary and most elementary form of stricture; and the narrowing usually disappears when the section is made, leaving, perhaps, only a faint white line or two by which to indicate its situation. There is no particular redness of the membrane, &c."

DR. JOSE PRO, p. 51.

"Quand, à l'autopsie, on ouvre un urèthre rétréci, on remarque que la structure du rétrécissement n'est pas toujours la même: elle peut être limitée à la muqueuse de l'urèthre, et, dans ce cas, il y a une simple hypertrophie de cette membrane aussi bien que des faisceaux de fibres élastiques sous-jacents. Cet état de choses peut être regardé comme une forme de rétrécissement primitif et élémentaire, rétrécissement qui disparaît ordinairement après la section, ne laissant d'autre trace de sa présence qu'une ou deux lignes blanchâtres. On n'observe pas de rougeur particulière de la membrane, &c."

And thus the translation is continued, sentence following sentence, and paragraph paragraph, to page 73, where the original matter ceases, and the remaining portion, consisting of quotations from the printed catalogues of our metropolitan museums, commences. These are appended as illustrations of the pathological observations recorded in the body of the work.

We have felt it to be a duty we owe to literature in general and to our English author in particular, to expose this scandalous appropriation of his researches. Such conduct can indeed be only truly characterised in the terms of a criminal indictment.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### ON INCISION OF THE OS UTERI DURING LABOUR.

By Dr. KRISTELLER.

Dr. Kristeller has had occasion to perform this operation in ten instances, and, in a paper read at the Berlin Midwifery Society, he states that the general conclusion he arrives at is, that incision of the rigid os uteri, performed at the proper time and place, is a means for which ipecacuanha, opium, chloroform, ointments or douches do not supply a substitute. Rapid and gentle in its action, it is a far less dangerous operation than authors have considered it, and does not merit the neglect with which it is treated.

The objections that have been made to it are the following : 1. It has been feared that the irritation of a wound occurring in the usually highly excited condition of the woman, might, from the sympathetic action of the nervous centres, give rise to convulsive paroxysms. The author's experience has, however, shown him that hardly any sensation of pain is produced, and that reflex convulsions are never excited. On the contrary, the previous excitement and perverted activity of the nervous system, upon the supervention of effectual pains, disappear. Such nervous phenomena are much oftener the result of fruitless parturient efforts, owing to the extension and laceration the sensitive vaginal portion undergoes, and the pressure it is submitted to between the child's head and the pelvic walls. The incision puts an end to this condition in the most rapid and most easy manner. 2. A too precipitate birth has also been feared, together with its ill consequences, and especially the extension of the section by rupture into a higher portion of the uterus. The author has certainly observed in most of his cases a rapid termination of the labour, but this has been unaccompanied by any danger or any extension of the wound of the incision. The acceleration of labour is indeed only apparent. In the cases in which the operation is indicated, the labour has continued for hours or rather for days, the vagina and external parts are usually soft and distended, the head, covered by the thinned vaginal portion of the cervix, has to a certain extent descended into the pelvic cavity, and the anterior wall of the uterus is drawn downwards—so that the rigidity of the os uteri forms the only obstacle to an early delivery. If the labour, by the removal of this, is enabled to take on a rapid course, the muscular contractility of the vagina and external parts prevent this being precipitate, unless indeed there is relatively too large a diameter of the exit of the pelvis. The disposition of the muscular fibres of the neck and vaginal portion of the uterus oppose an obstacle to the further extension of the wound, just as it prevents the increase in the lacerations which are observed in primiparæ. 3. Hæmorrhage is the accident that is most feared; but the author only met with it in one of his cases, in which the lip of the uterus, in consequence of the prolonged pressure it had been subjected to, had become inflamed, and after incision yielded about 12 ounces of blood. The bleeding was arrested first by vinegar and water, and then by the progress of the labour. The rigid os is usually indurated, unyielding, and almost bloodless upon incision.

The operation is indicated when pathological change of texture or the perverted nervous action of the vaginal portion of the uterus obstinately prevents the progressive dilatation of the os uteri, notwithstanding the active character of the pains. To this condition appertains the parchment-like toughness and density of the vaginal portion sometimes met with in old primiparæ, the hypertrophied, fibrous and cartilaginous state left by former inflammatory processes, fibroid formations, cancerous infiltration, and a spasmodic contraction of the os uteri. It need not be stated that so long as no danger is present we must wait with great patience the efforts of nature, apparently irremovable indurations occurring in pregnancy or labour often yielding to her great solvent power. So, too, must the various milder internal and external measures be tried before resorting to incision. The author has indeed derived little advantage from the patient employment of mucilaginous and oleaginous frictions, ointments, injections, or baths: and opium, bleeding, chloroform, belladonna oint-

ment, and the warm douche have by no means always proved successful. The douche is, however, next to incision, the most useful measure: but it is not to be lost sight of, that its too diligent employment endangers the life of the child.

To recapitulate: judging from his own experience, Dr. Kristeller regards incision in these cases as an imitation of nature's own procedure in primiparæ, and he considers that the operation is often omitted to the great disadvantage of the patient. It is an operation without danger, of easy performance, gives rapid relief to present suffering, and wards off threatening dangers, as rupture of the uterus, convulsive paroxysms, etc.: and there is more danger in performing it too late than too early. In the performance of the operation he employs a curved, pointed bistoury, which, guarded by sticking-plaster to within three-quarters of an inch of its extremity, is passed in between the child's head and the vaginal portion, penetrating the latter at about half-an-inch from the margin of the os uteri. The knife is then drawn rapidly inwards and downwards. Three or four such incisions usually suffice, and these should be made quickly after each other.—*Monatschrift für Geburtskunde*, Band x. pp. 163—168.

#### EXCERPTA MINORA.

*Nitrate of Silver in Ascarides*.—Dr. Schultz states that he has employed enemata of this substance with great success for the removal of the *oxyuris vermicularis* which so frequently infests the anus in such large numbers. The clyster is formed of argent. nitrat. gr. x. ad xv. to aq., dest. ʒiv. Two, or at most three, of these suffice to effect a complete cure. The first one does not usually remain up long, and worms, some living and others dead, are returned with it. The next clyster remains from six to twenty-four hours, and the great mass of the dead worms are discharged with it.—*Deutsche Klinik*, No. 17.

*Blistering in Zona*.—M. Hervé de Chégoin observed in a recent discussion that he had derived great advantage from the application of blisters in zona, these promptly relieving the suffering when applied to the spots where the vesicles threaten to appear. Should the neuralgic pain accompanying this affection not yield, morphia might then be employed endermically.—*Bulletin de Thérap.* May, p. 432.

*Amaurosis from large doses of Quinine*.—It has been long known that large doses of quinine not unfrequently give rise to deafness or other perversion of the organ of hearing; and Professor A. v. Gräfe now states that he has met with two cases of amaurosis produced by the same cause. In the one case the patient took half dram doses daily for some time, taking altogether ʒvj. of quinine, and in the other case taking altogether ʒj. He chiefly relies on local depletion for its relief.—*Archiv. für Ophthalmol.* Band iii. p. 396.

#### GENERAL CORRESPONDENCE.

##### CAUSE OF HYPERTROPHY OF THE HEART.

LETTER FROM J. H. JAMES, Esq.

(To the Editor of the Medical Times and Gazette.)

SIR,—In a lecture which appeared in the *Medical Times and Gazette* for March 13, 1868, by Dr. Geo. Johnson, on "Diseases of the Kidney," I saw the following passage:—"One circumstance in this case to which I beg to direct your attention, is the hypertrophy of the heart, and especially of the left ventricle, without the co-existence of any disease of the valves or of the large arteries, such as would impede the flow of blood, and so explain the increased bulk and strength of the muscular walls of the heart. In a very large proportion of cases of chronic Bright's disease, you will find this hypertrophy of the heart; sometimes associated with such disease of the valves or of the large arteries as may be considered sufficient to explain the phenomena; but not unfrequently, as was long since pointed out by Dr. Bright himself, there is no apparent cause for the marked hypertrophy generally affecting the left ventricle. The most probable explanation of this remarkable fact is, that the blood, being contaminated by excrementitious materials in consequence of degeneration of the kidney, is impeded in its passage through the minute systemic vessels; the left ventricle, therefore, has to make

unusual efforts to propel the blood, and in so doing, it acquires an increase of bulk and strength." Now, Sir, permit me to trespass on your pages for a short statement as regards my own claims, in advancing the theory of obstruction in the minute vessels, as a cause of hypertrophy of the left ventricle of the heart, as they appear to have escaped the notice of Dr. Bright and Dr. Johnson. With respect to the final cause of such obstruction being the contamination of the blood by the retention of excrementitious materials, I offer no further observation, than that, when supported by such authority, the opinion is entitled to every attention; but with reference to obstruction of the minute vessels being a frequent, perhaps the most frequent, cause of hypertrophy of the left ventricle, the following extracts from a paper which I wrote more than forty years ago, which was presented by my lamented master, Mr. Abernethy, to the Medico-Chirurgical Society, and was by them published in the eighth volume of their Transactions (a), will show that, although I did not consider myself as having originated the theory, yet that I supported it by arguments, both physiological and pathological, which I then believed, and do now, to be original. No modern pathologist had then advanced the doctrine of obstruction in the minute vessels being the cause of hypertrophy, not even Corvisart; but Senac had, and I mentioned the fact.

After stating the common opinion, that, when there was mechanical obstruction at the orifices of any of the cavities, dilatation of that cavity and hypertrophy, (as it has since been called,) would ensue, I gave three cases, in which there appeared evidence of obstruction at more remote points, but in the great vessels; and subsequently others, in which a presumption arose that there was obstruction in the minute vessels; and I select the following extracts as explanatory of my views on this matter.

P. 451. "It will be observed in this case (Case 4), as it may in several others, that there is much stronger evidence of obstruction in the passage of the blood through the vessels, than from the heart." I then proceeded to argue, that the minute vessels make the demand according to their wants; that the arteries enlarge or contract, to regulate the supply; and that the heart is merely the reservoir from which this supply is obtained. Pp. 452-3-5. Taking this ground for the minute vessels, the following passages will show how I applied it. After narrating another case (5th) in much detail, the following occurs:—"In this case there was evidence during life as well as after death" (from the state of the organs) "of augmented force of the action of the heart, and undue (b) distension of the arterial system. Analogy would lead us to suppose that it proceeded from obstruction, but there was no organic alteration of structure about the heart itself likely to produce it; and it is therefore fair to suppose that the obstruction was situated in the minute vessels, of a very different nature, perhaps, from that which existed in the case last related."

Referring still to this case, I proceeded to say:—

P. 459. "Was the ossification and disease of the aorta an idiopathic disease of the vessels, or was it produced by the increased actions of the vascular system? This disease is so common a concomitant of active (c) aneurism that it is difficult to avoid supposing it to be either a cause or an effect; but if the former, i.e. if it be idiopathic, why does it not as often occur in the pulmonary artery? If it be considered as a consequence of the disease of the heart, this difficulty is easily explained, because that disease is found on the left side more frequently than on the right, in the same proportion probably, as disease of the artery which leads from it. If we should be able to explain hereafter, how it happens that disease of the heart so much more frequently occurs on the left side, then we may at the same time account for the ossification of the systemic artery being so much more general.

"Where there is enlargement of the ventricle, and augmented strength of pulsation during life, increased capacity and strength of the arteries is found to exist after death, especially if the case has been one of long standing; and

also, very commonly, ossification and steatomatous thickening. That the artery should be enlarged in the same proportion as the ventricle, seems natural enough, and also that its parietes should be thicker, since it has to sustain the impetus of a larger column of blood, impelled with preternatural force; but if there be a difficulty opposed to the arteries in emptying themselves of their contents, which I imagine to be the case, it will follow that the vessels which are now immediately in the neighbourhood of the principal trunk, will have, more especially, the blood forced into them with undue violence, and this will be very likely to occasion unhealthy deposit in the parts so supplied. The vasa vasorum will be particularly exposed to this cause of derangement."

"The coronary arteries in this case, as in most of a similar nature, were also greatly enlarged. If we suppose obstruction to the passage of the blood at the extremity of the arterial system, the resistance would of course throw back the blood to the heart, more particularly, as being the other end of the column; but at the orifice of the aorta, valves are interposed to prevent the reflux. In addition, then, to the first and natural impulse, caused by the action of the heart, there will be the reaction occasioned by the obstruction, and the effects of this will be more felt near that viscus. It is not therefore to be wondered at, that the coronary arteries are found to participate in an eminent degree in the alteration produced by this state."—Pp. 459—461.

I then proceed to follow up the argument by referring to the state of the aortic valves and aorta, thus:—

"There is, however, another alteration of structure, on which I should wish to make a few observations; namely, disease of the valves of the aorta, which is very commonly found where there is any ossification of that vessel, and which is generally believed to be a frequent cause of aneurism of the heart."

"In the first place, it must be observed that these valves, when ossified to such an extent as to afford obstruction to the exit of blood from the ventricle, are commonly found raised and not parallel to the sides of the vessel, as might have been expected *a priori*, considering the current of blood flowing through them from an enlarged heart. This peculiarity it is difficult to explain; but one mode of doing so would be, to offer as a solution of this phenomenon, obstruction situated at the extremity of the arterial system, the influence of the reflux determining their position."

"In the second place, I have to state that in the great majority of instances where ossification of the valves is found, the calibre of the aorta is also greatly enlarged. Now the obstruction thus situated at the orifice of the ventricle, should, if it were the primary disease, by diminishing the stream of blood, have caused rather a diminution of the vessel. But if we suppose dilatation and disease of the vessel first induced, and this disease the ossification which makes the valves rigid; then there can be no difficulty in explaining, what is often found, an aorta of a preternaturally large diameter, when the aperture left by the valves would scarcely permit a quill to pass."—Pp. 461, 2.

The cause or causes of this obstruction in the minute vessels, I next approached; but without encumbering this communication with matter, which after all, whether ill or well founded, are not like the preceding, facts on which I had a right to argue, but which are in themselves hypothetical, I shall give the following extract, which is not of that character:—

"Whatever will fill the larger vessels will distend the heart; and therefore, if these be kept in a state of plethora from any cause such distension of the heart will be the effect; but plethora of the large vessels is not likely to be permanent when the minute vessels are in a healthy state."—P. 476.

The concluding passage (p. 488) bears also upon the pathological condition of the left auricle as contrasted with the ventricle.

In conclusion, I may observe, that although more than forty years have passed since this memoir was written, and great labour has been bestowed on the pathology of the circulating system, especially of the heart, nothing that I am aware of has occurred to invalidate the arguments which I have advanced, grounded on certain pathological facts; neither has the theory I supported upon these facts been invalidated. On the causes of the supposed obstruction I offered no opinion. But that since advanced in the passage quoted from Dr.

(a) Some Cases of Disease of the Heart, with an Inquiry into their Nature and Causes, communicated by Mr. Abernethy, read June 10, 1817.

(b) In the memoir this is printed 'under distension,' which is more nonsense. I unfortunately had not the sheet sent me to correct, and the whole type is full of misprints.

(c) The term Hypertrophy has been since substituted for the "active aneurism" of Corvisart.

Johnson's lecture, is calculated to give additional weight to it; and the coincident support of such pathologists as Dr. Bright and Dr. Johnson is important. Absolute proof of the theory will be difficult; and the undoubted frequency of hypertrophy of the left ventricle, apparently from other causes, has always proved an obstacle to my pursuing the subject further. I may, however, observe, with respect to this important point, that although hypertrophy of the heart often owes its origin to inflammation of the membranes, blows, strains, nervous emotions, etc., yet it is not easy to explain how it is that the systemic ventricle is the part so especially affected; still less, that while increased nutrition is the essence of hypertrophy, there is not one of the causes above enumerated which does not generally tend to produce it.

I am, &c.

J. H. JAMES.

Exeter, March 19, 1858.

### PETITION OF THE COLLEGE OF PHYSICIANS AGAINST THE MEDICAL BILLS NOW BEFORE PARLIAMENT.

*To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled,*

The humble Petition of the President and College or Commonalty of the Faculty of Physic in London, under their Common Seal,

SHEWETH,

That your petitioners are informed that no less than three Medical Bills are now before your Honourable House, every one of which will, in the opinion of your petitioners, both fail in some instances to remove evils which have long and justly been complained of, and will in others introduce evils worse than those which it removes.

That the Bill "To alter and amend the Laws regulating the Medical Profession," brought in by Lord Elcho, Mr. Fitzroy, and Mr. Craufurd, will destroy the machinery which now exists for testing the education and competency of Medical Practitioners, and will substitute for it a system open to the great objection of establishing a minimum standard of qualification, which will be accepted, nevertheless, as sufficient for every kind of practice, whereby too little inducement will be left to seek qualifications of a higher order.

That the Bill "To regulate the qualifications of Practitioners in Medicine and Surgery," brought in by Mr. Cowper, Mr. Kinnaird, and Mr. Brady, will perpetuate one of the worst evils from which Medical education at present suffers, viz.—That the number of examining and licensing bodies is much too great. That all of these bodies are, by this Bill, to be represented in a Council having not merely administrative power, such as might safely be entrusted to a Representative Council for the purpose of carrying out principles established in the Bill, but having power to make Orders and Regulations as to questions which the Bill itself should decide, relative to the construction of Examining Boards, the assignment of their privileges, and the discipline and government of the whole Profession.

That a Council possessed of powers so extensive, representing at the same time so many conflicting interests, and composed of Members sent from localities so distant and wide apart, will be far more likely to keep the Profession in an unsettled and agitated state, than to promote its peace and permanent good order.

That by the Bill "To define the rights of the Members of the Medical Profession, and to protect the public from the abuses of Medical Corporations," brought in by Mr. Thomas Duncombe and Mr. Butler, all persons possessing any kind of Medical or Surgical qualification, whatever may have been their education and studies, and whatever, therefore, may be the nature and value of their Diplomas or Licences, will be allowed to be registered alike, and to practise as they shall choose in any branch of the Profession.

That if it were proposed that every person possessing any kind of Legal or Clerical qualification should be allowed to exercise every function, or to hold any office in the Law or Church, respectively, your Petitioners are persuaded that such a proposition would not be entertained by your Honourable House. And they know of no reason why an

enactment so levelling, so discouraging, and therefore so detrimental to the interests of science and learning, should be forcibly imposed upon the Medical Profession.

Your Petitioners, being convinced that none of these Bills will prove conducive to the best interests of the Medical Profession or of the Public, humbly pray that no one of them may be suffered to become Law.

They would earnestly implore the Legislature to amend the Laws relating to the Medical Profession, which grievously need amendment, by measures different from those now proposed, and by a Bill better calculated to promote the good of the Profession and the public, than any one of the Medical Bills now before your Honourable House.

And your petitioners will ever pray, &c.

### HOW TO COMMEMORATE THE ROYAL VISIT TO WARWICKSHIRE.

We have been requested to publish the following correspondence, the object of which will commend itself to every benevolent mind:—

*"To the Right Honourable Lord Leigh, Lord Lieutenant of Warwickshire."*

"Southam, 15th May, 1858.

"MY LORD,—The visit of her Majesty to Warwickshire will offer an opportunity to the loyal inhabitants of Warwick and adjacent places, to express the respect and honour they entertain towards their Sovereign. Many modes of doing this have already been suggested, the greater part of which, however, are, in my opinion, neither worthy of, nor fitted for, the occasion. I therefore respectfully suggest that, instead of making an occasion for feasting and giving of presents, it be celebrated by the establishment of that which will yield a permanent good—by kindness and help to the distressed, instead of individual self-indulgence.

"Thirteen years ago, when her Majesty passed through Northampton, the inhabitants commemorated the event by establishing a Royal Victoria Dispensary, upon principles differing in many most important respects from ordinary dispensaries. It was established and received its outfit by subscriptions from the wealthy, but for its Medical expenditure was dependent upon the contributions of those who were to be benefited by it. It was to be self-supporting. The contributors or free members were, by a fixed small weekly or monthly payment, to be entitled to medical attendance. It thus nurtured provident habits and self-denial. It preserved a healthy independence of spirit. It saved them from the palsying touch and the morally corroding influence of the beggar's alms.

"From the report for the year 1857, I find that this Institution has been most successful. The free members, consisting chiefly of artisans and their families, raised in that year the sum of £704 2s. 8d.; and their three Medical officers received the respective sums of £123 18s. 2d., £192 8s. 6d., and £262 9s. 7d., without the trouble of making out a bill.

"The persons who have subscribed this amount are of a class, that if this Dispensary had not been established, must, in illness, have been beggars of tickets for charity Hospitals, implorers of orders from parish officers, or deluded victims of quackery.

"I need not speak of the importance of good Medical care in preventing that waste of life which is, in fact, to that extent, an actual loss of the wealth of the country, but content myself with suggesting that her Majesty's visit be commemorated by establishing a similar Institution.

"I am sure that it will be far more gratifying to her Majesty to know that her visit has caused good to be done—especially to those of her subjects who most need it—than to be welcomed by any length of well-ordered procession or any magnificent gift to herself. Let her coming bring health and comfort to her poor subjects, and she will be pleased. The establishment of such an Institution would be in harmony with the well-known kindness and benevolence of our Queen, and would make her visit an event to be remembered, not merely during the passing day, but continually and with gratitude.

"The fund to be raised for the establishment of such an

Institution would be applied in furnishing it, paying rent, and for stationery, etc. It would, in all other respects, be supported by those who were benefited by it, and who would pay a very small fixed sum weekly or monthly. If there should be any surplus funds after establishing the Dispensary, they might be made the beginning of an auxiliary fund for helping the contributors to the Dispensary—and them alone—in unusual distress, by providing them with better dressed food, suitable delicacies, nursing, or visiting (for which purposes a committee of ladies would be very useful), so as to promote a speedy cure and the growth of health both in body and soul.

"Similar Institutions have been successful in several places.

"If this suggestion meet with approbation, I shall be glad to lay before your Lordship full particulars of the cost and mode of carrying it out.

"I have, my Lord, the honour to be,

"Your Lordship's humble servant,

"HENRY LILLEY SMITH."

"30, Portman-square, London, 17th May, 1858.

"Dear Mr. Smith,—I beg to acknowledge the receipt of your letter dated 15th inst. and quite approve of your proposals, which I consider admirable.

"Yours truly,

"LEIGH."

## PARLIAMENTARY INTELLIGENCE.

### HOUSE OF COMMONS.

#### PURIFICATION OF THE THAMES.

Mr. GRIFFITH asked the First Commissioner of Works whether the principle just put forth by Dr. Odling, the officer of health for Lambeth, that the perpetual agitation of the water of the Thames, and the flux and reflux of the tide, affected the oxidization of decomposing matters to that extent "that he has never been able to detect sulphuretted hydrogen in Thames water," might not be well worthy of further investigation, as offering possibly the means of escaping the hazardous and expensive drainage engineering undertakings that had been under consideration?

Lord J. MANNERS said that a select committee of that House had sat upon the subject, and any opinion he might give would therefore carry with it very little weight. If Dr. Odling was unable to discover sulphuretted hydrogen in the Thames water, he would recommend the hon. gentleman to inquire whether he was equally unable to discover it in the Thames air.

#### MEDICAL PRACTITIONERS BILL.

Mr. COWPER, in moving the second reading of this Bill, said he took it for granted that the necessity of legislation on this subject was universally admitted. If there was objection anywhere, it probably arose from those persons who were not members of the Medical Profession, but who wished to be supposed to belong to it—the class of uneducated ignorant quacks who practised on the credulity of the public, and who hoped, in the present disorganized, anomalous, and chaotic state of the Profession to pass for what they were not. (Hear, hear.) There were three objects which all the persons who had prepared Bills on this subject had kept in view. These were:—1. To raise to a uniform standard the education and consequent qualifications of all persons who entered the Medical Profession. 2. To have an authoritative register, clearly defining, and accessible to the most ordinary persons, those who have attained the prescribed qualification. 3. The removal of all those local jurisdictions which restricted a competent man from practising in any other part of the country than that in which the licensing body which passed him existed. (Hear.) To take any one of these three propositions separate from the others would be highly injurious to the Profession, and he might observe also that it would be disadvantageous to give to small licensing bodies a power of competing fully in that respect with larger and higher schools of instruction. (Hear, hear.) The council proposed by the Bill would be elected by the different examining bodies, so that if any injustice were complained of, a member of the body in

question would be present to defend its proceedings. If the council, representing, as it would, all the branches of the Medical Profession, including the Universities, should commit any injustice, an appeal against its decision would lie to the Privy Council. Some objection was made to the plan of registry proposed by his bill, and it was said that it did not distinguish between physicians and other members of the Medical Profession. It might be asserted with regard to physicians that nine-tenths of the number of patients were not under their treatment. He proposed to extend the power now possessed by the Universities or by the Apothecaries' Society to the persons registered according to the Bill. He did not think it possible by law to erect the Physician into a class separate and distinct from the rest of the Profession, because Physicians were a class not created by law. He did not, however, propose to touch the privileges of the Physicians as regarded their charter, so that they had no reason to complain. As to the objections of the College of Surgeons, he believed that their apprehensions of a diminution of their pecuniary resources, in the event of the passing of the Bill, were not well-founded. The Medical practitioners throughout the country, numbering about 14,000, and who were represented by the Medical Association, were favourable to his Bill. Upwards of 100 petitions from Medical practitioners had been presented in favour of his Bill, and at the end of last week there had been only one petition against it. He had reason to maintain, therefore, that the great bulk of the Profession wished to see his Bill pass into a law, and he believed that its provisions would be beneficial to the community. (Hear.)

Mr. BLACK said that the House had seen five Medical Bills in three years. So far from any legislation being wanted, he believed that the best Medical Bill would be one to repeal all previous legislation on this subject. He would move that the three Bills be all thrown out together. (A laugh.)

Mr. WALPOLE was inclined to think that the House had failed to adopt any Bill upon this subject because so many vague propositions had been brought forward, and no definite plan in reference to the evils complained of, or the remedies to be applied, had been suggested in a simple form, which would meet with general concurrence. The Bill of the hon. and learned member for Newcastle, the Bill of the noble lord the member for Haddingtonshire, the Bill of the right hon. gentleman now under discussion, and the Bill of the hon. member for Finsbury, all contained principles worthy of adoption; yet in each there were some points to which the House ought not to assent. (Hear, hear.) The difficulties in the way of dealing with the subject sprang from its being founded upon circumstances and laws which were totally incompatible with the age in which we lived, from its involving in consequence many anomalies and absurdities in reference to the privileges conferred either on Medical bodies or bodies which had the power of conferring medical degrees, which could not be exercised, or, if exercised, would not be advantageous to the community, and from their having to deal with interests of a most conflicting character in the endeavour to get rid of those anomalies and absurdities. Even when the right hon. baronet the member for Carlisle was a member of one of the most powerful Governments which had been seen for years, he found it impossible to frame a measure satisfactory to all parties, and although a select committee had been brought to a sort of compromise in order to settle the question, no sooner did they recommence the discussion in the House than they branched off in different directions and took different sides upon matters whereon they were unanimously agreed in the committee upstairs. He need not, therefore, apologize for stating that he could make no suggestion for the settlement of the question. (Hear, hear.) Upon the whole he had come to the conclusion that the best thing to do was to point out as clearly as he could the different evils of which the community had a right to complain, the different modes in which they were to be got rid of, and in reference to the three Bills, how far the evils might be got rid of, and how far remedies might be applied. The first great evil was that they had begun upon the wrong basis. From the middle ages, the Medical profession had got into the hands of the ecclesiastical authorities, who were unwilling to undertake the Surgical part of it, and hence the separation of the two branches. From that time to the present, by means of the statute of Henry VIII., the anomaly had existed of different licences or degrees in different parts



of the kingdom. There was a Medical body with powers to exercise exclusive authority within seven miles of London; and the Universities inherited from the ecclesiastical authorities the power of conferring degrees, giving a privilege to practise over other parts of England. In Scotland, the Colleges of St. Andrew's, Aberdeen, and Glasgow had the power of conferring degrees extending over the whole of the country, and not excepting the area of the capital; because the College of Physicians in Edinburgh had not that exclusive authority which was possessed by the College of Physicians in London. He might show that the rivalry between those Colleges in conferring degrees led to nominal, or worse than nominal, examinations. (Hear.) Another point of difference between Scotland and England was, that while in England Surgeons were distinct from Apothecaries, in Scotland they were combined. In Ireland, the Dublin University had the same privilege of conferring degrees as the Universities of Oxford and Cambridge; and, added to that, Parliament had given to the Colleges of Cork, Galway, and Belfast, affiliated to the Queen's University, "the same privileges as those conferred on the Universities of England," without defining or describing the extent of those privileges; so that at this moment they did not know whether the Queen's University in Ireland had power to extend permission to practise in other parts of England. The inference which he wished to have drawn was, that instead of continuing that anomalous state of things, instead of preserving exclusive privileges in one part of the kingdom, and instead of depriving the public of the right of calling in the advice which they believed to be the best, they should establish the principle of reciprocity of practice in all parts of the United Kingdom. (Hear, hear.) That was the first great principle. The second point was to form a register, which should not merely be a register of names, but should indicate whether the qualifications possessed by the persons in the register were such as entitled them to hold themselves out as practitioners. The third point was to constitute a council, which should be a supervising and controlling authority, and then the question arose how the council should be constituted. His opinion was, that the proposal of the right hon. gentleman (Mr. Cowper) was the best—viz. to make the council consist partly of representatives from the different medical corporations, and partly of nominees by the Crown, so as to give confidence to the public as well as to the Profession. He believed that they would do well to confine Medical Reform to those three points,—reciprocity, a register, and a council. As to reciprocity, the Bill of the hon. member for Finsbury gave it complete. The hon. member for Haddingtonshire confounded and blended together instead of keeping distinct and independent the different medical corporations, and he thought that a change which would be detrimental, because fair rivalry and competition would still exist if the medical bodies were kept distinct. The right hon. gentleman whose Bill was under discussion simply provided that every person registered might practise medicine or surgery, or medicine and surgery. As to the register, the hon. member for Finsbury gave any person a right to register, whether he had gone through any examination or not, and the public could not know whether the person registered was a duly qualified practitioner. The hon. member for Haddingtonshire provided that the registration should take place after the examinations—one preliminary and one professional, but he thought the effect would be to establish a minimum standard of qualification. The right hon. gentleman the member for Hertford intended to keep the different examining bodies with distinct and independent powers, but inserted the words, "subject to the council," which would have the same effect of inducing a *minimum* standard of qualification, which he thought every one must deprecate. (Hear, hear.) As to the council, the hon. member for Finsbury proposed no council at all, but only a substitute for one, which was defective. The hon. member for Haddingtonshire proposed a council wholly nominated by the Queen. The right hon. member for Hertford proposed a mixed council of representatives and nominees. He had already expressed his preference for the last form of council, but he wished the right hon. gentleman would consider carefully the enormous powers which were to be given to the council, and the want of provisions for keeping alive the distinct and independent character of the different Medical bodies. (Hear, hear.) By legislating soundly on these three particulars—recipro-

city of practice, a register of duly qualified practitioners, and the establishment of an authority partly constituted on the representative principle and partly on the principle of appointing persons who would be permanently resident here,—more would be done to reconcile conflicting interests than by taking any one of the bills separately. That course would be satisfactory generally to the Profession and to the public at large, it would be safe and prudent, and it would remove all serious impediments to legislating this Session. He would recommend, therefore, that the Bills of the hon. member for Finsbury and the noble Lord the member for Haddingtonshire should be withdrawn, and that all sides should unite in endeavouring so to amend the Bill of the right hon. member for Hertford as to make it satisfactory to all parties. He should be most happy to give every assistance in his power to the attainment of this object. (Hear, hear.)

Mr. HEADLAM said he had no fault to find with the principles laid down by the right hon. gentleman; but the best course would be, instead of leaving it to private members, himself to introduce the amendments which he thought necessary to carry them into effect.

Mr. WALPOLE.—I should have no objection to do that. (Hear, hear.)

Mr. HEADLAM.—If the right hon. gentleman would do that, the chances of legislating satisfactorily this year would be much increased. The Medical Profession had great reason to complain of former Governments in this matter, for they had not only refused to bring in Bills of their own to remedy the anomalies which they had admitted, but they had interfered with the progress of Bills brought in by private members. There was considerable unanimity of opinion in the Medical Profession as to the reciprocity of practice, and the expediency of establishing as good an education as could be obtained, with an examination which would be at the same time a satisfactory test of proficiency without being so high as to discourage persons from entering the Profession, and so increasing the number of unlicensed practitioners. If legislation were confined to those points, there need be no difficulty in passing a useful Bill this session. His objection to these three Bills was, that they were based on the theories of individual members, which had no chance of being passed into law or of being accepted by the Profession. Though the Bill which he had himself introduced last year had been defeated by the opposition of the right hon. gentleman the member for Hertford, he should not retaliate upon him on the present occasion, but, on the contrary, would give every assistance in his power towards introducing such amendments in this Bill as would make it satisfactory to the Profession and the public at large.

Mr. T. DUNCOMBE thought the Home Secretary had very fairly dealt with the objections to these three Bills, and the best course which could now be taken would be for the Government to introduce a Bill of their own instead of merely bringing forward amendments in the measure of the right hon. member for Hertford. He himself should be very glad to withdraw his own Bill, so as to leave the field open to them. The system of register which he had proposed to establish was an important step in Medical Reform; but the question of Medical education was attended with so many difficulties that he scarcely thought the House could be induced to come to any agreement on it. The question of the granting of diplomas, which was to a great extent a matter of fees, was equally difficult. He had seen so much of the jealousies and bickerings of the Profession, that he was not surprised at the unwillingness of the Government to touch the subject. A register such as that proposed by his Bill was the chief thing needed; and as for the Medical Reform in general, there could not be a worse tribunal than the House of Commons to judge and decide on it. If they stuck to political reforms and clerical reforms there would be work enough, but he would advise them to have nothing to do with the doctors. (Laughter.)

Lord ELCHO said the register of the hon. gentleman's Bill would give no security that persons placed on it were thoroughly qualified for the Profession. It would perpetuate the evils of the present system, and would, in fact, simply be an official Medical Directory. With regard to the Bill which had been introduced last year by the hon. and learned member for Newcastle, the manner in which it proposed to carry out his principles was most objectionable. It benefited the corporations by doing gross injustice to the



universities. One of the chief things to be guarded against was the rendering too stringent the powers of these corporations; and he warned the House against the efforts which those bodies would be certain to make to carry out their aim when the Bill got into committee. After referring to the leading provisions of the several measures before the House the noble lord said that his object in introducing a Bill with respect to the Medical Profession had not been that he might attach his name to a measure of Medical Reform, but that he might prevent another proposition from becoming law which he believed would have been most unjust in its operation. Recognising in the Bill of the right hon. member for Hertford the principle of sound Medical Reform, and believing that it would have a better chance of passing than his own Bill, he should withdraw the measure which stood in his name, and should be happy to render all the assistance in his power in perfecting the Bill of the right hon. gentleman. In the event of no Bill being passed this year he suggested to the Secretary of State for the Home Department that he should issue a Royal Commission to inquire into the subject.

Mr. LEFROY and Mr. Grogan expressed their approbation of the Bill of the right hon. member for Hertford, and their gratification that there appeared to be at length some probability of passing a comprehensive and satisfactory measure upon this long-vexed question.

Mr. Cowper briefly replied.

After a few words from Mr. Craufurd and Mr. Hadfield, The Bill was ordered to be committed.

Mr. Duncombe postponed till the 23rd inst. the motion for the second reading of his Medical Profession and Medical Corporation Bill; and,

On the motion of Lord Elcho, the order for the second reading of his Medical Profession Bill was discharged.

#### THE VACCINATION ACT.

Mr. MonseU asked the Vice-President of the Privy Council Committee, whether his attention had been called to the fact, that out of 1636 deaths reported to have taken place from all causes in the quarter ending the 31st March, 1858, at Burton-on-Trent, Sheffield, and Merthyr Tydvil, 419 were reported to have been caused by small-pox; and whether he proposed to introduce any amendment of the Vaccination Act?

Mr. Adderley said it was unfortunately too true that this great mortality through small-pox had occurred. From all the information he had been able to collect on the subject, he believed that the prevalence of small-pox was owing as much to bad vaccination as to neglect of vaccination. Indeed, the state of vaccination throughout the kingdom was sufficient to create alarm. It had engaged his attention, and he had given much consideration to the question in what manner it was desirable to amend the act. There were two ways of doing this—either by making the penalties for neglect more stringent, or by making better provision for ensuring good vaccination. He was not prepared to make the penalties more stringent, but the second clause of his Public Health Bill would confer additional powers on the Privy Council in respect of giving notice of the parties who were contracted with.

In reply to Mr. Paley,

Mr. Adderley said that the second reading of the Public Health Bill would come on that evening. Though it was proposed that the Board of Health should expire in September, it was not intended that that should interfere with the Medical officer. With regard to whether the Local Government Bill, which stood for committee on Thursday, would affect the staff of the Board of Health, if that bill passed, the general Board itself would expire, and the staff would expire with it.

The Public Health Bill was read a second time on Monday evening last.

**THE SMOKE NUISANCE.**—Mr. Ayrton obtained leave to bring in a bill for the purpose of abating the smoke nuisance in the metropolis, by compelling furnaces to be so constructed as to consume their own smoke.

**PETITIONS.**—For the Redress of Grievances of Medical Officers of Poor Law Unions.—By the Attorney-General, from Medical officers of the Woodbridge Union. In favour of Mr. Cowper's Medical Bill.—By Mr. J. C. Ewart, from members of the Lancashire and Cheshire branch of the Medical Association.

## REPORTS OF SOCIETIES.

### MEDICAL SOCIETY OF LONDON.

MAY 22, 1858.

Dr. MERRIMAN in the Chair.

Mr. WEEDEN COOKE read a paper on

#### THE ARREST OF CANCER.

After an exordium deprecatory of Medical scepticism which led to fatalism, and in praise of a just confidence in man's powers to heal his fellow man, "which," said the author, "is only bounded by his intellect, by his inability always to control the object of his treatment, and by time which wears out the machine he works upon," Mr. Cooke referred to the different forms of cancer, scirrhus, epithelioma, medullary sarcoma, cystic sarcoma, etc., as having broad outlines too distinct to the eye and the touch to require often the delicate but sometimes illusive aid of the microscope. He then spoke of the recurrence of cancer after operation as so peculiarly characteristic of this disease that he was disposed to include in the same category all recurrent so-called benign tumours. After noting the peculiarities of the different forms of cancer, the author continues:—"In contemplating the phases of this disease a glimmer of cheerfulness is shed over the sombre picture by a knowledge of the fact that scirrhus, the least active, is also the most common form. 1858 cases treated at the Cancer Hospital yield of scirrhus 1344, epithelial 389, medullary 77, and cystic 35; so that scirrhus is as nearly three to one of all the other forms, and it is in this large majority that remedies are of most avail. The mamma is its most wonted seat, almost four-fifths of the scirrhus cases occupying that gland." The period of life at which the disease appears corresponds to the cessation of the catamenia—the average age of attack being 44. The blood at this period is rendered impure by the absence of that customary process which in so marked a degree clarifies the system when it is in force. How the scirrhus is formed out of deteriorated blood may be imagined, but cannot be known. Even hereditary taint yields little towards the solution, since but one in seven can trace any predisposition. The fact, however, of the climacteric association is still further shown in the Registrar's report for the last quarter, by which it appears that after forty years and upwards the deaths from cancer form four-fifths of the whole number. On the other hand the influence of local injury is only testified to in one in eight cases. The broad fact, therefore, stands out that in the very large majority of scirrhus cases they do develop themselves at that climacteric period when the vigour of life receives a severe shock, the effects of which it is the peculiar province of Medical science to soften and subdue. For many years now it has been the custom to cut out this local manifestation of a general disease, and very recently to destroy the tumour by a cauterising process which has the peculiar advantage of prolonging the operation some forty or fifty days. Before the present century, operations for cancer were not so ripe, many eminent surgeons having opposed them when they were performed either by means of the knife or caustic, which latter was at that time enjoying an ephemeral reputation in France. Specifics then became fashionable; arsenic and hemlock enjoyed the highest reputation, but these proving unsatisfactory, early extirpation was again proposed, and has been most freely practised, encouraged, no doubt, by the introduction of anæsthesia, by ether and chloroform. That this proceeding is a cutting of the Gordian knot, and not a skilful unravelment, cannot but be acknowledged, when we find that of 207 cases of operation observed at the Cancer Hospital, the disease has returned (taking the average) in fifteen months. A recurrence of the disease is more uncontrollable than the original tumour. A dyscrasia of the system is produced by the operation, and so greater activity of disease is provoked. By removing the tumour the reservoir is taken away, and the cancer cells are distributed over the whole economy. "Experience," says Mr. Cooke, "leads me to the conclusion that there is in a great number of these tumours a natural ebb tide. The tumour

grows at first rapidly, after a time, slowly; it then remains stationary, and at last begins to waste, until gradually it almost disappears. These favourable cases are seen in persons of cheerful temperament. In other persons the progress will be the same, but the termination a spontaneous sloughing out of the whole tumour. Sometimes the wound remaining will fill up and heal, or it will remain a dry scab for years without inconvenience, or a small superficial ulcer will continue to give some inconvenience, which may be relieved and kept in subjection for years by judicious treatment." Taking the climacteric disturbance as the grand exciting cause of the development of cancer, it is only rational to expect when that disturbance subsides, provided the patient is well supported and well managed, the mind relieved of all fear, and the cancer itself neither tattooed with caustics nor excised, that the cause being removed, the effect will have no further serious existence; that, in fact, the active cancerous tumour will become a mere inert fibrous mass, which is in a great measure reabsorbed by the neighbouring vessels. Numerous cases were read by the author, illustrative of his views, and showing the advantage of constitutional tonic treatment. He then dwelt upon the importance of the inculcation of hope, "that charm for every woe," by both Surgeon and friends; "it medicines the body no less than the mind, and should be administered with a full conviction that it is a most valuable therapeutic agent, and not as an amiable delusion." He spoke also of the influence of temperament, and suggested the simple division of "cheering" and "desponding," instead of the old and more complicated arrangement of Hippocrates. It will invariably be found, that while a melancholy mind in which hope cannot be raised, is the severest enemy with which the Surgeon has to battle, a cheerful temperament is such an aid to art, that with it a sufferer from cancer will tide over the evil days, and live to the usual period of man's existence. The treatment most relied on was good nourishing diet with beer or wine. Soda to correct the secretions if necessary. Bark and hydrochloric acid, or iron as a tonic. Iodine and mercury are positively injurious, and opium should never be resorted to, whilst there is any hope of restoring the patient. As a local application, lead, either as a supporting plaster, or as a lotion, when there is much activity in the tumour, has a very sedative effect. The carrot poultice cleanses an ulcerated surface admirably, if frequently renewed, while the chlorate of potash lotion is the most effective in healing the open wound. These and other simple methods of dealing with the disease, which are all founded on the principle of restoring and preserving, and giving support to the vital principle, wasting no time in looking after impossible specifics, will advantageously displace the use of the knife and caustic in the majority of cases, "although," said Mr. Cooke, "I am anxious to state that there are cases, *ex. gr.*, epithelial cancer of the lip and of the extremities, as well as some forms of medullary cancer; in which operation is desirable and beneficial." A letter from Mr. Cooper, Consulting Surgeon to the Liverpool Infirmary, was quoted, in which he says:—"For my own part I confess that I have known few cases—scarce any—where the diagnosis has been unquestionable—in which extirpation has been successful. On the other hand I have seen many cases, not interfered with by the knife, whose lives appeared little, if at all, shortened by the affection." In conclusion, the author affirmed modestly but decidedly that constitutional treatment was proved in its results to be immeasurably superior to operative treatment, so much so, that whereas the disease always returns after operation, and then with an increased impetus; by constitutional measures, which should include moral as well as physical support, and soothing local applications, it is arrested in its destructive progress, the new blood throws off the vicious habit of the old, no more cancer cells are laid down. The old disease becomes a mere inert foreign body, which sloughs and is thrown off from the renovated system, or is gradually carried off with the other effete matters of the body. The plague is stayed, and the remainder of life may continue so uninfluenced by the terrible conflict which has been won, that length of days may be attained, and life ultimately ebb out in the calm twilight of evening.

Mr. BARWELL suggested questions respecting the proportion of cases relieved, whether it was possible to trace them to the end, and whether they eventually died of cancer or of other diseases.

Mr. HARRISON did not see how cessation of the menses could be set down as the cause of cancer, seeing that men had cancer as well as women, although in a less degree. He approved the constitutional treatment, and especially the moral management suggested.

Mr. DE MERIC thought that credit was due to the author for resisting the always tempting and easy solution of the difficulty by operating. He related the unfavourable results of operation in his own hands, the disease returning very quickly after extirpation; and argued that as patients live longer without operation, it was desirable to adopt the constitutional method of treatment.

Mr. HUNT would have been glad to have heard more respecting the diagnosis of the disease. He had no doubt that this was perfectly easy and familiar to the author, but there were sometimes cases which were very difficult to decide upon. He related a case of ulcer at the angle of the mouth, which had been removed by operation and returned. It was afterwards seen by Dr. Fell, under whose treatment the ulceration increased. Microscopic examination of the secretion showed the presence of a large quantity of fat cells, which, in his opinion, indicated lupus. Mr. Hunt also related a case of cancer of the lip, which returned and killed the patient very soon after an operation; and another case which got well by constitutional treatment. He was therefore of opinion that operations were undesirable.

Mr. CANTON believed in the spontaneous degeneration of cancer, and illustrated it by a case of scirrhus of several years' standing in the breast, with enlargement of the axillary glands. He removed the whole of the disease, and found the cancer cells shrunk and faded, which led him to believe that these tumours after a time become benign. He was disposed to think that the greater prevalence of cancer in unmarried than in married females, and its infrequency in males, suggested some connexion with celibacy. He related cases showing the rapid return of cancer after operation, and the injurious influence of the mental depression which attended operations. Great mental distress was often apparently the cause of the development of cancer. He had not seen any benefit from treatment in cancer of the uterus. There was a great difficulty in tracing cases to their termination; it would be very desirable to establish a general register, so that cases passing from one Hospital to another might, by an interchange of reports, be made complete, by bringing the history and treatment into one focus.

Dr. ROGERS doubted the connexion of cancer and the cessation of the catamenia. He had seen pressure and ice used without any benefit, and related the cases of two sisters, one of whom was operated on and died soon, the other had no treatment, and lives in tolerable comfort.

Dr. ROURN considered it remarkable that, as Mr. Cooke formerly advocated operation, now he is opposed to it. He placed confidence in arsenic as a remedy, and had lately employed galvanism, with benefit in one case, and in others without any good effect.

Mr. W. COOKE, in reply, was gratified at the reception his observations had met with. The discussion had strengthened his views as to the desirableness of abstaining from operation. He certainly had begun by following the instructions he had received in the schools, but had been forced by experience to change his opinion, and adopt the constitutional treatment without operation in the majority of cases. In reply to the objection, that, as men have cancer, the cessation of the catamenia could have nothing to do with it, Mr. Cooke reminded the society that Sir H. Hallford and Dr. Roget had written of a climacteric dyscrasia in men, the presence of which would go rather in support of, than be detrimental to, his argument. He had not contemplated entering into the subject of diagnosis, owing to the limited time allotted to the paper, but would in a word give "induration" as the necessary accompaniment of a cancerous ulcer. The case mentioned by Mr. Canton, of degeneration of the cancer-cells, was strongly corroborative of the views put forth in the paper. Statistics would not, he thought, support the opinion, that cancer was more prevalent in unmarried than in married persons. Pressure and ice had not been of any service, but rather injurious, while galvanism required more evidence in its favour to be spoken of one way or the other.

The Society then adjourned.

## UNIVERSITY OF ST. ANDREW'S.

By an unintentional error on the part of the printer, the list of candidates for honours at the University of St. Andrew's was not given last week in their due order of precedence. The list should have stood as follows:—

## Class I.

RULE, SAMUEL, London Hospital.  
COOK, HENRY, H.E.I.C.S.  
BOWEN, ESSEX, late Royal Artillery.  
POTTER, HENRY, Limerick.

## Class II.—None.

## MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 28th ult.:—

CRESSWELL, A., Frederick-place, Gray's Inn-road.  
CRUIKSHANK, J., Fochabers, N.B.  
EWEN, A. B., Long Sutton, Lincolnshire.  
JEFFERSON, J. B., Islington.  
LOCKWOOD, J., Kirkeaton.  
McCABE, F. X. F., Hastings.  
PEARSE, A., Norwich.  
SAMS, I. J., Blackheath.  
SOMER, J., St. Cleather, Cornwall.  
TOMLINSON, E. D., Wakefield.  
WATSON, J., Loughborough.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 27, 1858:—

ARNISON, WILLIAM C., Allendale, Northumberland.  
CLAPTON, WILLIAM, Stamford, Lincolnshire.  
GRABHAM, GEORGE WALLINGTON.  
PALFREY, JAMES, Broad-street, Deal.  
STEPHENSON, JOHN, Leeds.  
TEIMNELL, THOMAS JAMES, Castletown.

## DEATHS.

**BULL.**—May 31, at Brighton, Thomas Bull, M.D., aged 52, formerly of Finsbury-square.

**JAMIESON.**—May 31, at Peterhead, Patrick Jameison, in the 64th year of his age, forty-four years a Practitioner in Peterhead.

**MITCHELL.**—Professor John R. Mitchell died after a short illness, at Philadelphia, on the 4th of April, in the 65th year of his age. Of Scotch descent, and commencing his education at Edinburgh during its zenith of Medical fame, on his return to the United States he soon attained high Professional eminence. Appointed in 1841 as Professor of Medicine in the Jefferson Medical College, he was chiefly instrumental in raising that Institution from its drooping condition to its present flourishing state. At one time he was said to lecture to the largest class in the world. He was a frequent contributor to the Medical journals, and among his papers those on the "Penetration of Gases," and on the "Cryptogamous origin of malarial fevers," excited especial notice.

**MOGRIDGE.**—May 24, at Sidmouth, Theodore Hands Mogridge, L.R.C.P. Lond.; M.R.C.S. Lond. 1834, aged 47.

**ROWLAND.**—At Swansea, Wm. Rowland, M.D. St. And., 1844; M.R.C.S. Eng. 1833; F.R.C.S. (Hon.) 1844; L.S.A. 1824; aged 56.

**WARD.**—May 26, at Leeds, James Ward, L.S.A. 1826; M.R.C.S. Eng. 1827; aged 54.

**WIDMER.**—May 3, at Toronto, the Hon. Christopher Widmer, M.D., aged 78.

## APPOINTMENT.

On Tuesday, May 25, Mr. Joseph J. Pope was elected, by a majority of 11 to 5, to the post of District Medical Officer of the borough of Liverpool. Mr. Pope has held the position of Senior House Surgeon to the Liverpool Southern Hospital for the past twelve months.

**ROYAL COLLEGE OF SURGEONS.**—A meeting of the Fellows of this College will be held at the College on the 1st of July, at 1 o'clock precisely, for the election of three Fellows into the Council of the College, in the room of two Members going out in rotation, and the late Mr. Travers.

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY.**—The following gentlemen will be balloted for as Fellows on Tuesday evening, June 8th, 1858. The ballot will be opened at half-past 7 o'clock, and will close at half-past 8 precisely:—Benjamin Godfrey, William Mackay Ogilvie, John William Ogle, and George Scratchley.

**ELECTION OF PROFESSOR SEDGWICK AT THE ACADEMIE DES SCIENCES.**—The Committee appointed to make out a list of candidates for the post of Corresponding Member in the section of Mineralogy and Geology, sent in the name of Professor Sedgwick of Cambridge on the first line, Sir Charles Lyell on the second, and on the third, a long list of continental and American geologists. The Academy elected Professor Sedgwick by 38 out of 46 votes present.

**THE BLACKBURN INFIRMARY.**—The foundation stone of the infirmary was laid on Monday, by W. Pilkington, Esq., the mayor, assisted by Stephen Blair, Esq. There was a large number of persons present. The inscription on the plate which was to cover the cavity in the stone stated that the mayor, the originator of the building, had given £2000 towards its erection, and £100 per annum towards its future support; that the site was a second donation of Joseph Fielden, Esq., the lord of the manor; that a bazaar had realized £2,839, and the remainder contributed by voluntary donations from amongst all classes.

**QUACKERY AND SUICIDE.**—(*From a Correspondent.*)—A case of suicide, the result of Quackery, occurred at Warrington a few days ago. A young man of the name of Ashton, by trade a coachmaker, had contracted syphilis, and had consulted a herbalist. Finding himself getting worse, and almost unable to follow his employment, he applied to a regular practitioner. This gentleman found the prepuce phymosed and gangrened, the penis at the same time being greatly swollen. The poor man on hearing how matters stood, and that he would lose part of the penis by the mortification which was evidently spreading, seems to have become phrenzied; he went home, went directly to bed, and cut his throat with a razor. His wife hearing a gurgling noise, went up-stairs, and made the fearful discovery. Dr. Martin and Mr. Steel were in attendance in a few minutes, but so determined had been the deed, that the man was quite dead. Besides his wife he leaves two young children. An inquest was held on the body, and a verdict of temporary insanity returned.

**HOSPITAL FOR CONSUMPTION, BROMPTON.**—On Thursday last the annual meeting of the governors of this institution was held at the Hospital, Brompton, the Earl of Manvers presiding, supported by the Hon. A. Kinnaird, M.P., Mr. J. Ivatt Briscoe, M.P., Sir John Forbes, Sir H. Foulis, Sir P. Pole, the Hon. R. S. Pierrepont, General Fanshawe, Major Munn, Drs. Tooke, Smith, Shaw, Quain, and Cotton, Mr. John Labouchere, etc. Mr. Rose, the hon. secretary, read the 17th annual report, which expressed the regret of the committee, that, in consequence of the financial position of the charity, there had been a diminution in the number of in-patients received in the Hospital. The funds had not been sufficient to keep the whole Hospital open, and this circumstance, together with the debts of the charity, had caused the committee to close a portion of the building, and now one entire wing of the Hospital, containing 80 beds, was shut up. By the reduction in the expenditure the state of the funds had been bettered, but still increased exertions were required to free the Hospital from debt, to extend its usefulness, and to enable the whole of the 85 beds vacant to be filled by the clamorous applicants for admission. Mr. Briscoe, M.P., moved, and Sir John Forbes seconded the following resolution:—"That the governors in annual court assembled, finding that Mr. Cross, through the infirmity of deafness, has been compelled to resign the office of secretary, cannot part from him without expressing their sincere regret at this enforced termination of his long and useful connexion in that capacity with the Hospital, the duties of which he has discharged in a manner and spirit alike honourable to himself, satisfactory to the governors, and beneficial to the charity." This was carried unanimously, and also thanks to the chairman.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, May 29, 1858.

## BIRTHS.

Births of Boys, 904; Girls, 788; Total, 1692.  
Average of 10 corresponding weeks, 1848-57, 1527.

## DEATHS.

	Males.	Females.	Total.
Deaths during the week ... ..	576	530	1106
Average of the ten years 1848-57 ...	517.5	486.4	1003.9
Average corrected to increased population ...	...	...	1104
Deaths of people above 90 ... ..	2	2	4
Deaths in 15 General Hospitals ... ..	59	33	92

## DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small-pox.	Measles.	Scarlatina.	Hoop-ing-Cough.	Dia-rhoea.	Ty-phus.
West ....	876,427	2	6	8	10	3	6
North ....	490,896	..	12	8	21	1	4
Central ...	393,256	1	4	6	5	2	7
East ....	485,532	2	9	14	9	3	5
South ....	616,635	..	14	14	16	5	10
Total..	2,862,286	5	45	50	61	14	32

## TO CORRESPONDENTS.

*Mr. Thomson.*—We received notice of the hearing of the case at the Bloomsbury County Court, but having been unable to attend, we shall be happy to receive a short report of the proceedings, if they should possess any point of interest to the Profession.

*Mr. Samuel Rhind.*—1. A Visiting Medical Officer is always appointed to a private Asylum or Retreat, unless the proprietor is himself a Medical man. 2. The appointment is made by the Proprietor, and confirmed, or otherwise, by the Lunacy Commissioners. 3. Only private interest.

*Desipiens.*—The Archbishop of Canterbury does possess the power, by law, to grant the degree of Doctor of Medicine. This very absurd power must have been granted at a time when most of the offices of responsibility and patronage were vested in the Church, without any reference to education or qualifications.

*A Student.*—The successful candidates for the appointment of Assistant Surgeon in the East India Company's Service must depart for India within three months, or their appointment becomes void. The price of an outfit is about £100.

*Philo-Botanicus.*—There are very good opportunities for the study of Medical Botany at Kew Gardens, and also at the gardens in the Regent's Park. To obtain admittance to the latter, a member's order is necessary.

*Inquirer.*—The Society of Apothecaries have no charter in respect to the examination of Candidates for Medical Licences. They exercise the powers given to them in 1815 by virtue of an Act of Parliament. Their powers would probably be modified under any Medical Reform Bill.

*Mr. H. H. Watson* is thanked for the newspaper containing the additional correspondence on the question of whether sulphuric acid, as first obtained in the manufacturing process, is oil of vitriol. We think Mr. Watson is entitled to great credit for the zeal and ability which he has shown in the proceedings; but still we cannot blame unlearned persons of the laity, for taking a mere common-sense view of the case.

**ERRATUM.**—In our last No., p. 566, 2nd col., instead of "Mr. West, published in the last number of the *Midland Counties Journal*," it should read, "Dr. Wade in the last No. of the *Midland Quarterly Journal*."

## TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Allow me to mention (as a Cambridge Lic. Med.) that your answer to B. A. Cantab. is hardly correct. A Bachelor of Medicine is allowed by courtesy to be called Doctor everywhere except in his own University; as a Licentiate must be either a M.B. of one year's standing or a M.A. of four years' standing, and as he must have passed the whole examination required for the degree of M.D., he must, *a fortiori*, be entitled to be called Doctor.  
I am, &c., M.D.

## TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—About three months since, when reading one of your journals, my attention was directed to an article bringing before the notice of the Profession a preparation which the author had found possessed of valuable antiseptic properties.

Having a case under my care in which such an agent would prove, to say the least of it, very agreeable, I have searched repeatedly the numbers for this year, but hitherto fruitlessly, in order to discover its composition. My object in writing is to see if you, or any of your readers, can help me

out of my dilemma, by informing me of the whereabouts of the missing article, for which information I shall feel greatly obliged. I regret that my memory has so far played the traitor that I am able to give but little clue as to my wants.

It appeared, I think, in March, and was of tolerable length. Manganese, in some form, played a part in the composition, and the preparation possessed this advantage over other agents of this class, that, whereas, they destroyed one effluvium, but created another almost as objectionable, it was equally efficacious without any inherent odour. I may remark that I do not refer to "Boutigny's Fumigating Powder," mentioned February 7.

I am, &amp;c.

INQUIRER.

## TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I wish to ask through the medium of the *Medical Times*, whether my brethren consider the following circular sent you for insertion is strict Professional, or do they think with me that it savours very much of what the quacks would say of themselves? I am, &c.

May 31st, 1858.

M.D., a Ten Years' Subscriber.

"THOMAS BLAKE, M.D.,

"Licentiate of Apothecaries' Hall, and Member of the Royal College of Surgeons, London; Licentiate of the College of Physicians and Surgeons, Canada East; and Member of the University Medical College of the City of New York, United States.

"Dr. Blake begs to announce to the inhabitants of Askern and the neighbourhood, that he has commenced the practice of his profession in the above place, and has taken the house lately occupied by Mr. Wikeley, Surgeon. Dr. B. trusts that his professional qualifications, together with his numerous testimonials from many eminent members of the profession, will furnish sufficient evidence of his ability to give satisfaction to those who may favour him with their confidence.

"Dr. B. would intimate, that his professional education has not been confined exclusively to this country, he having availed himself of the great facilities for study afforded by the principal Medical Schools in the United States of America, and in Canada.

"Askern, January 1, 1858."

## COMMUNICATIONS have been received from—

DR. SIMPSON, Edinburgh; Mr. REDFERN DAVIES; Mr. WILLIAM PARKIE; DR. HERBERT BARKER, Bedford; Dr. ANDREW SMITH; THE GENERAL BOARD OF HEALTH; Mr. WEEDEN COOKE; THE SOCIETY OF APOTHECARIES; Dr. ANGUS MACMILLAN, Hull; Mr. P. LE NEVE FOSTER; THE POOR LAW MEDICAL REFORM ASSOCIATION; Mr. RICHARD GRIFFIN; THE ROYAL INSTITUTION; THE ROYAL MEDICAL BENEVOLENT COLLEGE; Mr. HORSBY; York; Mr. J. J. FOX; Mr. R. H. COOKE; M.D., A TEN YEARS' SUBSCRIBER; Mr. TAPP; Dr. CHOLMELEY; Dr. WADE, Birmingham; Mr. HENRY SYMES; Mr. SAMUEL RHIND; Dr. J. CAMERON, Liverpool; Mr. THOMSON; THE ROYAL COLLEGE OF PHYSICIANS; INQUIRER; Dr. MARTIN DESPENS; Mr. POPE; A STUDENT; PHILO-BOTANICUS; INQUIRER.

## APPOINTMENTS FOR THE WEEK.

June 5, Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

ROYAL INSTITUTION, 3 p.m.: Edwin Lankester, M.D., F.R.S., F.L.S. "On the Vegetable Kingdom in its Relations to the Life of Man."

## 7. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopaedic Hospital, 2 p.m.

ROYAL INSTITUTION, 2 p.m.: General Monthly Meeting.  
EPIDEMIOLOGICAL SOCIETY, 8 p.m.: Mr. J. N. Radcliffe, "On the Distribution of the Mortality from Hydrophobia in England, as an Illustration of Certain Peculiarities in the Mode of Extension and Prevalence of Epidemic Diseases; with Suggestions for the better Observation of Epidemics."

## 8. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.  
ROYAL MEDICAL AND CHIRURGICAL SOCIETY: Ballot, 7½ p.m.; Meeting, 8½ p.m.; Dr. Garrod, "On Gout;" Dr. Piddock, "On Iodide of Calcium;" Dr. Renneke (of Western Australia), "On Excess of Diet as a Cause of Disease."

ZOOLOGICAL SOCIETY, 9 p.m.  
ROYAL INSTITUTION, 3 p.m.: J. P. Lacaita, Esq., "On the History of Italy during the Middle Ages."

## 9. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopaedic Hospital, 2 p.m.  
GEOLOGICAL SOCIETY, 8 p.m.

## 10. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.  
ROYAL SOCIETY, 8½ p.m.

## 11. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.  
ROYAL INSTITUTION, 8½ p.m.: Mr. Faraday, "On Mr. Wheatstone's New Electric Telegraph."

## EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday), at 2 o'clock:

Talipes varus; hare-lip; false joint in femur. By Mr. Ferguson. Excision of head of femur. By Mr. Bowman.

## ORIGINAL LECTURES.

## LECTURES

ON

THE ANATOMY, INJURIES, AND DISEASES  
OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,

Professor of Anatomy and Surgery to the College.

## ON FRACTURES OF THE SKULL.

## LECTURE IV.

(Continued from p. 520.)

I consider myself fortunate in having been able to gather together some thirteen cases of recovery after a fractured base, in which the state of the broken bones was ascertained by dissection some time after the accident.

A man met with a severe injury of the head, which subsequently led to an affection of the brain, and he died three months after the accident. An extensive fracture, which had not been suspected, was then discovered at the base of the skull; this fracture beginning in front of the mastoid portion ran through the extremities of both petrous bones, and through the sella Turcica. The broken bones were about a line distant from each other. No attempt had been made at reparation.

In a case reported by Mauran, the patient survived an injury of the head three years, during which he suffered greatly. When the head was examined, a piece of the petrous bone was found broken off, and around this an abscess had formed.

In a case reported by Mr. John Davies, of Hertford, the patient committed suicide five months after a severe injury of the head, the symptoms of which had been those of a fractured base. In the left temporal bone were the remains of a fracture running obliquely upwards and outwards between the squamous and petrous portions, splitting the Eustachian canal, as far as the tympanum; and another line of fracture also extended from the tympanum to the groove of the lateral sinus. The line of fracture was so imperfectly united that the broken parts of the bone were separated from one another during the working of the saw.

In a case, which was under the care of Mr. Stanley, in St. Bartholomew's Hospital, in 1840, the patient, aged 9 years, died on the 86th day after a severe injury of the head, accompanied by bleeding from the ear. A line of fracture was traced from the squamo-parietal suture to the petrous portion, through the middle fossa of the skull. The bones were quite separated, and without the slightest traces of an attempt at union. The edges of the bones were bloody, and not in the least rounded off. And what makes this case still more interesting is that the clavicle, which had also been broken at the time of the accident, was firmly united by callus, ensheathing the broken extremities of the bones, and completely fixing them.

A healthy man, 40 years old, fell from a height of twelve metres on to his feet. The only immediate symptoms were those of slight concussion, which soon passed off. But the accident was subsequently followed by cerebral mischief, which led to the death of the patient four months afterwards. Latterly, the case was under the care of M. Robert at the hôpital Beaujon. At the examination of the head, the posterior clinoid processes were found broken off from each other, and from the lamina quadrata; the right petrous bone also presented in its upper third an extensive fracture running in a transverse direction; a large fragment was completely separated from the rest of this bone.

A man, aged 46, was admitted into the Glasgow Infirmary, for a severe injury of the head, with bleeding from the right ear, caused by a fall down stairs, which had happened six days before. Ultimately this patient so far recovered as to be dismissed from the Infirmary at the end of eight weeks. Nine days afterwards he was seized with cholera, and died on the

5th day, under the care of Dr. Laurie. He had thus lived close upon eleven weeks from the time of the accident. On removing the dura mater, and carefully examining the bone, a fracture was found to extend from the superior part of the right parietal bone along its posterior margin, and a few lines from the lambdoid suture, joining the suture between the occipital and temporal bones, and terminating at the jugular fossa. On the interior of the right half of the occipital, and a portion of the corresponding parietal bone, there was a considerable deposit of ossific matter which had nearly obliterated the groove of the lateral sinus. Between the fractured surfaces of the bones, there were a few particles of ossific matter deposited, but the junction was far from being completed.

M. Richet states that he had under his care a man who had met with an injury of the head, which was followed by a serous discharge from the ear. Recovery took place, for a time at least. But five months afterwards, and without any premonitory symptoms, strabismus made its appearance; this was followed by cerebral symptoms, and the patient died. At the post-mortem examination a fracture was discovered in the malar bone, from whence it was traced into the base of the skull, cutting across the petrous bone, and terminating in the foramen magnum. At first no trace of the fracture could be discovered in the petrous bone, notwithstanding the most careful examination; and it was not until after this bone had been macerated in nitric acid for a month, that the course of the fracture was clearly made out.

The only preparations which I can refer you to in our London museums are six in number, and three of these, it so happens, are in the Museum of St. George's Hospital.

In the first of these preparations (a) the line of fracture, starting from the outer part of the right frontal eminence, passes downwards, behind the external angular process, into the great wing of the sphenoid, and obliquely across the back part of the orbital plate of the frontal, then through the lesser wing of the sphenoid into the body of this bone, where it terminates at the inner part of the left optic foramen. This extensive line of fracture is, in some parts, completely filled up by new bone inlaid between the edges, and in other parts there was merely a dense layer of fibrous tissue lying between the broken bones. The most perfect union is in the perpendicular portion of the frontal, and especially in the lesser wing of the sphenoid, where the fracture is scarcely perceptible. The inner surface of the bones presents, in some parts, an extensive deposit of new, spongy bone, extending, in several places, far beyond the line of injury. The patient, a middle-aged man, lived two months after a very severe injury of the head, from the effects of which he had, however, all but recovered, when he was attacked with erysipelas of the scalp, and died.

The second preparation (b) was taken from a man, aged 45, who died of malignant disease of the stomach and liver. Some nine weeks before his death this man had met with a severe injury on the left side of the head, accompanied by bleeding from the left ear, and from the nose. The preparation shows a fissure, from three to four inches long, passing from the central part of the left parietal obliquely through the squamous portion of the temporal, where it divides into two branches, one running onwards, as Mr. Gregory Forbes reports, to the centre of the petrous bone, and the other passing into the meatus externus. The edges of the main line of fracture are, in one part, widely separated, extensive absorption of bone having taken place, and the gap thus left is one inch and a half long, and the eighth of an inch wide at its broadest part. Mr. Tomes examined this preparation in its recent state, and found that there was no bony union even at the points, where the edges of the fracture were close to each other. In the second line of fracture, that passing into the meatus, the edges are in close contact, and apparently united by inlaid bone, the line of injury in this part being scarcely perceptible. The inner surface of the bones is, in some parts, roughened by the deposit of new bone in the neighbourhood of the lines of fracture. The case has been fully reported by Mr. Gregory Forbes (c), who presented the preparation to the museum of St. George's Hospital.

The third preparation (d) was taken from a man, aged 46,

(a) St. George's Museum, ser. i. sub-ser. xxvi. A. 1 and 2.

(b) St. George's Museum, ser. i. sub-ser. . . A. 5.

(c) Lancet, 1849, vol. i. p. 580.

(d) St. George's Museum, ser. i. sub-ser. xxvi. A. 3.

who died in St. George's Hospital, of extensive ulceration of the stomach. Three years before his death this man, it appeared, had been pitched from his horse on to the back of his head, the results of which were a severe scalp-wound, and delirium for several days after the accident. In this preparation a distinct line of fracture can be traced through the left side of the occipital bone, from the upper part down to the point where the groove of the lateral sinus terminates in the jugular foramen. In its upper part this extensive line of fracture is closely united by inlaid bone; externally there is merely a linear groove, and internally the union is even more perfect, the line of fracture being visible here and there only. All this part of the bone is very much thickened, and extensively perforated by minute holes, some distance even beyond the line of injury. In the lower half of the fracture the edges of the bone are thin, and bevelled off by absorption; here there is a slight gap, which, in the recent state, was filled up by dense, fibrous tissue. At the end of this fissure, just where the groove for the lateral sinus terminates in the jugular foramen, the bone looks as if it had been broken up into several pieces. The union is perfect, but the lateral sinus is at this spot all but obliterated, and the occipital is here ankylosed, on the one hand, to the petrous bone, at the jugular articulation, and, on the other hand, to the atlas, at the condyloid articulation.

The fourth preparation (e) was presented to the College Museum by Mr. Henry Lee. It was taken from a man, aged 46, who lived a little more than seven months after a severe injury of the head, with bleeding from the ears, nose, and mouth. He was killed on the spot by a second injury, involving the upper part of the spine. The preparation shows a line of fracture, passing nearly straight downwards through the squamous portion of the right temporal bone, to the upper margin of the meatus auditorius externus; thence it proceeds along the upper wall of this passage, a part of the anterior wall being destroyed; and opposite the cavity of the tympanum it branches in two directions; by one of these branches, the fracture extends through the posterior and lower border of the petrous portion of the bone into the jugular fossa, which it completely traverses; by the other, it extends along the upper surface of the petrous bone, and ends in the hiatus Fallopii. That part of the fracture which lies in the squamous portion of the bone is, with the exception of a few minute apertures, closely and smoothly united; but in the part which traverses the petrous bone, there are only two or three small points at which union has taken place. At the upper surface of the base of the petrous bone, there is a considerable loss of substance, leaving a large hole leading directly into the cavity of the tympanum. The margins of this hole, and the bone around, are smooth and rounded off, as if from absorption.

The fifth (f) preparation belongs also to the College Museum. There is no history of the case; but this skull, it is thought, was removed with several others from the burial-place of some establishment for invalid soldiers in Germany. The occipital shows, on its left side, an extensive fracture, of an oval shape, passing from the upper part of the bone to within a short distance of the foramen magnum. At the lower part, there is a considerable displacement of the fragments, some of which have slipped downwards, and overlap a large portion of the outer surface of the bone. The displacement of the fragments has left, at the upper part, two irregular openings, the margins of which are smooth and bevelled off. The fragments are all solidly united to each other, as well as to the surface of the bone with which they have been brought into contact.

The sixth preparation (g) is in the Museum of St. Bartholomew's Hospital. The history of the case is unknown. The squamous portion of the temporal bone was smashed, and a line of fracture extended through the meatus externus, and base of the petrous bone, nearly as far as to the edge of the foramen magnum. The fragments in the one part, and the line of fracture in the other, are united firmly, but with intervals of non-union.

I must not leave the subject of fractures of the bones of the skull without adverting to an injury which sometimes

co-exists with these fractures. I allude to the separation of the sutures.

A question has arisen whether a separation of the sutures can possibly occur, without the bones being, in some way or another, broken. As might well be supposed from the nature of the articulations about the skull, a separation of a suture without a fracture is indeed a very rare form of injury. For my own part, I have, however, observed it once. It occurred in the posterior part of the squamo-parietal suture. The temporal having been slightly separated from the parietal and driven upwards, these bones presented, at first sight, the appearance of a fracture with depression.

In every other case in which I have met with a separation of the sutures, it has always been in connexion with extensive fractures stretching into the base. Thus, in seventy-eight cases of fractured skull, there were fourteen cases in which there was extensive separation of the sutures, two or more of which were sometimes implicated at the same time.

As to the frequency with which the various sutures give way, an analysis of these fourteen cases proves that separation of the coronal suture occurred in seven cases; in the lambdoid, it occurred in six cases; in the sagittal, in four cases; in the petro-occipital, in one; in the temporo-parietal, in one; and in the spheno-parietal, in one. It sometimes happens, when several sutures have given way, at one and the same time, that a whole bone becomes detached from the other bones. Thus, in one case, where there was complete separation of the coronal suture, the frontal was, at the same time, extensively separated from its connexions with the other bones of the skull, and thus all but isolated.

This separation of the sutures is, as a matter of course, most likely to occur before the adult period of life, and when the bones have not yet been soldered together. It has, however, happened at an advanced period of life, as proved by a case of Morgagni's, in which the patient was 60 years of age.

Co-existing, as this separation of the sutures for the most part does, with extensive fracture of the base, this injury must be classed among the most dangerous to which the skull is subject. It invariably indicates that great violence has been done to the bones. Oftentimes it is accompanied by laceration of the pericranium, and separation of the dura-mater; sometimes even by extensive laceration of both these membranes, through which the brain-substance has been squeezed out of the skull, and found lying immediately under the integuments.

Disjunction of the sutures is, then, always to be looked upon as peculiarly dangerous, not so much on its own account as on that of the extensive and serious injury of the other important parts with which it is generally associated.

It sometimes happens, however, that even a most extensive separation of the sutures, with fracture of the bones, is unaccompanied by any injury of the cerebral substance. Of this the following is a most remarkable instance:—

A lad, aged 17, fell from a tree a height of fourteen feet, and was admitted into St. George's Hospital, in a state of extreme collapse, from which he gradually recovered, so as to be perfectly sensible. The accident was followed by intracranial mischief, and he died in fourteen days. A fracture, beginning at the anterior part of the sagittal suture, passed through this suture in its whole length, and, having reached the lambdoid, deviated a little to the left, whence it coursed along the occipital bone, and terminated at the back part of the foramen magnum. In the whole length of the sagittal suture the two parietal bones were widely separated from each other, and on a different level. The left was in its natural position, but the right was driven down about two lines in its whole length. The brain itself was perfectly healthy. Extensive suppuration existed between the bone and the dura-mater, and there were some traces of inflammation both within the arachnoid and in the sub-arachnoid tissues.

Connected as a separation of the sutures is, all but invariably, with extensive fractures, its symptoms naturally fall into those which we have already fully examined; and so, too, does the treatment of such cases naturally fall into that of the fracture, whatever that treatment may be, which the case seems to require.

And now I proceed to a subject intimately connected with fractures of the skull, and one which of late years has become of great importance, as a means of diagnosis of these fractures.

As an accompaniment of severe injuries of the head, we

(e) College Museum, series xii. sub-series iii. section B. 488.

(f) College Museum, prep. 2899. A.

(g) St. Bartholomew's Museum, series iii. c. 94.



now and then find a watery fluid issuing either from the ear, or from the nose, or from some part of the vault of the skull.

The first notice of this watery discharge in connexion with injuries of the head is to be found, it is said, in Berengarius Carpensis, so far back as the year 1518; but, in truth, it is impossible to make out that the half-dozen words, so often referred to, have any connexion with our present subject. A most clear account of this watery discharge was, however, given by Stalpartius Van der Wiel, who, in the year 1727, published two cases wherein large quantities of a thin watery fluid had escaped from the ear for several days, after a severe injury of the head.

The first case, which fell under the notice of Stalpartius himself, runs thus:—

"One Ann Paulus, living at the Hague, was struck on the left parietal bone with a wooden staff of the size of a Belgian nine-pin, and so severe was the blow that she at once fell senseless to the ground. She vomited, and a small quantity of blood flowed out of the left ear. Called in consultation with James Sena, the Physician, and Arnold de Wilde, the Surgeon, Stalpartius found merely a contusion, but no fracture of the skull. Bleeding, and all other remedies usual in such cases, were had recourse to, and the patient gradually came to again; but for four or five days there escaped from the left ear a watery fluid, in quantities sufficient to have filled about a couple of pints I think; for a great number of towels were daily soaked through with this fluid. And yet the patient soon recovered her usual health."

The second case Stalpartius quotes from Joël Langelottus.

A prince, having fallen down a staircase, at Rome, a height of about 14 feet, pitched on to the left side of his head, and remained nearly a whole day perfectly senseless, and as if dead. After blood-letting, however, he in some measure recovered; but he then began to suffer so much pain in the head, that he got no rest, either by night or by day. All other remedies having failed, the Surgeons were about to resort to trepanning, when a gentleman of the household, who was standing by, observed a watery fluid running from the prince's left ear. The operation was therefore deferred, and so great was the quantity of fluid which escaped, that it was thought to amount to 8 lbs. in weight. No mention is made as to the ultimate issue of this case.

These two cases are the only ones usually referred to, as having been observed by the older Surgeons; but you will find in O'Halloran, some thirty years later, a case of the same nature, and in some respects even more characteristic.

In 1760, O'Halloran was called to a gentleman who had been thrown from his horse, and pitched on the right parietal bone. When picked up, he was quite insensible, and, in this state, he remained until his death, which took place five days after the accident. O'Halloran was especially struck by a constant oozing of a clear, limpid water from the right ear, which had come on immediately after the accident. The quantity of water thus poured out amounted to at least 12 ounces in the 24 hours. The discharge was constant, and continued so up to the time of the patient's death. He was scalped, but as no trace of injury was detected, it was thought that there was neither fracture, nor fissure. O'Halloran concludes by saying that he was very curious to open the head, in order to trace any possible source for this extraordinary discharge of water from the ear, which he never met with either before or since. Unfortunately, however, the family would not hear of any examination being made.

The elder Dease appears also to have been well acquainted with the occurrence of this peculiar watery discharge from the ear, as well as with its dangerous nature, which, however, he somewhat overrated.

In Colles' Lectures, edited by Mr. M'Coy, the following passage occurs in the lecture on fractures of the cranium:—

"The elder Mr. Dease believed there were certain cases of injury of the head which never recovered. I do not recollect whether it is in his work, but I remember he used to mention in his lectures a case which you may all have seen. As a patient with one of those injuries lies in bed, it will sometimes be perceived that the external auditory canal is filled with a clear lymph, which rises to a certain height, but does not overflow. You get a bit of sponge and *sup up* this as far as you can see, but the ear again quickly fills, and this happens as often as you may try the experiment." Mr. Dease believed that cases such as these never recovered, and was evidently not acquainted with the case of Stalpartius.

It may seem strange that facts so striking in their nature, and thus forcibly told, should subsequently have been lost sight of, but so it was.

Within the last twenty years, however, few indeed are the points in connexion with injuries of the head which have received so much attention from Surgeons, as this watery discharge has; and no point has called forth such minute dissections, or such elaborate investigations.

By some carefully made dissections, M. Laugier soon brought to light the co-existence of this watery discharge from the ear with a fracture of the petrous bone, and a rupture of the membrana tympani. And then followed the question, even now so much debated, as to the possible source of this fluid.

(To be continued.)

## ORIGINAL COMMUNICATIONS.

### ON THE RESTORATION OF MOTION

BY THE

### RUPTURE OF THE UNITING MEDIUM OF PARTIALLY ANCHYLOSED SURFACES.

By BERNARD BRODHURST, Esq.

Assistant-Surgeon to the Royal Orthopaedic Hospital.

(Continued from page 552.)

ANCHYLOSIS of the hip causes more inconvenience than of any other joint, except that of the maxilla. When ankylosis has taken place in the extended position of the limb, the patient can only sit on one buttock, with the leg of the affected side thrown backwards. Pressure on the buttock soon becomes painful, and the leg of the affected side is cramped. Consequently, sitting is an awkward, and after a time, a painful position. But the most painful position is on horseback. Not only is the seat most insecure, but it causes much pain, which is felt especially on dismounting. Three of the cases on which I have operated have been of mounted officers; and although in two of these only partial motion was restored, the relief was in both instances very great. One of these gentlemen writing to me some few weeks ago, said:—"I am in the saddle all day, and have no pain." The chief complaint of two other gentlemen also, who were similarly affected, was that in consequence of the pain produced they were unable to sit on horseback. The relief which seems to be most appreciated is that arising from the ability to flex the thigh, and consequently to sit fairly and straight on a chair. This position before the rupture of the adhesions was impossible; and it causes great satisfaction and pleasure to find that the power has been regained.

#### PARTIAL ANCHYLOSIS OF THE HIP-JOINT.

Case 1.—March, 1856.—L. S., 13 years of age, light-haired, and of a strumous complexion, was attacked with inflammation of the hip-joint three years prior to the above-mentioned date. She was attended at the commencement of the affection by a Surgeon in the neighbourhood of the metropolis, and was actively and very judiciously treated. Pain, however, was scarcely alleviated by the treatment: suffering was very great; the nights were passed without sleep, and the health had become seriously impaired.

When I first saw her pain had entirely ceased, and had not been felt during the preceding four months. The hip-joint was fixed, and without motion, at such an angle that, standing upright, the toes of the affected limb could just touch the ground, the heel being raised; the pelvis was very oblique; the spine was slightly curved; the right buttock was flattened; the limb was wasted: it was, however, by measurement the same length as the other.

Having fixed the pelvis with one hand, I suddenly flexed the thigh, jerking the limb, without using much force. The adhesions were soft, and yielded readily. Very slight pain followed the rupture. A gutta-percha splint was applied, and was not removed for eight days, at the expiration of which time passive motion was instituted. At first gentle movements only could be borne; but they were gradually increased, until the limb could be perfectly flexed and extended.

For six weeks after the rupture there was scarcely any voluntary power of flexion of the thigh, notwithstanding that tenderness on motion had ceased. From this time, however, motion began to increase, so that in the course of another six weeks there was considerable power of voluntary motion. Obliquity of the pelvis was in great measure overcome, and the sole of the foot was in contact with the ground. The foot could now be thrown well forward in walking. Five months after the operation the thigh could be flexed without assistance beyond a right angle, and it could be fully extended; the pelvis had regained its horizontal position, and the foot could be well flexed in walking.

In March, 1857, this patient walked with a stick, but firmly.

March, 1858.—In regard of size and firmness the two limbs were nearly equal; the buttock also had nearly regained its normal size. A stick was used for support when she walked to some distance from home; but in the house it was not now used. All the motions of the hip were perfect, and they could be employed unaided, except extreme flexion of the thigh. This thigh could not be flexed so perfectly as the other.

Case 2.—J. M., an officer in a cavalry regiment, early in the year 1854, in India, joined a shooting party, and having been for some days on marshy ground, was attacked with rheumatism, and had to be carried home. He remained confined to bed for three months, suffering acutely, so as not to have been able to change his posture during the early period of his illness. A large bed-sore formed over the sacrum, and effusion was so great around the hip that suppuration was feared. Happily, however, swelling subsided; but it was found when motion was at length attempted that the hip was fixed and immovable. Several months elapsed before he was able to resume his regimental duties, and then he found the fatigue of walking excessive, and his seat in the saddle most insecure; he also suffered excruciating pain on dismounting. These circumstances induced him to return home, for which he obtained leave.

March 5, 1857.—He walked into my room, leaning on a stick. I found the thigh fixed in the extended position, and immovable at the hip-joint; the extremity was of the same length as the sound limb; the pelvis was slightly oblique. I proposed to give chloroform, and to proceed to rupture the adhesions at the same time, should they be found to be fibrous. To this he assented, and the following day was appointed for the examination.

The full effect of chloroform having been obtained, the pelvis was firmly fixed by an assistant, when it was immediately apparent on endeavouring to raise the leg from the bed that the adhesions were fibrous. A jerk in the direction of flexion was sufficient to separate them, and the rupture took place with an audible snap. The motions of the joint were immediately free. The limb was then bandaged, and encased in a splint, and thus it was allowed to remain undisturbed for five days. Very slight pain was felt after the rupture, so that opiates were not required. On the sixth day passive motion was commenced. Only very gentle and limited movements were at first permitted, for considerable tenderness in the joint was complained of on moving the thigh. This tenderness, however, soon ceased to be felt, or the pain was not more than could easily be borne, and the splint was discontinued on the fourteenth day. After six weeks the thigh could be raised unassisted to a right angle with the trunk, and the limb could be fully extended: extension was executed slowly, but flexion by twitches rather than by a steady muscular action. The obliquity of the pelvis was entirely removed. The patient could walk without limping and without support for some steps if he walked slowly; he could also sit flat on a chair, and he could even straddle across a chair, sitting in the centre of the seat; but both of these positions were painful, and the latter could only be borne during some seconds. Passive motion, especially of flexion and abduction, was continued vigorously for several months; and, indeed, until the present time it is carried on daily. Now he can mount his horse comfortably, and can remain in the saddle, he says, "any number of hours," and has no pain on dismounting, but stiffness only. The motion of the joint is not so free, however, as I could wish to see it; but I have little doubt that whatever rigidity yet remains, will be in time removed.

Case 3.—F. C., 25 years of age, an officer in the Royal

Artillery, suffered, whilst he was stationed in Ceylon, from rheumatism, in 1855. He was confined to bed during many weeks, and suffered excruciating pain. Several joints were inflamed, as the shoulders, knee, hip, and ankle, but all recovered well except the hip. The effusion around the hip was more than about any other joint, and the swelling was so considerable, that it was feared suppuration would take place. However, it subsided, and at length it was discovered that the motion of the joint was lost. He returned to England some few months later, and consulted a Surgeon of the highest eminence, with a view to regain the motion of the joint. No hope was held out that motion could be restored, but on the contrary, he was assured that he must take his stiff joint with him to the grave. And in consequence he abandoned all hope of accomplishing his object. He was unable to perform his military duties satisfactorily, and he therefore now determined to leave the army. He expected to receive his captain's commission from day to day, and he proposed then to sell out.

At Christmas 1856, he heard of a case somewhat similar to his own, where I had ruptured the adhesions and restored the motion of the joint; and by the advice of Dr. Wood he in consequence came to me. I found both lower extremities of the same length; the head of the femur in its normal position; the buttock much flattened, and the limb slightly wasted. The limb was extended, and there was no power of flexion, nor of motion at the hip-joint, except a very slight (just perceptible) lateral motion. This motion, slight as it was, was sufficient indication that the adhesions were fibrous; and I gave an opinion in accordance with this view, and stated that the adhesions might be ruptured, and that the power of motion might be restored. He was about to proceed with troops to Canton, but he was anxious to have the operation performed before he went on board ship. I stipulated that I should have the power of watching him for six weeks after the operation. He was unable to promise this, however, as it was doubtful when he might receive orders to embark. The operation was therefore deferred until his return from China. Ten days later he embarked, expecting to leave the port on the following day, when an order was received to detain the vessel for three weeks. He immediately obtained leave of absence, and returned to London. The operation was done the day next but one following.

January 24, 1857.—The full effect of chloroform having been obtained, I fixed the pelvis with one hand, and with the other jerked the limb, without exerting much force, two or three times, when the adhesions yielded and gave way gradually, allowing the thigh to be flexed to its full extent. A gutta serena splint, which had been previously prepared, was then applied, and the limb was bandaged. On recovery from the effects of chloroform, my patient could scarcely believe that the operation had been done. He had no pain. Slight tenderness was felt in the course of the evening, but he slept well at night without an opiate. He remained in bed during the four following days, at the end of which time the thigh was slightly flexed, and again extended. After two more days the splint was discontinued. The limb was now moved every day, the joint being worked gently, and to a slight extent only at first; but soon more violent and extended movements could be borne, and ropes and pulleys were used. A stick was at first used for support in walking about the house, but it was soon discontinued, for he could walk firmly and without lameness. Beyond the house, however, a stick was used for some weeks. Before three weeks had elapsed, he had walked two miles from his lodgings. I was alarmed when I heard what had been done, and feared for the result; but, happily, no harm was done. Some slight tenderness of the joint and rigidity of the limb followed; it passed away, however, rapidly, and after twenty-four hours the motion of the limb was as perfect as before. Six weeks after the operation the thigh could be flexed voluntarily beyond a right angle, and it could be abducted to within one inch of its normal range of motion. To show how sound the joint had become, I may mention that my patient could sit on his heels, each heel being equally in contact with the corresponding tuberosity of the ischium.

March 21.—Exactly two months after the operation, the communication, to which I have already alluded at the head of this paper, was read before the Royal Medical and Chirurgical Society, and by his own desire this gentleman was present. Many then had an opportunity of seeing him walk

and some also were there who were well able to judge of the change which had been effected, having seen him previous to the rupture. He walked without the slightest halt, and without support. I received a letter from him, dated December 24, 1857, from which I quote the following sentences:—

"I walk occasionally twelve or thirteen miles a day; not bad, I think. The buttock has filled out wonderfully."

He was then, and had been for some months, performing his military duties. Now, I am glad to say, he has gained his promotion; and yet, I am more glad to add, he has no intention of leaving the army.

*Case 4.*—June, 1853.—A. G., 7 years of age, a small, ill-nourished, irritable, dark-haired child, suffered two years before this period from acute inflammation of the hip-joint, which was thought to be rheumatic in character, and which had followed exposure to wet and cold. When I first saw this child the thigh was flexed at a right angle with the trunk, and it was immovable. Under the influence of chloroform just perceptible motion could be obtained. A sudden jerk ruptured the adhesions with an audible snap, when the entire range of flexion and extension was immediately gained. Some pain was felt during that and the following day, to allay which opiates were given. Afterwards pain was felt only when the joint was moved. This tenderness lasted for ten days. After this time the limb was moved every day, and each day a more extended range of motion was gained; also the child was encouraged to move about the house, that the limb might thus be brought into action. Voluntary power was gradually, but slowly, developed. The limb remained very feeble during several months.

In this instance the limb was much wasted; it was, however, of the same length as the other limb. It was evident that infantile paralysis to a slight extent was superadded to rheumatic inflammation, and that some of the muscles, especially the extensors of the leg, had lost their power of action. Myogenic paralysis is not uncommon in childhood. I have only observed it in two instances, however, combined with partial ankylosis. Stimulating liniments, galvanism, and other excitants were used, while the limb was moved daily, to insure the freedom of the joint.

After two years the thigh could be raised beyond a right angle with the pelvis, the leg could be thrown forward in walking, and a stick only was used for support.

August, 1857.—The limb had nearly recovered its normal size; the buttock had filled out, though it was yet somewhat flattened; the motions of the hip-joint were perfect; and in walking about the room feebleness was not observable. After taking more than slight exercise, however, drooping of that side was apparent. No support was used. Stimulants were continued. There is little doubt that the power of the limb will be in time restored.

*Case 5.*—May 1856, H. S., 12 years of age, light-haired, with a florid complexion, was attacked with inflammation of the hip-joint after sitting on a damp bank, two and a-half years before I saw her. She suffered acutely when inflammation was first developed, and was treated at the time actively, yet it produced only partial mitigation of suffering. This acute pain lasted nearly six months, when it began to diminish, and ceased entirely about ten months from the commencement of the attack. The thigh had become flexed upon the pelvis during the period of confinement to bed at an acute angle; the pelvis was very oblique, and the spine was curved laterally; the heel could barely reach as low as the knee of the opposite side; the buttock was much flattened, and the muscles of the limb were wasted, but the limb itself was not shortened.

The adhesions, which appeared to be extra-capsular, yielded readily on the application of two or three sharp jerks, suddenly and completely. The limb was then bandaged and placed in a gutta-percha splint, and so left perfectly at rest for a week. A very slight degree of pain followed the operation, and even when slight movements were commenced, on removing the splint, they were scarcely complained of. In the course of three months, the thigh could be flexed and extended passively to the full extent of normal motion, little or no pain being excited; there was very little muscular power, however: the patient could walk across the floor with a stick and a crutch, and without dragging the leg, but without lifting the foot. Stimulating liniments were used, and a small blister was occasionally placed behind the trochanter. A visible effect was produced in the course of some

months, for muscular power was sensibly increased; yet progress was slow. In the summer of 1857, the thigh could be flexed, though not fully, and the patient could walk without other support than a stick. The obliquity of the pelvis had been entirely overcome, as well as the lateral inclination of the spine, without any special treatment being directed to either. Also, the tendo-Achillis, which was extremely tense, yielded and allowed the foot to be well flexed in walking. At the present time a stick is used in walking, except in the house. There is much muscular power wanting, and I doubt if it will ever be perfectly regained.

20, Grosvenor-street.

(To be continued.)

## RADICAL CURE OF A DOUBLE INGUINAL HERNIA.

(WUTZER'S METHOD.)

By REDFERN DAVIES, M.R.C.S.

William Gardener, aged 24, a labourer, and in the most perfect state of bodily health, has been the subject of hernia on the left side since birth; the hernial mass gradually increasing, is now about the size of a goose's egg; it is intestinal only; and is easily and completely reducible. On the right side a hernia has existed for three years, caused by a strain, in size about a hen's egg, and like its fellow, returned with facility and completely on April 16, 1858.

The patient lying on his back, the bowels having been well cleared out, the parts shaved, and the hernia reduced on the left side, Wutzer's instrument (as made by Ferguson of London) the "plug" being well smeared with Ung. Iyctæ, was applied.

The testicles were supported upon a soft cushion, and the handle of the instrument, by its own weight tilting downwards and rolling about, was also made to rest upon a support, and was confined to the thigh.

During the first 24 hours some mention was made of the pain caused by the blistering of the surfaces of the invaginated portion of integument, and some serous fluid flowed away.

On the 4th day after operation there were some swelling and tenderness around the invaginated plug, and a little purulent discharge.

On the 11th day the instrument was removed.

During the whole period of its application the patient had not experienced one half-hour's discomfort, much less pain (save from the blistering); and, upon examination, the following was the condition of the parts:—

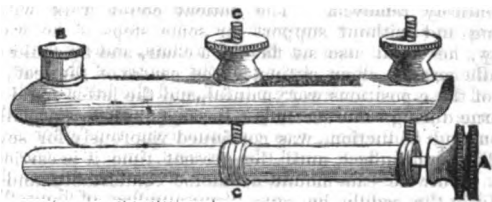
April 27.—On the surface of the abdominal walls, through which the needle had passed for a space of a shilling, there was a superficial ulceration, the parts looking quite healthy.

Along the track of the inguinal canal the invaginated portion of scrotum could be felt distinctly and separately from the surrounding parts.

Around the invagination, extending for a distance of two inches, the parts had a faint blush, were swollen, thickened, and somewhat tender on pressure.

A pad and spica bandage applied, and the patient was ordered to keep his bed for a day or so.

On May 2, all tenderness and swelling having subsided, the right side was operated upon by an instrument exactly similar to the accompanying engraving, though larger:—



In this case the instrument was, as before, applied, but for only eight days. On removal, a similar state of parts was found, save that the intensity both in degree and extent to which the inflammation had extended was somewhat greater.

Pads and a spica bandage were applied; and he was allowed

to get up and go about the house in two or three days, when a double well-fitting truss was applied.

*Present condition*, May 30, 1858.—The patient was examined carefully by my father, Dr. Birt Davies, and Mr. Vose Solomon, in company with myself; when we found that cicatrisation had occurred at the points of exit of the needles, and complete union of the edge at the mouth of the doigt de gant, the only vestige of operation or deformity being the resultant cicatrix. In the inguinal canal a firm plug could be felt extending to the external ring, blocking it up completely. Upon coughing no impulse or descent of intestine could be felt, and we all thought the success of the operation was complete.

*Observations*.—During the progress of the first of these two cases I was led to observe some few mechanical imperfections in the instrument used.

Firstly.—The handle to the instrument was, by its length and weight, cumbersome, tending to tilt the parts downwards (a), which therefore required to be supported. To remedy this I substituted a button A, which fulfils all the purposes required of it, viz. to push the needle through the integument, and then subsequently withdraw it.

Secondly.—The putting a cap over the point of the needle.

These modifications I would submit are preferable to those of Mr. Spencer Wells, who removes both the handle and point, after applying the instrument, inasmuch as they are simpler, and less likely to get out of repair.

Thirdly.—The substitution for the upright stand of German silver at the end of the instrument the moveable piece C, whereby greater power, and more uniformity of pressure can be exercised.

(It should of course be moved up to as far as the edge of the invaginated portion, and then duly tightened.)

Fourthly.—By displacing all ornamental but not useful bits of plate, the price of the instrument is necessarily reduced.

Birmingham.

### ATTEMPTED SUICIDE WITH STRYCHNIA.—TREATMENT WITH NICOTINE.—RECOVERY.

By THOMAS O'REILLY, M.D., M.R.C.S. Eng.

On Thursday, September 10, 1857, at one o'clock p.m., I was urgently requested by Dr. Byrne to accompany him to see a Mr. Johnson in this city (St. Louis, Missouri, U.S.), who, he was informed, had taken poison. On arrival at his residence we learned the following history to account for his condition:—

After a three years' cruise, as a musician on board an United States frigate, he was paid off in New York, and for the amount purchased drafts on St. Louis, which, on his arrival here were found to be worthless. This, together with recent domestic sorrows, so overwhelmed him, that he determined on self-destruction. To accomplish this end, he called on a respectable druggist, and demanded a large dose of poison for a dog. The druggist gave him six grains of strychnine, which he carried into an adjoining beer-house, and, playfully remarking to the bar-tender that he was going on his last spree, mixed the strychnine with beer, and drank it off. Soon repenting this rash act, he mentioned to those present that he had taken poison, and wished they would give him an emetic. One was procured which vomited him freely, but, notwithstanding, violent symptoms set in, and we were called on to see him.

On entering his room we found him stretched on his back, his countenance expressive of the most painful suffering and distress, his frame shaken by frequent convulsive spasms, his limbs rigidly extended, and his head slightly bent backwards. His face was of a livid red, and covered with a profuse sweat; his eyes were sunken, and moved with a rapid motion; his mouth was covered with saliva, which he ejected by spasmodic jerks, strongly reminding me of a case of hydrophobia which I had seen some time before. His respiration was quick and difficult, and attended with great pain in the precordial region; skin warm, and covered with a profuse

(a) In Wutzer's instrument the handle can be removed.—Ed.

clammy sweat, and he had copious watery discharges from his bowels. His intellect clear and collected, and his feelings were so morbidly acute that the slightest touch appeared to aggravate his sufferings, and to bring on a spasm. On this account we could not correctly ascertain the state of his pulse.

Ignorant of any antidote likely to relieve him, and pressed by the urgency of the case, Dr. Byrne, acting on the suggestion of Dr. Haughton's paper (read before a meeting of the Royal Irish Academy, Nov. 29, 1856), took a cigar from a gentleman present, and infused it in half a pint of water.

One hour and fifteen minutes after he had taken the poison we gave him the first dose of the tobacco infusion, which he swallowed with difficulty. We continued it in table-spoonful doses at intervals of five minutes, until he had taken half the quantity infused, before we had noticed a favourable change. Then the muscles became relaxed, the spasms less severe, and the intervals between them longer; and so conscious was the patient of relief, that he constantly called for the tobacco-juice when he felt the paroxysm approaching. This encouraged us to persevere with the infusion, prolonging the intervals between each dose, as the frequency of the spasms abated; until finally, after twelve hours, they disappeared, leaving him in a state of fearful nervous prostration, from which he recovered in a few days, under a careful tonic treatment.

In the quantity of infusion administered we used one ounce and two drachms of dry tobacco leaves, including the cigar—a quantity which no healthy condition of system could stand; but the urgency of this case demanded it, and the result justified it, and at the same time afforded us another illustration of the counteracting influence of poisons, and tended in some way to establish the correctness of the conclusions at which the Rev. Mr. Haughton had arrived by his experiments.

From a single instance like this, I should be far from recommending nicotine as an antidote; but I trust that the publication of the case may attract the attention of others, who will test the subject with due care, and give the result of their experience to the world.

St. Louis, Missouri, United States.

### OBSTINATE OPHTHALMIA TARSI,

TREATED BY THE APPLICATION OF TINCTURE OF IODINE  
AND GLYCERINE.

By ANGUS MACMILLAN, M.D. etc.

M. A., aged 12 years, five years ago had a severe attack of scrofulous ophthalmia. On examination we observed specks on both cornea, and considerable conjunctival vascularity. Edges of eyelids much inflamed, hardened, and considerably thickened; eyelashes agglutinated together. Partial obliteration of Meibomian apertures in right lower eyelid. General health evidently much impaired; skin and digestive organs disordered, and undoubted marks of a scrofulous constitution present.

On being questioned, stated she had been under treatment more or less since the attack of scrofulous ophthalmia, that general and local means had been employed, but with no permanent benefit.

The edges of the eyelids were washed carefully, and any adherent matter removed from the roots of the eyelashes and Meibomian apertures. The edge of each eyelid being carefully everted, the tr. iodine was then applied to the whole edge by the aid of a fine camel's-hair brush, which was passed over two or three times, so that the tr. iodine might enter the Meibomian apertures, and be diffused among the cilia. During the day and night frequent application of the glycerine by the aid of a common camel's-hair brush. In the course of two or three days a decided improvement was manifest. Three more applications of the tr. iodine at intervals of three to four days sufficed to cure the case. Quinine and sulphuric acid were administered internally.

Many more cases followed by the same success could be reported, but the above will be sufficient to direct attention to this mode of treatment of an affection of the eyelids which in a majority of cases may be considered incurable. I am not aware that this method has ever been previously suggested; and should any of your readers feel disposed to give it a trial,

it is to be hoped they will communicate the result of their experience so that its true value may be ascertained. The tr. iodine is a more convenient and effectual application than the ordinary salves, inasmuch as its stimulating properties can be brought to bear more directly on the Meibomian apertures. Hull.

THE LONDON  
PRACTICE OF MEDICINE AND SURGERY.

THE ROYAL LONDON OPHTHALMIC  
HOSPITAL.

MR. CRITCHETT'S NEW OPERATION FOR  
DISPLACING THE PUPIL.

About a month ago we noticed very briefly a new operation which Mr. Critchett had devised for displacing the pupil, and which had then only been practised in about half a dozen cases. The plan has since succeeded so admirably in such a numerous series, that it may now be considered an established procedure. We must, accordingly, not delay longer to bring the details of its performance before our readers. At first mention, the idea of drawing out a fold of iris tissue in such a manner as to leave the pupillary margin itself free, and of then securing it from return by the application of a ligature, may not sound like a very practicable one. That it is easily so has been fully proved by the practice not only of Mr. Critchett himself, but of more than one of his colleagues. As stated in our former notice, the cases for which this mode of operating is especially required are those in which a limited leucoma constitutes the hindrance to vision, and in which the pupil is free from adhesions. We will suppose such a case on the operating couch. The steps of the operation are then as follows:—With a broad needle an incision is made through the edge of the cornea at the side selected, just large enough to admit of the introduction of the canula forceps. The latter instrument is then passed into the anterior chamber, and made to seize the flat surface of the iris, at a distance of about a third of the breadth from the cornea to its pupillary border. The iris thus doubled on itself is drawn out of the wound. With another pair of forceps, ready armed with silk, the operator now seizes the prolapsed portion, upon which the ligature is next placed, and tied by his assistant. In tying it two pairs of broad-pointed forceps must be employed, instead of the fingers, and some delicacy is required. The instrument here shown is the forceps



which Mr. Critchett has had made for the purpose of holding the prolapse during the application of the ligature. The blades are broad and well bowed, so as to throw off the ligature easily, and for the purpose of retaining it during their application a slender steel leg is fitted on each, the points of which, although just in contact, are of course not united to them. The silk used should be fine, but soft, and not tightly twisted. After being tied, both ends may be cut off close. There does not appear to be any tendency to draw the prolapse in again; indeed, the peculiar way in which the folds of iris are secured by the ligature prevents any traction being exerted in a direct line inwards. The ligature usually drops off in a day or two, and the wound rapidly heals. As far as we have observed Mr. Critchett's cases, singularly little irritation follows the operation.

A case of conical cornea in a young woman under Mr. Bowman's care, in which it was desired to make a narrow elliptical pupil in each eye, afforded a very instructive contrast of the new plan with that of cutting out a portion of cornea. Mr. Bowman operated on the left sides of each eye on the same day, in the one adopting the ligature plan, and in the other cutting away a small portion of cornea, and leaving the iris to prolapse, and acquire adhesions to the cicatrix. In the latter, the wound was long in healing, and

was attended by very much more of surrounding inflammation. In operating on the right sides of the two eyes, a fortnight later, Mr. Bowman employed the ligature in each, and was much pleased with the result. Indeed, the wound made by cutting out of cornea on the first occasion was not soundly healed until some time after the whole of the other three.

It is to be observed that the method by cutting out a little bit of cornea is almost the only one which aims at exactly the same result as Mr. Critchett's, i.e. the displacement of the normal pupil, not the making (by laceration or cutting) of a new one. In most of the others the iris is seized at its pupillary margin, and its structure lacerated, or if no pupil exist an entirely new one is made by a cutting needle. The advantages in all cases where possible of leaving the pupillary border uninjured has long been acknowledged, and its supposed impracticability alone prevented its being much more frequently adopted. If in the attempt to apply a ligature to the iris in the manner above described, the Surgeon should, as will sometimes happen, be unable to limit the amount of prolapse, and include in it the margin of the pupil, he has but converted his operation into one of the old kind, and has only defeated one part of his purpose.

HOSPITAL NOTES.

CASE OF SUCCESSFUL OVARIOTOMY.

A case in which a good recovery followed the extirpation of an ovarian cyst has recently occurred in Addenbrooke's Hospital, Cambridge. The operator was Mr. Humphry. The patient, a woman, aged 22, tall and well made, was admitted with ovarian dropsy of five years' standing. She had been twice tapped, and on one occasion the injection of iodine had been practised. As the cyst had refilled ovariotomy was decided upon. The incision made was nearly four inches long, in the median line, and below the umbilicus. Two large utensils full of fluid were evacuated, and the cyst with some difficulty was then drawn out. No adhesions existed. The pedicle was broad and short, and was tied in four parts. The ligatures were brought out at the lower part of the wound, the upper portion of which was closed by sutures. No ill symptoms followed, and she left the hospital, well, within six weeks of the operation.

PARALYSIS OF THE FACE CAUSED BY CANCER  
OF THE PHARYNX.

Dr. Risdon Bennett has recently had under his care in St. Thomas's Hospital a man, who presented a somewhat unusual group of paralytic symptoms. He was a weaver, aged 45, and of spare habit. He had in the first instance complained of pain above the left ear, and in the neighbouring parts. In a short time he became deaf on the left side, and then the left cheek and temporal region became numb. There was at this time no muscular paralysis. Subsequently, however, the tongue became divergent to the left side, and at length much difficulty was experienced both in speaking and swallowing. The tongue was complained of as feeling larger than natural, and the left pupil assumed a state of permanent contraction. He emaciated gradually, and at length sank. At the autopsy a growth of epithelial cancer was found involving the pharynx, and extensively destroying the base of the sphenoid bone. It had ulcerated into the throat, but not very widely. The brain itself was healthy, and the paralysis had evidently resulted from the involvement of the nerve trunks.

DEATH AFTER PARACENTESIS OF AN  
OVARIAN CYST.

It is very desirable to bear in mind that the tapping of ovarian cysts, especially for the first time, is a procedure far from being devoid of danger, since the fact bears with much importance on the question as to the propriety of other and more radical methods of treatment. The statistics of this operation, usually deemed so simple, have not hitherto been collected on a sufficiently extended and trustworthy scale, and it is therefore desirable from time to time to put individual instances of fatal consequences prominently forward. One such has recently occurred at St. Thomas's Hospital. A married woman, aged 30, was admitted on account of a large ovarian tumour which distended the abdomen. It had existed nine months, and had followed three months after childbirth.



She was considerably reduced in health, but there did not appear to be any condition forbidding the employment of the trocar, from which, on the contrary, much relief was expected. The operation was performed by Mr. Woakes, one of the House-Surgeons, and about a painful of thick fluid removed. The tumour was reduced in size, but a considerable bulk still remained. The woman gradually sank afterwards, and died exhausted on the fifth day.

#### DIVERGENT STRABISMUS.

We adverted a few weeks ago to two cases of divergent strabismus, under Mr. Critchett's care, at the Moorfields Ophthalmic, the subjects of which were a father and daughter. In each the degree of divergence, which was great, was almost exactly similar. The father had, however, contracted his; but in the daughter the deformity was congenital. An unfavourable prognosis as to the results of the ordinary operation was, therefore, given by Mr. Critchett in the latter case. The operation was performed on both patients on the same day, and consisted in the division subcutaneously of both external recti. The father's eyes remained perfectly straight afterwards; but, as had been feared, the girl's were in the course of a fortnight almost as widely divergent as ever. Under these circumstances, Mr. Critchett determined to adopt a procedure for bringing forward the attachments of the internal recti, which we have several times before seen him perform, and which we described in these Reports about four years ago. The patient being under chloroform, with scissors and forceps the conjunctiva of the inner side of the globe was divided at about a quarter of an inch distance from the corneal margin, for a length of three-fourths of an inch. The dissection was continued inwards, until the internal rectus and the adjacent fascia and cellular tissue having been freely divided, the first third of the inner side of the globe was cleared, and a considerable flap, consisting of muscle, conjunctiva, and intervening cellular tissue turned inwards. Sutures were now passed through the whole of this flap, half an inch from its free margin, and again through the narrow attachment of conjunctiva at the edge of the cornea. A curved portion of the flap (at its deepest part fully the third of an inch wide) was next cut away, and the sutures were then tied across. This had the effect of drawing the eyes very much inwards, giving a very decided internal squint. Three sutures on each side had been employed. When we last saw the patient, there was still a slight degree of internal strabismus; but as the tendency would no doubt be towards the production of the original divergence, the eyes will, in all probability, be straight in the course of a few months. Even should they not, however, their present condition is very greatly preferable to the state of things before the operation.

This operation (a) is like many others of those performed on the appendages of the eye, not nearly so difficult to perform as it may, we dare say, strike the unpractised reader of our description. It is one which can be most confidently recommended for bad cases of divergent squint, whether the result of previous operations or otherwise. Cases of divergence are, we may again remark, attended by infinitely more of disfigurement, and are at the same time far more difficult to remedy than those of convergence. For the latter *subconjunctival* myotomy, as practised at Moorfields, realizes everything that can be expected of a surgical procedure, and very rarely indeed requires any modification.

#### OVARIAN DROPSY TREATED BY THE INJECTION OF IODINE.

The practice of treating ovarian cysts when single by the injection of iodine seems to hold its ground, and, indeed, to decidedly gain in favour. Dr. West and Mr. Paget, who, in St. Bartholomew's, have, we believe, had a larger series of cases than any other of our London men, have obtained results which have been on the whole quite satisfactory. The reader must not from this suppose that any cases have been cured off hand by a single injection. In almost all more than one injection has, we believe, been required; in several the treatment, although repeated to a third or fourth, did not seem to have much effect; and in the best all that ought perhaps to be asserted is, that the secretion has been arrested. In a disease in which the radical method of treatment, and the results of non-interference are both so formidable, the simple arrest of

the tendency to refile, even if the tumour be not wholly got rid of, is a very satisfactory attainment. Very probably additional experience may much assist us in the details of this method of treatment, and enable us to secure a greater proportion of cures. In most cases we believe it has been the practice to employ a very dilute tincture, and in large quantities; but it may be fairly open to question whether this is the best. In a case recently treated by Dr. Ramskill and Mr. Hutchinson in the Metropolitan Free Hospital, a concentrated solution was employed, and allowed to remain in. The injection was practised twice, with an interval of about a month; and on each occasion after the cyst had been as completely drained as possible, a scruple of iodine, and half a drachm of iodide of potassium, dissolved in an ounce of water, constituted the injection, and was wholly retained. The reasons which induced Mr. Hutchinson to employ so concentrated a solution, were, first, the belief that what was wanted to prevent re-secretion was destruction of the epithelial lining membrane of the cyst by iodic cauterisation, and that the stronger the fluid the more certainly would this be effected. Secondly, the hope that so concentrated a solution would be less likely to be absorbed quickly, and might therefore be left in to produce its full effect with greater safety. Thirdly, the consideration that however carefully an ovarian cyst be drained, it is almost impossible to empty it, and that therefore a dilute solution is yet further reduced by mixture with the remaining fluid. Fourthly, that it is not desirable to introduce so much alcohol into the system as is contained in from half-a-pint to a pint of tincture. With regard to the results in this case we may state that on neither occasion did any alarming symptoms follow, and that although four months have elapsed since the last injection, the patient remains quite well, no tendency to refilling being manifested. Before the treatment tapping had been repeatedly practised, and was required every six weeks or two months, as the cyst was very large, and refilled very rapidly. The injection treatment is of course applicable only to monocystic cases, and if employed in others might very probably irritate adjacent cysts not injected, and do more harm than good.

#### THE HOSPITAL PHARMACOPŒIA.

(Continued from page 508.)

To continue our comments upon the therapeutics of the Hospital for Skin Diseases, we may remark that an undisturbed faith in the *efficiency of the long-continued use of mercury in small doses, for the cure of various chronic inflammatory affections*, is a very important item in Messrs. Startin and M'Whinnie's successful practice. What, if rightly looked at, are many of the constitutional forms of skin disease, but chronic inflammation of the integument; more or less, and often less rather than more, peculiar in its character? If a sore, with indurated swollen edges, like certain lupus ulcers, were discovered on the os uteri, what constitutional treatment would suggest itself? A mild mercurial course, and the use of caustics *topically*, would probably be what most judicious practitioners would advise. Under it he would expect to see the oedema of surrounding tissues disappear, the edge of the ulcer soften down, and granulations show themselves. What is the impediment to the healing of chronic ulcers on the leg but inflammation; aggravated, let it be granted, by the peculiarities of the circulation of the part, but still in essence inflammation? We are well aware that such ulcers may be cured most satisfactorily by attention to local conditions only; but that constitutional measures are also very efficient, even when almost unaided, no one who has attended the practice of this Hospital can doubt. Although not usually classed among skin diseases, yet this Institution has obtained a very extensive reputation for the treatment of ulcers of the leg, and numerous sufferers from them attend there. Many of the cases are very bad ones. Mr. Startin always directs the patient to bandage the limb, but no very particular attention is devoted to this part of the treatment. Internally, the mixture *hyd. comp.*, the formula for which we gave in our last notice, is mostly ordered, and to the sore itself the *unguentum rubrum* (see page 503) is applied. If the ulcer is sloughy or very unhealthy-looking, the acid nitrate of mercury is applied as a caustic, previous to the use of the ointment. These cases are never taken in, nor are the patients directed to confine

(a) An account of it is given in Mr. Dixon's admirable work on "Diseases of the Eye." Mr. Dixon warmly recommends it.



themselves to bed; and from the rapid healing which often ensues, we cannot but think that the mercurial medication, both internal and local, has usually a considerable share in the cure. In Lupus, Mr. Startin almost always orders either the calomel and opium pill, or the mercurial mixture, usually combining the former with the simultaneous use of cod-liver oil. In estimating the effect of the mercurial in these cases, and, in attempting to explain it, it must always be remembered that a taint of hereditary syphilis may possibly be the real cause. There can be little doubt but that in a considerable proportion of cases such is the fact, and that the Surgeon who prescribes mercury, may possibly eradicate a specific virus; while in others the beneficial influence of the mineral must be attributed to its general efficiency against all kinds of chronic inflammation. To take, again, acute eczema—can there be any doubt as to the inflammatory nature of the diathesis which attends well-marked cases? They are such as, under the old regime, would have been deemed to require bleeding; and when, even now, that expedient is resorted to, a cupped and buffed condition of the blood usually bears out the practice. In these, Mr. Startin almost always orders the bichloride mixture, with the addition usually of from five to ten minims of colchicum to each dose. Now and then salivation will unexpectedly occur; and the irritation will often subside most rapidly on slight ptyalism being induced. Another class of cases in which, contrary to the generally received doctrine, Mr. Startin often orders mercury, are those of so-called "scrofulous" character. Cases of gland disease in the neck, with extensive ulceration of the adjacent skin, often present themselves; and others of what is termed "cutaneous struma," a form of primary ulceration of the integument, occurring in feeble young persons, and distinguished by its undermined non-indurated edge from true lupus. In these, the internal use of calomel and opium in minute doses, and with cod-liver oil, is almost invariably ordered. We have watched cases in which patients, suffering from strumous disease of the cervical glands and skin, took calomel once or twice daily for many months under Mr. Startin's care, and not only without injury to their general health, but with decided benefit to it, and with exceedingly favourable results as regarded the local disease. To the sceptical on this subject we must recommend Dr. Wilson Phillip's little book on the use of minute doses of mercury, and we may also venture to make reference to the writings of Abernethy, Tyrrell, Carmichael, and others.

(To be continued.)

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## Medical Times & Gazette.

SATURDAY, JUNE 12.

#### THE MEDICAL REFORM BILL.

ONE of the many advantages of a constitutional and independent House of Commons is that freedom of discussion which characterises debates in the British Parliament. Be a subject ever so obscure or impracticable, repeated discussion amid the advocates of opposed interests is certain eventually to eliminate something clear and workable. The Legislature has—session after session for the last thirty years—had a measure before it for altering and amending the laws relating to the Medical Profession; but each year as it expired found

the Medical Reform Bill not only unpassed, but the whole subject enveloped in greater difficulties and obscurity than ever, from the conflicting interests of the existing Medical bodies. During the last twelve months, however, a great advance has been made towards a proper understanding of the question of Medical Reform in all its bearings, both in Parliament, the Profession, and the country generally. The eloquent speech of Lord Elcho last session was the starting-point of the advance, and the very lucid exposition of Mr. Walpole last week showed how carefully the new Home-Secretary had studied the subject, and how able he was to enlighten Parliament on what he held to be the true principles of Medical Reform. Never before have we seen honourable members so interested in Medical Reform as on the last debate, and their constant turning over of the pages of the three bills while Mr. Walpole made his analysis of them, showed an earnest desire to gain information, and understand the subject thoroughly, which indicates a speedy arrangement of the difficulties, should the present Parliament remain undissolved.

The principles laid down by Mr. Walpole as being important to hold in remembrance in legislating on this subject were, *Reciprocity of practice with recognition of all existing institutions; registration; and a supervising or controlling authority.* These three principles, if properly and fairly carried out, will without doubt satisfy the members of the Profession at large, and will probably interfere the least possible with existing bodies. We still feel convinced, however, that the one portal plan of admission to the Profession as embodied in the bill of the Select Committee, and which need not be, nor would have been, a *minimum* examination in the perverted sense of that term, would have done more for public good and professional advancement. The numbers of men of merit practising in London who have enrolled themselves as graduates of the London University, although by so doing they attained no legal status as physicians, is evidence enough that men of talent are not insensible to pure honorary distinctions; and we may rest assured that the "Licentiates in Medicine and Surgery" of Lord Elcho would not have rested satisfied with what only entitled them to registration. Since Lord Elcho has withdrawn his bill, however, and we are to have the bill of Mr. Cowper amended in committee by Mr. Walpole as representing the present Government, it behoves us to watch over the reconstruction of the clauses, and see that they shall operate with the least possible partiality towards either the Royal Colleges or Universities, and the present and future holders of their respective diplomas. All persons who know anything of the subject are fully prepared for the attempt which will be made by the Colleges to modify the clauses of the Bill in such a way that the Universities may be deprived of their right to license, and this power be conferred only on the Colleges. The Colleges of Physicians have intimated in plain terms that they will be parties to no legislation which does not confer this power solely on themselves. Of course if the College in London or Dublin believes that it alone should possess this privilege, it has a perfect right to such opinion; but we strongly deprecate the inconsistency which drew down upon it the keen censure of Lord Elcho on Wednesday week. It would appear from the Noble Lord's speech, as reported in the *Morning Post*, that the College of Physicians,—as a body-corporate not liable to, or in favour of changes generally—has altered its opinion at least three times in the last two years as to the constitution of the Council, according as the proposed Bill suited its yearnings after increased power, or the contrary. In 1856 it recommended a Crown-nominated Council to the Select Committee; it 1857 it opposed this as a fatal objection to Lord Elcho's Bill, and recommended the representative Council of Mr. Headlam's Bill, the latter giving them unlimited power at the expense of the Universities. In this

year of our Lord 1858, Mr. Cowper's Bill, which does not confer exclusive privileges on the Corporations, is opposed by the College, because, forsooth, the Council (being representative like Mr. Headlam's) "represents so many conflicting interests." Hence Lord Elcho's inference that the constitution of the Council is not a matter of importance to the College, but is simply made a pretext for opposition to any Bill which does not specially serve its purposes.

We cannot conceive on what pretext the Colleges base their affected superiority to the Universities. The examinations of the London, Edinburgh, and Dublin Universities seem as much esteemed as their own; that of the London University being even superior in every respect; while St. Andrew's, which has been held up as an example of an inefficient University, has lately introduced a practical test of competency at the bedside into its examinations, which the London College of Physicians cannot boast. The old story that the Colleges alone represent the Profession we have previously disposed of by showing that the members and licentiates have no voice whatever in the Councils. We find it still urged, however, that it is not desirable for candidates to be examined for degrees, as in the Universities, by the Professors who teach them; and this is employed as an argument against the continued power of the Universities to license. Now this argument might have weight were it proved that no teachers or professors occupied places at the examining boards of the Royal Colleges; but it is notoriously the fact that perhaps the majority of examiners in these Colleges are also lecturers in some one or other Medical School.

The objections to Mr. Cowper's Bill, which led us to prefer that of Lord Elcho, may be met by certain modifications in the former Bill as it passes through Committee. It may reasonably be doubted whether the powers conferred on Mr. Cowper's Council are not too arbitrary and extensive. If the Council had simply the power of a veto in any new arrangements where the licence to practise is concerned, or where any body is inefficient in its teaching and examinations, the power conferred on it would be enough for every needful purpose, and it would probably work very effectively. And further, it is very desirable that the form of register to be kept henceforth should be made the subject of a special clause. It should be simply alphabetical, with the qualifications following the name, instead of leaving the form of register to the discretion of the Council. Should special registers be adopted, and each class registered separately, the Colleges might endeavour to make capital even out of this, and declare that Medical University graduates have no title to be registered either as Physicians or Surgeons, and are not, therefore, eligible for public appointments.

The Committal of this Bill has been deferred until next week, when we may expect renewed discussion. In the meantime we again insist that, in the event of the Medical Reform Bill being postponed for another Session, by far the best course to adopt will be the appointment of a Royal Commission of Inquiry into the whole subject.

#### NEW SALE OF POISONS RESTRICTION BILL.

THE Sale of Poisons Bill is again attracting public attention. The Bill has been read a second time in the House of Lords, without discussion. We gather from what has transpired, that Lord Derby has endeavoured to effect a compromise with the chief opponents of the measure, namely, the Pharmaceutical Chemists, and that the Bill now before the House of Lords is the result of this arrangement. It is said to be founded on the recommendations of the Committee of last session. The Royal College of Physicians and the Pharmaceutical Society have been required to give their opinions on the proposed clauses, and where these bodies have agreed, the amendments have been adopted; but where they have differed,

the Minister has followed the provisions of the old bill. Any remarks that we may at present make would be almost premature, because it is highly probable that the Bill, if it pass the House of Lords in its present shape, will undergo some alterations in the House of Commons. It may be observed, however, that the exigencies of trade appear to be such, that Lord Derby has found it impossible to place any restrictions on the sale of laudanum, opium, tartar-emetic, and chloroform. These articles may be procured for the purposes of suicide or murder, as heretofore. We presume that they may be sold to children at the discretion, or indiscretion, of the vendor,—and in the absence of a witness, or even of any registry of sale. The "quietness powders" (consisting of tartar-emetic) sold by the druggists of Bolton to wives who had grown tired of their husbands, may still be procured without let or hindrance. The case of murder, which was tried at the Liverpool Assizes in 1856, and drew from the learned Judge some strong remarks on the open sale of this substance to children, and on the necessity of legislative prohibition or precaution, is allowed to pass without warning. For some reason, which we have not been able to discover, persons of all ages have such urgent necessity for the purchase of small quantities of tartar-emetic, that to prevent the sale of it by an ignorant boy to a child more ignorant than himself, and to require a registry of such sale, would, to use Lord Derby's words, "altogether destroy certain branches of trade, and prevent the transaction of legitimate business."

We gather from a report in a contemporary journal (a), that the druggists wished to erase oxalic acid from the list of substances to be restricted. But this was resisted by the College of Physicians. The twenty thousand druggists, grocers, oilmen, and hucksters, who at present deal in poisons, have their interests equally secured, whether educated or uneducated, whether members of the Apothecaries and Pharmaceutical Societies, or self-styled chemists and druggists without a knowledge of chemistry or drugs,—their vested rights are not to be touched. As a class they must die out; and until this generation has passed away we must be prepared for the annual average of deaths from poison, arising from the incompetency and ignorance of three-fourths of the number who now legally sell and dispense poisons. Those who propose to deal in poisons, if not members of the two Societies above mentioned, will, after a date to be fixed by the Act, be required to undergo an examination as to their competency. It is on this point that the Royal College of Physicians and the Pharmaceutical Society are at issue. The grounds of this difference of opinion are thus stated by Mr. Jacob Bell on the part of the Pharmacutists:—

"The Board of Examiners proposed, was to consist of three persons,—one from the College of Physicians, one from the Society of Apothecaries, and one from the Pharmaceutical Society: all Apothecaries and Pharmaceutical Chemists to be exempted from this examination. On the subject of the proposed Board of Examiners, he thought the Pharmaceutical Chemists must make a stand, because if the permission to deal in those articles were to be given by a Board constituted by Government on a lenient examination for a small fee, it would naturally draw a number of persons to that examination who did not correctly understand the distinction between such a qualification and that of a Pharmaceutical Chemist, and prevent them from coming for examination to the Society, the object of which was to raise the qualification of Pharmaceutical Chemists as much as possible. A certificate considered by many probably as good, if not better than their own, would, in many instances, no doubt divert the applicants from that channel of education they were creating, and therefore it was to the interest both of Pharmaceutical Chemists and the public, that the Council should well watch the pro-

(a) Pharmaceutical Journal, June 1, 1858, p. 565.

ceedings in contemplation for the adoption of this new Board, and obtain for the Pharmaceutical Society the privilege of examining those parties who might require a license for the sale of poisons" (b).

On this we have to remark, that the examination is *not* to be conducted by a "Government Board;" but, as Mr. Bell properly states in the first sentence of the quoted paragraph,—by a Board appointed by the College of Physicians, the Society of Apothecaries, and the Pharmaceutical Society itself! Surely the interests of the Society will be sufficiently protected by the appointment of one examiner out of three; and we cannot concur in the view that the interests of the public will suffer by the substitution for a Physician and Apothecary of two members of the Pharmaceutical Society. For what reason the examination is described as "lenient" we do not know; the smallness of the fee (if this be already fixed) will rather affect the pockets of those who receive it, than the interests of the public. The fees paid by candidates for degrees in the University of London are comparatively small, but the examination is more stringent than in institutions where the fees are much larger. The fact is, a number of persons may probably select this poison-qualification in preference to that of the Pharmaceutical Society; but this is taking entirely a six-and-eightpenny view of the question. Our impression is, that the privileged sale of the very few articles restricted by this Bill, will scarcely furnish an inducement to undergo the proposed examination, to persons seeking to enter the drug-dispensing business. They will by law have a large range of business still thrown open to them, without examination and without restriction; and of this it is probable they will take advantage, either by not procuring the license, or by setting up in business if rejected as incompetent. They will balance the profits derived on the sale of opium, laudanum, and tartar-emetic, against those which might have been derived from the sale of arsenic, oxalic acid, and strychnia; and in the end they may sustain no loss. How much the public are likely to gain by the new measure we are unable to state at present; we must wait, as we have already stated, until the Bill reaches the House of Commons, and has undergone full discussion there, before we can form a conjecture on this point. The list of restricted poisons may be increased, diminished, or otherwise altered. Mr. Duncombe may, from conscientious feelings, propose to insert lobelia in place of oxalic acid, or to exclude the Coffinites, like the regular Apothecaries and Pharmacutists, from the operation of the measure!

#### THE WEEK.

Sir Philip Crampton died at 20 minutes before 10 on Thursday forenoon. We have only space this week to express sorrow at his loss. Next week we shall give some account of his Professional career.

The departure of the *Niagara* on an experimental cruise for laying down the Atlantic Telegraph wire, has been preceded by the usual exchange of dinners. One of them on board the *Impregnable* at Plymouth, led to an exchange of civilities between the Medical officers. The American officer spoke highly of the services rendered by us to their squadron during a late epidemic of yellow fever in the West Indies; and Dr. O'Hagan, of the *Impregnable*, proposed the health of Dr. Green, and the Medical officers of the United States Navy, in an eloquent speech. He made some amusing allusions to the first Naval Surgeons—or Surgeons to the Naval Brigade—at the Siege of Troy, Podalirius and Machaon; showing that our Army and Navy Medical brethren were as

little kept back from the post of duty and honour by any consideration of personal safety in ancient as in our own times. "We have never hung in the rear when we could be of service in the front, and Machaon must have been pretty well in advance when he was wounded by the side of that unrelenting warrior, Idomeneus."

A full report will be found in another column of the important meeting of the supporters of the Medical Benevolent College. We have received a letter from Mr. Cattlin on the part of the dissentient Governors, again asserting that the discussion was improperly checked; but as we feel assured that the Council just elected will fully consider every proposition brought before them for the good of the College, we most earnestly advise all well-wishers to the Institution to work together cordially in peace and unanimity for the good of the common cause.

Mr. Owen Rowland has drawn attention to the state of London roofs as a source of disease. He says:—

"Within the last twelve months, in ascertaining the feasibility of establishing telegraphic communication between police and fire stations upon an overhouse system, I have ascended and traversed some hundreds of roofs, and upon several occasions I have found heaps of animal and vegetable matters as well as stagnant water (in consequence of defective gutters), etc., lying upon the roofs and emitting the most offensive smells, which in time, by percolation, no doubt saturate the walls of the houses to their very foundations, to the great injury of the health of their occupants."

We, long ago, pointed out how this might be remedied, and the London roofs converted into a series of gardens or promenades by a small smoke rate. Instead of ugly chimneys, we should have ornamental arcades formed by large and small smoke ducts converging towards district smoke-consuming furnaces, and it would be very easy to bring ventilating shafts from the sewers into the same ducts. The smoke rate could not possibly be so heavy as the sewer rate, yet it would effectually remedy the smoke nuisance, and make the atmosphere of London as clear as that of Paris.

An Appendix to the Report of the Army Sanitary Commission has just appeared. It consists of copies of letters written and received by the Director-General and officers of the Army Medical Department, relating to the health of the troops in Bulgaria, the Crimea, and Scutari during the war in the East, 1854 to 1856. It contains no less than 976 letters or memorandums, commencing with the Director-General's preliminary sanitary inquiries and measures in Bulgaria and Turkey, instituted in February, 1854, and all the sanitary correspondence relating to the troops and hospitals in Bulgaria, the hospitals on the Bosphorus, the state of Balaklava and the camp before Sebastopol, and the hospitals and transports, to June, 1856. No stronger proof could possibly be afforded of the truth of the statements we have so repeatedly made, that the Medical Department, so far from being held responsible for our disasters in the East, would have entirely prevented those disasters, had it been possessed of sufficient authority to enforce attention to its instructions. As early as April, 1854, Dr. Smith urges a provision of clothing adapted to Turkish winters. Sir C. Yorke replies that it is impracticable to make any changes, and that the Commander of the Forces will give such orders as he deems expedient. In May, 1854, Dr. Smith makes suggestions for sick transports, hospital marquees and accommodation, which if acted upon at that time would have prevented the fearful mortality in the troop ships which took place six months later. Indeed, on looking over the letters every one must admit that from

(b) Pharmaceutical Transactions, June, p. 585.

Dr. Smith downwards the whole department was constantly endeavouring to preserve the health and promote the comfort of the soldiers, while their advice was too frequently disregarded by those in authority. Unceasing care and foresight on the one hand, too often met by indifference on the other, are the characteristics of the correspondence, and the key to our misfortunes.

Mr. Witt has just published a letter to Mr. Simon on the use of Ammonia in Scarlatina and Measles. Mr. Witt looks upon the treatment by ammonia in these diseases as a specific, as much so as quinine in intermittents. The late Mr. Wilkinson stated that Dr. Peart had introduced the remedy, and did not lose one patient out of three hundred cases of scarlatina; and Mr. Wilkinson adds that for seventeen years he has never lost a patient from this disease, nor ever had a case that even appeared dangerous. Mr. Ricardo, who attended many large schools, had not lost a single patient out of some hundreds during twelve or fourteen years. The dose is from three to seven grains every hour for the first twenty-four hours, and every second hour for the next day. All acid drinks are carefully avoided. This is a matter of interest just now that the power of ammonia in retarding coagulation of the blood has been established, and it is curious as an illustration of the success attending opposite methods of treatment; for the use of acetic acid in the treatment of scarlatina has been gaining ground very rapidly of late, and the success which has followed its use has been very great.

The Court of Examiners of the Society of Apothecaries has just issued the new Regulations for Students upon which we commented last week. The following are the regulations, which, it will be observed, only apply to Students who have not yet commenced attendance on Lectures:—"Every Candidate whose attendance on Lectures shall commence on or after the first of October, 1888, must attend the following Lectures and Medical Practice during not less than three winter and two summer sessions: each winter session to consist of not less than six months, and to commence not sooner than the 1st nor later than the 15th of October; and each summer session to extend from the 1st of May to the 31st of July. *First Year.*—Winter Session: Chemistry, Anatomy, Dissections. Summer Session: Materia Medica and Therapeutics, Botany, Practical Chemistry. *Second Year.*—Winter Session: Anatomy, Physiology, Dissections, Principles and Practice of Medicine, Clinical Medical Practice. Summer Session: Clinical Medical Practice, Midwifery and Diseases of Women and Children, with attendance on Cases (not less than twenty), Forensic Medicine and Toxicology, Demonstrations on Morbid Anatomy. *Third Year.*—Winter Session: Clinical Lectures (seventy-five), Clinical Medical Practice, Demonstrations on Morbid Anatomy."

The following amusing little history from the *Atlas* is a curious illustration of the ignorance of quacks and their dupes:—

"John Glen, an itinerant cleaner of clocks, was, in August last, dissatisfied with his business prospects. Being unable to read or to write, there were not many directions in which he could proceed in the hope of bettering his position. Though not a scholar, he was a shrewd fellow. In his Scottish rural perambulations he had noticed that people were more credulous as to curing bodies than clocks. He saw that as a Medical practitioner with a new system, he might make a good hit. His only misgiving was that Glen was not, perhaps, a faith-inspiring name. The couplet—

'Gin ye advise me to marry Tam Glen,  
I'll gie ye my bonnie black tappit hen.'

was, he probably remembered, familiar to everybody, and a

familiar name would of course impair his *prestige* as a great foreign Physician. He did not long hesitate as to the appropriate means of overcoming this difficulty, and adopted the cognomen of 'Dr. Willoughby and Sons,' as indicative of his claims to aristocracy and plurality. Having provided himself with printed handbills, announcing the therapeutic pretensions of Dr. Willoughby and Sons, of the Botanical College of Baltimore, he started upon a professional tour through the northern provinces of Scotland. These manifestoes were duly distributed in the various towns, villages, and farm-steadings on the eve of his intended arrival. They produced an impression decidedly favourable to the botanical Physician. This was a natural result, as they contained circumstantial and authenticated accounts of many wonderful cures effected by his medicines, after vain attempts by members of the regular faculty."

Then follow some singular details of family history which led to a trial at Perth and a conviction of the *Doctor* and his sister. They were convicted of "causing false entries to be made in the official register of marriages." The man was sentenced to eighteen months' and the woman to twelve months' imprisonment. Yet this man might have gone on levying contributions on the ignorant to any extent, had he only laid himself open to the charge of acting as a Medical impostor.

From a report published by Dr. M'William, and appended to the second Report of the Commissioners of Her Majesty's Customs on the Customs, we perceive that the average health of the inferior officers of the waterside and water-guard departments is very satisfactory; the number daily on the sick list in the landing department being only 1.43 per cent., and in the water-guard department, 2.80 per cent. Indeed, it appears that the mortality in the class over whose sanitary condition Dr. M'William so ably presides, is rather less than that of the male population of England between 25 and 65, which is the range of age of the Customs' officers; and much smaller than that of the foot-guards in London. The chief causes of extraordinary mortality among tide-waiters on board ship seem to be poisoning by carbonic oxide and carbonic acid from the combustion of charcoal, coke, and coal, when used for fires in cabins, galleys, or round-houses. Another cause of death is also mentioned, which nearly produced fatal consequences in the early part of this year, namely, the influence of the vapour emitted from damp grain; the gas chiefly developed in such circumstances being carbonic acid.

## THE LATE PROFESSOR MAUTHNER.

Louis William Mauthner was born at Raab in Hungary October 14, 1806; and arriving as a poor student at Vienna entered the Joseph Academy. After he obtained his degree he was appointed assistant in the Medical Klinik of that establishment. He highly distinguished himself during the cholera year, 1831; and after serving some time in the army he resolved in 1836 to devote himself entirely to children's diseases. A year later he opened a private children's hospital; and in 1848 was enabled by the contributions of several wealthy ladies to build and open the present St. Anne's Children's Hospital. In 1850 he was promoted from a *privatim docens* to be extraordinary professor of children's diseases. Not only did Mauthner establish the first children's klinik in Germany, but he also founded a nursery society for healthy children, and a Hospital for scrofulous children at Baden near Vienna. In consequence of his numerous services to humanity he had the order of the Iron Crown conferred upon him, and he was ennobled with the title of von Mauthstein. He was the only member of the present professional body that had received this honour. Although not qualified by disposition or ability to take the active part he desired in the scientific impulse that distinguished the Vienna school at that period, he was most laborious and able in carrying out his

mission of practical utility. Kind and indefatigable, he did not content himself with allowing the children of the poor to come to him, but himself sought for them, and ministered to their necessities in the most benevolent manner. He died in the prime of life, after a short illness, possessed of considerable property. He left to the Hospital of St. Anne 10,000 florins, and to its Klinik all his books relating to children's diseases, as well as his pathological preparations. The remainder of his library he bequeathed to the Medical Society.

## ROYAL MEDICAL BENEVOLENT COLLEGE.

THE adjourned Annual General Meeting of this College was held at the Freemason's Hall, on Tuesday last; the Earl Manners in the chair. There was a very numerous attendance.

The meeting having been formally opened,

MR. CATTLIN, in rising to propose a list of new members of Council, in opposition to the list proposed by the Council, said he could not expect that the facts and arguments which he had to submit would be fairly considered by the meeting, unless it was convinced that the dissentient Governors were influenced by very different motives from those of factions opposition. He regretted very much that such motives should be attributed to gentlemen who had no other object than to promote the welfare of the College, and whose only misfortune it was to differ in opinion from their brother Governors. (Hear, hear.) Surely, the members of a liberal profession ought to be liberal enough towards each other not to impute improper motives to those who differed from them. He (Mr. Cattlin) had done all in his power to avoid opposition, and he had proposed to the Council that five members should be nominated by himself or the dissentient Governors, and five by the Council, so as to obviate the necessity for a ballot; but that proposal was not accepted. He and those who acted with him were in no way hostile to Mr. Propert, but their desire was to benefit the College by the infusion of new blood into the management. That this was required would be tolerably obvious from the statement of accounts which had been prepared and distributed among the governors; and from which it appeared that the amount expended by the College had been £63,372. Of that sum, less than £3000 had been spent in the object which they all especially sought to promote, viz. the benefit of the poor of the Profession; and even that small amount had not been properly distributed. The exhibitors had been promised an education at £25 per annum, exclusive of books, but the charge had been raised to £40—a great disappointment to those poor Medical men to whom a cheap education for their children would be a great boon. It might be said that the Act of Parliament fixed the amount, but the opinion of Mr. Roundell Palmer had been obtained to the effect that there was no compulsion to make that charge, and even if there were it would be easy to get an amended act. There had been an obvious mismanagement and misapplication of the funds—of course he did not use the words in an offensive sense—for £60,000 had been expended in carrying out that which had been promised to the public for £18,000. Moreover, eighty-four residences for pensioners were yet unbuilt. Public confidence had been shaken, and it was of the highest importance to restore it by electing new members. The gentlemen whom he would propose would not be "factious," nor unduly wedded to their own opinions, but would, if elected, co-operate with the other members in all that was beneficial to the Institution. If the Council would now consent to receive three gentlemen whom he would nominate (three of the present Board retiring) he would withdraw the other names which he had to propose. Nothing, he thought, could be more conciliatory on his part than that offer.

MR. PROPERT declined the offer on the part of the Council.

MR. CATTLIN said there must now be an end of all charges of "factious opposition" against the dissentient Governors. He concluded by proposing the election of Edward Ballard, M.D., Myddelton-square; Charles P. Croft, M.D., Woburn-square; T. Blizard Curling, Esq., Grosvenor-street; John F. Harding, Esq., Pentonville; William Munk, M.D., Finsbury-place; Timothy Pollock, Esq., Hatton-garden; Richard Quain, Esq., Cavendish-square; Edward Ray, Esq.,

Dulwich; Joseph Ward, Esq., Epsom; John Warwick, Esq., Stamford-hill.

The following was the list proposed by the Council:—Henry Blenkarn, Esq., Dowgate-hill; T. Blizard Curling, Esq., Grosvenor-street; Robert Dunn, Esq., Norfolk-street; Richard D. Edgecombe, Esq., Shaftesbury-crescent; George Fincham, Esq., Marlborough-hill; Charles F. J. Lord, Esq., Hampstead; Richard Quain, Esq., Cavendish-square; Edward Ray, Esq., Dulwich; Henry Sterry, Esq., Paragon, New Kent-road; Joseph Ward, Esq., Epsom.

The Rev. Mr. WHITE, in seconding the proposal of Mr. Cattlin, after repudiating the imputation of being "factious," referred to a lithographed letter which he said had been issued by Mr. Propert, stating that if his list was not adopted he would retire from the institution. Every man, he said, had an undoubted right to think as he pleased, but he (Mr. White) considered that the issuing of such a letter was, to say the least, a great mistake in judgment. No one wished to deprive Mr. Propert of the influence which he possessed; but the institution was now a public one, and the members should be left free to exercise their own rights. He concurred in the observations of Mr. Cattlin as to the want of proper management and the misapplication of funds. As to the educations of the exhibitors, he was quite certain that £30 a-year would be quite sufficient for the purpose.

MR. HANCOCK, after thanking Mr. Cattlin for the temperate manner in which he brought forward his proposition, said the Council had been unjustly charged with obtaining an Act of Parliament that deprived governors of their legal rights, and with misapplying the funds entrusted to them; and the accusation had been supported by a number of figures which he should be able to show were extremely incorrect. The actual cost of the building to which reference had been made was £31,457 (exclusive of the chapel, which cost £3050), but it had been stated at £36,000. The law expenses had been set down as £1700 exclusive of the cost of the Act of Incorporation; and in that item alone there was a mistake of £500. The Act of Incorporation cost £611, and the total law expenses (including that act) down to a later period than had been mentioned, were only £1800. Nine hundred pounds had been spent in the enfranchisement of the land, and converting the copyhold property into freehold; and taking all the expenses into account, the land only cost the Society £140 an acre, while the freeholders of the surrounding ground were asking £250, exclusive of legal expenses. It had been said that by bad management in the investment of the funds £1160 had been lost. In the first place, he did not see how the Council of 1858 could be made responsible for the acts of the Council of 1851. That Council invested £13,000 in Consols; and were they not justified in so investing the money rather than allowing it to remain in the banker's hands? The present Council were only carrying out contracts previously entered into, and they had no power to alter them. As to new blood being introduced, there were now only four members of the Council who were on the Board in 1851, when the original estimate of £18,000 was put forth. The sum lost by investment was £1188, but no credit had been given for the dividends which the society had been receiving, amounting to no less than £1145. (Hear, hear.) The cause of the loss was the Russian war, and Mr. Cattlin might as well charge the Council with being the cause of the Russian war, as with having caused the loss of the amount in question. In his calculation of the amounts spent in charitable objects, Mr. Cattlin had omitted £500 or £600 for the clothing of the boys. £2708 had been spent upon the foundation boys, exclusive of pocket money, exclusive of their share of accommodation in the building, and exclusive of their participation in the £2800 expended in the purchase of land. As to the pensioners (who, it was said, only received £192), he would ask whether the £6250 spent for their residences should be left out of the question; and also the £1400 for furnishing, and the £3000 spent upon the chapel in the benefit of which they participated? Mr. Hancock then entered into details of account, contending that there had been no misapplication of the funds. He explained that since the original estimate bricks and other materials had increased in price, and that other institutions found themselves unable to provide a good education for boys for less than £40 a-year. He appealed to the meeting to support the Council, and put it in a position to complete the benevolent undertaking which had been commenced.

Mr. POWNALL expressed the pleasure which he felt in observing the spirit animating the meeting, and his hope that the Society would be united more firmly than ever. He moved that the ballot should at once be taken.

Mr. TOOME seconded the motion, which was carried by a large majority.

Mr. WARWICK desired to address the meeting in reply to Mr. HANCOCK, before the motion was put, but the Chairman decided that he was not in order in so doing.

Mr. WHITE and Mr. CATTLIN protested against the decision.

The ballot was then commenced, the Chairman observing that after it was concluded, gentlemen desiring to address the meeting would be at liberty to do so.

The members having voted, and the scrutators retired to prepare their report,

Mr. KESTVEN moved the following resolution:—"That it is the opinion of this meeting, that the Governors of the Royal Medical Benevolent College ought to have a larger voice in the management of this institution, and should have the power at general meetings, and upon giving proper notice, of bringing forward independently of the Council, such alterations in laws and by-laws, or other propositions, as may appear to be for the interests of the Institution; and, if that is necessary, that the Act of Incorporation, and the existing laws and by-laws, be amended accordingly." He maintained that the Governors had not a sufficient voice in the management of affairs; that they could bring forward no independent propositions, whatever abuses or corruptions might creep into the proceedings; and that the Council had a tyrannical power over the general body, quite inconsistent with the spirit of modern times, and at variance with the laws of most corporate bodies.

Mr. WARWICK seconded the motion, and referred to cases in which he said the Council had refused to bring forward motions proposed, and accede to requests made, by independent Governors. He said he had been unable to ascertain, from the accounts presented by the Council, the actual financial condition of the College; and it was high time that the Governors should have a more adequate power than they now possessed. It was said that the Act of Parliament prohibited such an arrangement; but if so, the Act could be altered so as to meet the views of the subscribers.

Mr. FULLER, in opposing the motion, said it was most fortunate that Parliament had given the power to the proper parties, and that, had it been otherwise, the College would constantly be in a toilsome sea of hot water.

Mr. WEBB maintained that the statements made as to the inordinate power of the Council were unfounded. There must, he said, be an executive, and its appointment was entirely in the hands of the Governors. The Council were but servants of the general body, which had the power of withholding its confirmation of any by-laws that the Council might have adopted, and of appointing any committee of inquiry that it might consider necessary.

Mr. CATTLIN said the principal thing complained of was that the governors had not the power to initiate by-laws.

Mr. YATES SMITH opposed the motion.

Mr. KESTVEN having replied, the motion was put from the chair, and was rejected by a large majority.

Mr. PROPERT intimated that a special meeting would be shortly held with a view of increasing the number of foundation scholars in the school from thirty-five to forty.

A vote of thanks was unanimously passed to Mr. Proport, who briefly acknowledged the compliment.

A vote of thanks was also unanimously accorded to the noble chairman.

The following was the result of the ballot:—

Mr. Curling . . . 245	Mr. Sterry . . . 200
Mr. Quain . . . 245	Mr. Dunn . . . 198
Mr. Ray . . . 245	Dr. Ballard . . . 46
Mr. Ward . . . 243	Dr. Munk . . . 45
Mr. Blenkarne . . . 201	Mr. Pollock . . . 45
Mr. Fincham . . . 201	Mr. Warwick . . . 44
Mr. Lord . . . 201	Dr. Croft . . . 44
Mr. Edgcombe . . . 200	Mr. Harding . . . 39

MEDICAL STAFF IN INDIA.—Dr. Mackinnon, formerly of the 42nd Highlanders, has taken Medical charge of the Head-quarters Staff, in place of Dr. Clifford, 9th Lancers, who is ordered to Landour.

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### OBSERVATIONS ON THE DURATION OF PREGNANCY.

By Dr. ELÄSSER.

As a contribution to this subject, Dr. Elässer communicates the particulars of 260 cases of normal pregnancy with mature children, entered in the journals of the Stuttgart Lying-in-Hospital, and to which certainty may be attached.

1. <i>Reckoning from the day of conception</i> , the duration was—	
Exactly 280 days in	23
Less than " "	166
More than " "	71
	—160

In nearly one half (126) the duration was between 271 and 280 days, and in 62 other cases between 281 and 290 days.

Separating the cases into primiparæ and pluriparæ, we find that there were 149 primiparæ, and in these the duration was—

Exactly 280 days in	14
Less than " "	96
More than " "	39
	—149

In 111 multiparæ the duration was—

Exactly 280 days in	9
Less than " "	70
More than " "	32
	—111

So that among primiparæ there have been greater abnormalities in plus and minus, and the mean normal period has been seldom met with than in multiparæ. The extremes of the duration of pregnancy (232 days, and from 301 to 306 days) occurred in primiparæ.

2. *Sex of the children*.—The sex of the child seems to have exerted little or no influence upon the duration of the pregnancy. There were born 130 children of either sex; but as among the primiparæ a great preponderance of female (85) over male (64), happened to occur, the extremes of duration were met with in them.

3. *Reckoning from the commencement of the last menstruation*.—The indication of this is often wanting, or too indeterminate to be relied upon; and among these cases it could only be depended upon in 175. Of these 13 menstruated once after conception, and the reckoning in them was made from the penultimate menstruation. The duration was found to be—

Exactly 280 days in	12
Less than " "	43
More than " "	120
	—175

Of the last number the duration was from 281 to 290 days in 60, 291 to 300 days in 49, and 301 to 318 days in 11.

If 280 days be accepted as the normal duration, the reckoning from the date of conception more nearly approaches it (in 8.8 per cent.) than that of the last menstruation (6.8 per cent.) This so-called normal duration is, however, that which is seldomest met with; for reckoning from the period of conception 91.1 per cent., and from the commencement of the last menstruation, 93 per cent. of all the cases either fall short of or exceed this term. The same deduction may be drawn from the observations of others. Thus, Merriman found only 9 of 114 cases in which labour came on at the 280th day. Reid enumerates only 18 of 46 women in whom, conception following a single coitus, labour came on between the 274th and 284th day; and Duncan found, reckoning from the period of conception, 275 days, and from the last day of menstruation 278 days, was the mean period.

4. *The interval between the commencement of the last menstruation and conception* was found to be—

5 days in 13 cases	
From 6 to 10 " "	47 "
" 11, 15 " "	38 "
" 16, 20 " "	18 "
" 21, 25 " "	9 "
" 26, 30 " "	14 "
Above . . 30 " "	8 "
	—134



These statements are, however, to be taken with the greatest caution, for it is seldom that this class of women observe exactly the last day of menstruation.

5. *The weight of the child in relation to the duration of pregnancy.*—Dr. Elsässer furnishes a table in which the mean weights of the children are placed side by side with the duration of the pregnancies of their mothers; but we need not transcribe this, inasmuch as it only proves that there is no relation prevailing between the two facts.—*Henke's Zeitschrift*, Band lxxiii. pp. 394—400.

#### CASE OF ANURIA WITH PYELITIS AND THROMBUS OF THE RENAL VEINS.

By Dr. BRUNNER.

Valentin P., aged 65, hitherto enjoying good health, excepting that of late years he had had some difficulty in discharging his urine, towards the end of November began to suffer from retention of urine. The author was called in consultation November 30, and found that no urine had been passed during forty-eight hours. There was neither distension nor tenderness in the pubic region; but there was slight fever and some vomiting, together with some pain following the course of the right ureter. A catheter was easily passed, but not a drop of urine flowed away, a little blood alone issuing when the catheter was withdrawn. Believing some obstruction must exist high up in the urinary passages, possibly accompanied by inflammatory action, a treatment of an antiphlogistic and demulcent character was put into force. The introduction of the catheter was repeated daily, but with no effect, when in the night, between the 2nd and 3rd December, a spontaneous discharge of a quart of clear, almost colourless, strongly-smelling urine took place; and about the same quantity passed away twice within the next twelve hours. From the middle of December 3, another complete retention commenced, the catheter being introduced daily without effect. The right renal and inguinal region, which had become after the spontaneous discharge less painful and distended, again became sensitive and almost bolster-shaped, and frequent vomiting of mucus took place. The patient died comatose on December 8.

The autopsy was performed more than twenty-four hours after death. A strong, penetrating, urinous smell filled the room; the epidermis being easily separated, with urinary evaporation. The muscular coat of the bladder was found hypertrophied, and the organ itself, though dilated in size, was entirely void of urine. Its neck was very hyperæmic, the left ureter was obliterated throughout its entire length, and the left kidney was atrophied, being only  $2\frac{1}{2}$  centimetres long, 1 cent. 8 millim. broad, and in places scarcely a few millim. in thickness, forming a firm, shrivelled body with yellowish-white (calcareous) infarction. The blood of the vena cava was dark and clotted. The left vena renalis was filled with a dry, firmly adherent plug 1 centim. in length. The right ureter was obturated by fibrous exudation, its diameter being irregular in size in places. The right kidney was almost three times its natural size, its enlarged pelvis and calyces being in a state of inflammation. It was filled with turbid, flocculent urine, and its cortical substance was nearly white. The right vena renalis had throughout its course contracted strong adhesions with the neighbouring parts, and contained a compact, dark red, irregular, and slightly adherent coagulum.

Thus the cause of death in this case was atrophy of the left kidney, and pyelitis on the right side, together with obliteration of the left, and recent obturation of the right ureter. Whether the plugs in the renal veins are to be regarded as emboli, or, as is more probable, as isolated products, the imperfect examination permitted did not allow of determining. However, the autopsy shows that the left kidney having long since ceased to act, the right one had performed the offices of the two, until prevented by the supervention of inflammation. The urinous smell during the autopsy, and the comatose symptoms prior to death, lead to the belief that this was immediately induced by uræmia. The thrombus of the renal veins seems to have been of older origin, and may explain the difficulty in the excretion of the urine complained of by the patient during late years. The complete atrophy of the one kidney produced by the mechanical obstruction of the circulation, led to the excessive action of the other, whence ensued its hyperæmic condition with the consequent pyelitis.—*Würzburg Verhandlungen*, Band viii. pp. 146—160.

#### EXCERPTA MINORA.

*Unusual Contents of a Lachrymal Tumour.*—Dr. A. von Gräfe relates a case in which tumefaction of the lachrymal sac exceeded in size that of a large walnut. On its being opened, it was found to be filled with a dark brown substance, containing innumerable golden, shining, minute plates, giving all the appearance of metallic particles. Under the microscope these glittering bodies proved to consist of cholesterine, the crystals being of unusual size. Besides these, cells were found, abundantly filled with fatty granules, and dark red or orange-coloured nuclei, probably due to a preceding hæmorrhagic discharge into the sac. The walls of the sac were smooth, and its obliteration was procured by the actual cautery.—*Archiv. für Ophthalm.* band iii. p. 358.

*Hemeralopia.*—M. Netter, as the result of abundant observation and experiment, arrives at the following conclusions. 1. Hemeralopia is the reverse of nyctalopia. The cause of the first is an excess of light, and of the latter a prolonged privation of this stimulus. 2. When a subject of hemeralopia is brought during the daylight into a dark place, he remains unable to see there, although the persons who accompany him are soon able to distinguish all that surrounds them. Hemeralopia is not, therefore, a periodical blindness, coming on only in the evening. It is a blindness which prevails during imperfect illumination, whether in day or night. 3. It may be cured in a few hours. The patient going into a dark place in the middle of the day, should continually cast his eyes around him, forcing himself, so to say, to see. At the end of two or three hours the vision is restored, and the complaint is cured.—*Gazette. Med.* No. 20.

*Hypertrophy of the Mamma.*—Dr. Esterle relates a remarkable instance of this occurring in a young pregnant woman, the periphery of each breast measuring about 40 inches, while the distance from the nipple to the internal margin of the breast measured 15 inches, the areola presenting a radius of  $2\frac{1}{4}$  inches. The weight was calculated at 26 to 30 lbs. each breast. The pain was excessive, and no relief was obtained from depletory treatment and the use of iodine. Morphia alone gave palliatory relief until the delivery of a small child. After this, milk was discharged spontaneously, in great abundance at first, but soon ceased to flow. In five weeks one breast had diminished by a fifth, and the other by nearly a half, and the patient was enabled to leave her bed for the first time for nine months. While thus going on favourably, she was carried off by enteritis.—*Omodei Annali*, vol. clxii.

#### FOREIGN CORRESPONDENCE.

##### NATAL.

UMHLATI, April 2, 1858.

I was much interested by your editorial reports on the connexion between food and disease, embodying, as they do, more information than has yet been collectively published. Thinking that any trustworthy information in this line might prove acceptable to you, I wish to state that I have now witnessed for a whole year the innoxious effects on the human economy of the flesh of oxen the victims of pleuro-pneumonia—an epizootic in every respect identical with that prevailing in Europe, imported into this colony a few years ago from the Free-state on the other side of the Drakenberg. The animals stricken by this pestilence are invariably consumed by the Kafirs without any evil results, with exception of an occasional indigestion, which is, however, far easier explicable by the prodigious quantities of meat consumed by our black brothers at one *séance*, than by any noxious quality of the article. You really may say, without exaggeration, that Kafirs intoxicate themselves with beef, when they can get it; and particularly in a famine-year like the past has been, from failure of the maize, a lung-sick ox was not to be despised. Nor are they as particular about dressing this meat as a London butcher has good reason to be, but roast the ribs with parts of adherent pleuritic exudation mass undismayed. No condiment seasons the glutinous banquet, no salt, no Worcester sauce, no petite verre asserts its corrective influence, when the last bone is denuded

of its covering, the last millimetre of gut consumed. If they had received a classical education they would then, no doubt, offer libations out of their dirty calabashes, with the anything but limpid, but still wholesome water of these parts, to Apollo, the ox-killer, the pestilence-sender! Then the dakkahorn goes round; far milder in its effects than the Indian plant, for I see boys smoking without any visible effect beyond a glazed, swimming eye, and increased hilarity. Saliva is copiously secreted under its influence, which they emit through a slender reed, forming bubbling imitations of kraals and cattle on the ground,—a most æsthetic accomplishment, still more elegant than the practice of our Yankee friends, who pride themselves upon pasting flies at a yard's distance. But "revenons à nos boeufs." The dogs eat the diseased lungs—miserable starved curs as they are—with great gusto, and are none the worse for it. Fowls, pigs, and vultures, also seem to enjoy it without harm; although I must mention that an observant officer told me that when the epizootic raged near Maritzburg, in the North-west part of our colony, the carrion-birds left the carcasses untouched and disappeared for a time altogether. (?) Other causes may here have been at play. Of course I do not allow lung-sick meat to be issued to the troops, viz. the 57th men, I am considered capable of taking care of, and I inspect the lungs of every animal killed for their use. A form of lobular pneumonia in oxen ending in fatty or calcareous degeneration of the affected parts, does not seem to stand under the same epizootic influence as the pleuro-pneumonia; the finest animals are generally affected with it, and the meat unobjectionable. Preventive inoculation in the tail for lung-sickness is practised extensively; and although many beasts die from diffuse suppurative inflammation in the peri-rectal tissues, the protective influence is so undoubted as to render their losses of no account. Hoof and tongue-sickness are innocent, *quoad* the meat, the animals fall off from being unable to feed properly; milk becomes painfully scarce, and the cheese and serum cannot be perfectly separated from the butter, which forms a soft, unpleasant, and quickly rancidising mass. The experiments of Renault and Delafond you are of course acquainted with. According to Rosenthal, *Prague Journal*, 1855, ii., two persons (out of a number who partook of the same meat with impunity) were affected with fatal carbuncular disease after partaking of cooked *milt-brand* meat without having been in contact with the raw material. This fact is isolated. Can we be surprised that meat-poisons (which are of course destroyed by proper cooking) are common, when we consider that snake poisons and curarin even are taken into the stomach with impunity. Nor does any perfect integrity of the digestive organs seem indispensable.

I am repeating Cienkowski's (*Bull. de Petersb.* 1856) remarkable observations on the formation of a cell round amylum-granules in potatoes, allowed to rot in water. A cell-membrane formed around the starch-granules gradually increases in size, its finely granulated contents become separated into small round masses, which are metamorphosed progressively into cell-shaped bodies with two long cilia at one extremity. These have a rapid motion (are exactly in every respect identical with erratic spores of algæ), and bore their way through the cell-wall. A further development has not been observed. This is a most wonderful and inexplicable fact; a starch granule acting as a centre of attraction, playing the rôle of a nucleus; an individual vegetable organism resulting. The same granule can go through the same process repeatedly, but gradually appears to get corroded. No spore, no nucleus is visible in the granules. Is this spontaneous generation? I can only say it is the only fact known, as yet, inexplicable by any other theory. However, we may know more about it in time. I am making trials with different amylum sorts, allowing slices of cheese-root, batates, yams, etc., to rot in water, to see whether different organisms result. My observations are, however, as yet in their infancy, as I only learnt the primary fact a few weeks ago.

Before concluding let me warn any private practitioners who might ask your advice, against coming to Natal for practice. There is no opening at present in either of the towns with even a shadow of success; and as for the few scattered settlers in the country, I am sure there is no district where £100 a-year can be made. There are, however, good openings in the Cape Colony for an indefatigable rider; but a man must have an iron constitution, and minister freely to the prejudices of half-savage Boers.

## GENERAL CORRESPONDENCE.

### THE MARSHALL-HALL METHOD OF TREATING APNŒA.

[To the Editor of the Medical Times and Gazette.]

SIR,—I believe Dr. Sylvester to be correct in stating that in the Marshall Hall method of treating Apnœa the capacity of the chest is not increased,—only the supplemental air is acted upon; but I also believe that this air is sufficient, and more than sufficient, to sustain life in the cases requiring its employment; for in the living body the air which may be thus acted upon averages from 75 to 100 cubic inches (four to five times the natural breathing volume); even in the dead body we obtained an average above that of the breathing volume, which is set down by Dr. Hutchinson at 20 cubic inches.

In your Journal of February 6th, Dr. Sylvester endeavoured to demonstrate the superiority of his method to that of Dr. Marshall Hall. It is true, *primâ facie*, that his method appears to have its advantages, and I am not in a position to deny them,—neither have I a wish to do so, if his method be superior; but the experiments which he adduces as proof appear to me quite imperfect; certainly they do not prove what he has asserted in your impression of last week, that "the quantity of air respired according to my experiments on the dead body appears to be ten times greater in my method than in the Postural method." This I believe to be simply impossible: for, taking our average at 30 cubic inches, it would make Dr. Sylvester's average 300 cubic inches, which is far above the average vital capacity of the healthy living chest, as shown by the extensive observations of Dr. Hutchinson.

In our experiments, which extended over a period of from six to nine months, we were enabled in our later trials to account for and avoid many difficulties which at first assailed and puzzled us; and as I think Dr. Sylvester has foundered on the same sands, if you will allow me, I will make a few remarks which I think would assist in making his experiments more definite.

As I understand his letter of February 6, it would appear that in no experiment was there more than from a cubic inch to a cubic inch and a half of air acted upon, only so much as would raise or depress the water in the bent tube; if this were correct it is manifest that neither method, as he employed them, would suffice to give life to the lungs. I think the following the main causes of the difference between his results and ours.

1st. If there be more than just sufficient water to fill the bent part of the tube there is too much resistance for the air to bubble through it. 2nd. The presence of *rigor mortis*; this is most difficult to overcome effectually, because, though after moving the body about for some time the parietes of the chest do relax to a certain extent, the lung tissue never regains the resiliency after *rigor mortis* which it had before; so that in the living, half-drowned body the inspiration in the "Marshall Hall method" would be more satisfactory than in the dead.

As Dr. Sylvester in his last letter acknowledged the necessity of the "management of the tongue," I shall make no further comment upon it. There is, however, another difficulty to be avoided,—the obstruction caused by regurgitated fluids from the stomach in certain positions of the body;—this danger, with the still more formidable one of the paralysed tongue, was overcome by Dr. Sylvester in the easiest possible manner,—by inserting the tube into the trachea below the possible causes of mischief.

If the india-rubber tube were inserted into one nostril, and the mouth and opposite nostril closed by layers of linen smeared with some unctuous substance (plaster will not stick), it would show whether there were any obstruction in various positions. But, here again, care must be taken that the tube is not closed by pressure between the vomer and turbinated bones; also, that the channel is not obstructed by inspissated, mucous, or other matters which often accumulate in the dying. It must be seen, too, that the tongue is lax and in a condition similar to the living, for during the existence of *rigor mortis* the cellular tissue of its substance is much as though it were

frozen, and consequently it would not loll back and point out danger, as when lax. If Dr. Sylvester considers these suggestions worthy of adoption, I think his experiments might be relied on with more justice, and his method even tried when a life is at stake; the experiments would, however, be still better, if he attached an elongated tube of oiled silk, which would contain a known quantity of air, to the free end of the bent tube; he would thus demonstrate the amount of air acted upon in a clear and definite manner.

There are two other points of great importance in Dr. Sylvester's letter, which are totally at variance with our experience. 1st. He says that "the tongue does not offer any serious obstacle to expiration, when that is induced by compression of the thorax." A reference to the detailed experiments in Dr. Marshall Hall's work on "Drowning," will at once show how constantly it happened, that by no amount of compression of the thorax could we succeed in producing expiration when the tongue or fluid obstructed the way.

2ndly. He states that when the body is "placed on the side and a little beyond," the tongue falls back, and effectually closes the glottis. I can only say that I never once met with this difficulty,—neither did Dr. Sylvester himself, if we may judge from the report of his experiments of Feb. 6, in which he states that when the body was placed in this position "the column of fluid fell slowly to its former level," which was his indication that the air which had been previously expelled was again inspired. I am, &c.

"A SECOND COADJUTOR IN THE DISCOVERER'S EXPERIMENTS."

Folkstone, March 20, 1858.

#### APHTHÆ OF CHILDREN.

LETTER FROM J. BRAXTON HICKS, M.D.

[To the Editor of the Medical Times and Gazette.]

SIR,—The aphthous condition of the mouth occurring in children has been frequently described, under the names of stomatitis aphthosa, gingivitis, and aphthæ. Many being the forms and varieties of the disease, according as it occurs in older or younger subjects, in debilitated or robust, in crowded dwellings or in fresh air.

I have not been able to meet with any description of this disease in the form I have observed it in this neighbourhood. It was very prevalent in the autumn of 1857, at which time and since I have had at least thirty cases under my care, all of them presenting the same features, and running nearly the same course.

In all the cases there have been no very severe symptoms, the complaint attacking chiefly children from one and a half to ten years old. The similarity of the whole condition to an exanthem, is the principal reason for my troubling you with this communication.

*Symptoms.*—The first are shivering, headache, succeeded by feverishness, sometimes much heaviness, and sopor accompanied by a very furred tongue, with injected papillæ, and thirst, very like the early days of common continued fever. This state continues for about three days, when aphthæ begin to form on the mucous membrane of the mouth, which increase in size, some becoming as large as a sixpence. In all cases there is, as usual, much tenderness of mouth, spongy bleeding, swollen gums, pytalism, and fetor of breath. These aphthæ continue generally four or five days, and then gradually disappear. The feverishness begins to subside on their appearance, the constitutional disturbance abates, and the appetite returns before the soreness of the mouth, which prevents the little sufferer from eating anything solid, has subsided. The bowels are, as far as I have noticed, not affected through its whole course by diarrhœa; indeed, they have been generally confined. The usual duration of this condition is three days before the aphthæ, and four to seven days after, making nine or ten days its average duration.

In many cases occurring in families it has passed through the whole children in succession, very much as measles and scarlatina are wont to do. In this case there has been about eight or ten days between the separate attacks.

The patient is generally left languid, pale, and weak; but this state soon passes away with the assistance of tonics and good diet.

The treatment I have found most efficacious is chlorate of potass dissolved in water, so as not to be too pungent for the mouth, three times a-day, with a gentle purge of hydrarg. c. cretâ. The mouth cleans rapidly on its use, and the fetor of breath is much improved directly it is used. I have thought it useless to trouble you with detailed cases; they are so much alike that the above description will answer for all.

Those violent epidemics of gangrenous ulceration of the cheek and gums, which are seen in large pauper juvenile establishments, appear to have features not dissimilar to the above, differing of course in severity, a description of which, by Dr. Duncan, may be found in the *Dublin Journal*, Sept. 1846, where there was about three days fever previous to the ulceration of mouth, and death seemed to take place rather from the high fever and diarrhœa than from any changes effected in the condition of the mouth. The ages of the children varied from 1½ to 5 years, and in some cases more than one member of the family was attacked. I am, &c.

J. BRAXTON HICKS, M.D. Lond. &c.

Tottenham, Middlesex.

#### DIPHTHERIA.

LETTER FROM DR. HESLOP.

[To the Editor of the Medical Times and Gazette.]

SIR,—Since the date of the last paper published in your Journal, I have had three cases of the disease in the Queen's Hospital. One, very severe in a young man, secondary to scarlatina; another, of moderate severity, in one of the nurses; the third, very mild, and treated on the day of its appearance, in a young servant of the Institution and daughter of the second case. All these patients were treated successfully on the plan laid down. It is important to mention that erysipelas has been unusually rife in the town during the last few weeks, and has attacked the Hospital patients with a violence hitherto unexperienced. Ten days ago I saw a rapidly fatal case, with Mr. Sproston, of malignant pustule on the face.

But one of the most severe illustrations of the malady which have yet occurred to me, fell under my notice last Tuesday, the 11th. It is a representative case, equally in reference to the majority of the symptoms and to the effects of the treatment. On that day I was sent for at 3 o'clock in the afternoon, by my colleague, Mr. Langston Parker, to see a girl, A. H., aged 10, living at Ashted. That gentleman informed me that he had been in attendance four or five days; that, the night previously, he had advised a consultation, which was not agreed to; but that on seeing her deplorable condition early in the morning, he had obtained the assent of the friends to that measure, but he thought all consultation unpromising, as her state appeared now almost to preclude hope.

The patient has a dark complexion, eyes, and hair; parents cousins; several children have died of various infantile disorders. The family are eminently weakly. The mother informed me that for two or three weeks the girl had been out of health, and especially had been troubled with diarrhœa. About five days before my visit she complained of sore-throat, and there was marked swelling under the jaws, with feverishness, anorexia, and loss of sleep. Mr. Parker observed that there was swelling of the tonsils, and a general cedematous rubescence of the palate and posterior fauces, but did not note exudation anywhere. The symptoms daily became aggravated, and on Sunday, the 9th, dyspnœa to an extreme degree was superadded to the symptoms, the stridor being so loud and whistling as to be distinctly heard in the garden. These symptoms, conjoined with delirium, great restlessness, and prostration, assumed the most formidable proportions the next day—that preceding my visit. The usual remedies had been sedulously employed, such as caustic solutions to the fauces, etc. Several blisters had been applied to the throat, just beneath the jaw, which seemed to give relief.

I found her very restless; face pale, and indicative of prostration; eyes languid, and deeply sunken; delirium constant; complete insomnia. A thin sero-purulent discharge constantly trickled from the nares, the upper lip excoriated. Breathing stridulous, and accompanied by nasal sounds. This symptom seemed to Mr. Parker less severe than in the early part of the morning. A most complete aphonia. Dys-

phagia inappreciable. Fluids had never returned through the nose. Skin dry and harsh, not markedly above the ordinary temperature. On the uvula, tonsils, and velum were scattered patches of slightly yellowish exudation, especially on the edges of the uvula. These parts were swelled, and highly congested, but not of a violaceous tint. I could not observe any ulceration. The lips and general buccal membrane free from deposit. No hæmorrhages or petechiæ existed. Bowels once moved this morning. The blistered surfaces were covered with a fibrinous film, and looked "angry."

We agreed that we had to contend with a most formidable case of epidemic angina membranacea, and resolved upon the use of the dilute hydrochloric acid to the affected parts (of the fauces), which was thoroughly effected several times by Mr. Parker. Weaker gargles of the same acid were ordered; wine and beef-tea at frequent intervals; eggs and milk, as far as they could be pushed. A mustard emetic was directed to be administered immediately, and the following medicine every second hour, in table-spoonful doses:—*R. Acidi hydrochlorici dil. ʒss. ; tinct. ferri sesquichloridi, ʒjss. ; syrupi aurantii, ʒss. ; aquæ, ʒv. misce.*

In the evening Mr. Parker saw her, found that two mustard emetics had failed to operate, and that the medicine had not been administered; but the stimulants, etc., had been proceeded with. He thought the patient rather better, and reapplied the acid.

12th.—There is a striking improvement in her condition. Several hours' sleep had been obtained, though delirium still existed. The countenance is better; exudation less marked on the fauces, though in considerable quantity. The breathing much easier; stridor scarcely observable, but aphonia hardly less complete than before. Pulse weak, but firmer than yesterday, about 100°. Bowels not moved once. The medicine has been given pretty regularly since 8 o'clock last night. The vesicated surfaces less coated, perhaps, than yesterday. The acid was again freely applied, and everything else ordered to be persisted in.

13th.—Breathes and swallows easily; stridor has disappeared; slept eight hours in the night; eyes bright; expression animated; a little colour in the cheeks. Skin moist; pulse less frequent and stronger; tongue moist. Exudation still exists on the fauces, but is greatly diminished. Nares do not pour out so much ichorous fluid. She wants to get up. The blistered surfaces look healthy, and the fibrinous film has all but disappeared. Bowels not open for two days. Peristaltic action immediately. Yeast and water to be syringed frequently into the nares and mouth. The recumbent posture strictly enjoined.

Mr. Parker informed me on the 15th that she was fully convalescent, and had eaten a mutton chop the night before, against orders; but there was an increase of the discharge from the nares. On the 16th he writes me: "Miss H. continues better. She is to-day up and dressed, and none the worse for it. Tongue clean; appetite good; bowels acted; pulse 74. No remains of throat mischief except a very slight white streak down the uvula. Discharge from the nose again much diminished." I am, &c.,

T. P. HESLOR.

#### INSTRUMENT FOR EXTRACTING BODIES FROM THE ŒSOPHAGUS.

LETTER FROM MR. JOHN ADAMS.

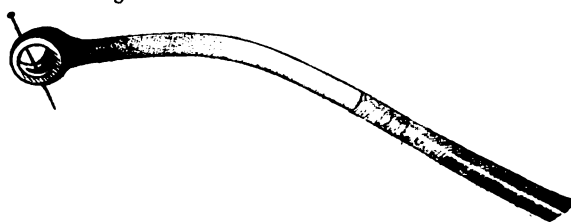
[To the Editor of the Medical Times and Gazette.]

SIR,—A few years ago I published in your journal a lecture on some cases of foreign bodies in the œsophagus, and made particular allusion to the propriety of extracting them rather than forcing them into the stomach by the probang. In a late number of the *Medical Times and Gazette* I find recorded a fatal case, in which a gentleman had, during sleep, swallowed some false teeth with the gold plate attached. They were arrested low down in the œsophagus, and the Surgeon forced them into the stomach with a probang. I do not make any especial allusion to the treatment pursued in this instance, as I dare say everything was done which could be accomplished for this gentleman's relief; but I am quite certain that in all cases of foreign bodies in the œsophagus, it is far better to get them up than to force them down; and I feel satisfied

that the extraction of foreign bodies can be accomplished with much greater facility than is commonly supposed if the proper means are had recourse to.

The employment of properly constructed forceps first suggests itself to us; and, failing in the use of this instrument, there is another which is so simple and efficacious that I cannot help alluding to it again as a means of extracting foreign bodies, however low they may have descended into the œsophagus.

The instrument is not new, but it is not in general use. It consists of a button-like hook placed at an angle of about 35°, and attached to a steel spring, which is fixed to the end of an ordinary probang. I send you a copy of one I am in the habit of using.



Its employment is quite unattended with risk, and by its means it is possible to remove foreign bodies, especially those with rough and irregular edges, however near the stomach. You will excuse my mentioning the subject again. I am, &c.

JOHN ADAMS.

4, St. Helen's-place, May, 1858.

#### ON THE USE OF TANNIC ACID IN NÆVI.

LETTER FROM MR. HAYNES WALTON.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am frequently receiving notes of inquiry respecting my method of using tannic acid in nævi, and shall be obliged by your allowing me to give publicity, through your journal, to those matters on which I am generally questioned.

My paper containing my first trials with the acid, and which was read at the Medico-Chirurgical Society, is published in the second volume of the *Proceedings*, page 27. "H. Walton on a vascular tumour in the orbit, successfully treated by tannic acid."

The strength of the solution is in the proportion of a drachm of the acid to an ounce of water. This amount of water will dissolve more than two drachms of acid; but I should not like to employ so strong a preparation; I think therefore that a saturated solution is objectionable.

I do not consider that my plan is preferable to all others, but suitable and superior in the cystic and the subcutaneous varieties of nævi. Further investigation may induce me to extend it to other instances, but I still tie and cauterise some of the superficial forms of the disease.

My method of proceeding is this:—I make an aperture at the circumference of the tumour, with a knife that will not make a larger hole than the nozzle of the syringe requires. I have always used one of my smallest sized iris knives. Sometimes when I think it beneficial, this depending on the greater density of the mass, I move the needle about, so as moderately to cut the interior in several places, that the injection may traverse sufficiently freely.

My syringe is a metal one, holds about an ounce, and has a long and fine point. Mr. Fergusson, the surgical instrument maker of Giltspur-street, Smithfield, has made several of the kind.

When practicable, I think it well to empty the nævus by pressure before injecting, and then gently to distend it. All force is improper, as it risks extravasation. Commonly a few days after operating a darkish coloured discharge issues from the point of puncture. Less frequently nothing of the sort ensues, but the coagulated blood is gradually absorbed.

I am, &c.,

H. HAYNES WALTON,

Surgeon to St. Mary's, and to the Central London Ophthalmic Hospitals.

June 4, 1858. 69, Brook-st., Hanover-sq., W.

## REPORTS OF SOCIETIES.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 25, 1858.

Sir C. Locock, Bart. President, in the chair.

Mr. Tudor read a paper on

## CASE OF EXCISION OF THE ELBOW-JOINT, IN WHICH A CONSIDERABLE LENGTH OF BONE WAS REMOVED.

The patient was a Lascar seaman, a native of Bengal, aged 24, who was admitted into the Hospital, July 31, 1857; the left elbow-joint being completely destroyed, and surrounded with pus, while motion was attended with a distinct rough grating sensation: the general condition of the man being unfavourable. His health having improved very much, resection of the joint was performed in the following manner, on the 26th of August:—A longitudinal cut being made on the inner side parallel with the ulnar nerve, and carried to about four inches in length, was joined by a second incision extending transversely across the back of the joint from one condyle to the other; the olecranon being removed by the bone forceps, so extensive an amount of disease of the humerus was revealed, as to necessitate the prolongation of the longitudinal incision to the extent of a further  $1\frac{1}{2}$  inch, and the removal of fully 3 inches of the lower extremity of the bone. The head of the radius was then excised within its capsular ligament, with about three-quarters of an inch more of the ulna. The case progressed favourably. The man was exhibited to the Society at its meeting on May 11, when the arm was found to have regained considerable strength, so much, indeed, that underhanded, he could lift a heavy chain, and carry a bucket: when allowed to hang loosely by the side, the interval between the extremities of the bones did not appear to exceed half-an-inch; but when flexed they were brought into close approximation; and it could be felt that the humerus was much expanded, so as in a great measure to compensate for the natural condyloid extremity as a base of support, while a corresponding osseous growth on the ulna might be regarded as representing the olecranon. It was thus proved that at least five inches of bone might be removed in excision of the elbow-joint, and, nevertheless, an efficient member retained, with an articulation capable of useful and extensive motion. The portions of bone removed were exhibited to the Society. Mr. Spencer Smith exhibited to the Society the portions of bone removed from the elbow-joint of a man in the Middlesex Hospital by Mr. De Morgan, which in curiously minute particulars most closely resembled those in Mr. Tudor's case, save that the portion of the ulna was not quite so large. The case was going on equally well, but the operation having been performed on the 10th of December only, and the patient having had to contend with the healing of a large pectoral abscess, the pulse-joint was not yet equally strong as in Mr. Tudor's case.

Mr. SKEY said, that in no joint in the body was the operation of excision more apposite or more successful than in the elbow. The number of cases had been very large, and the amount of success had been proportionately great; but he thought that in the present day, when there was so great a leaning in favour of resection or excision, it would be well that the rules of management as regards the operative proceeding, should be more clearly defined than they were. He observed in the specimen exhibited a necrosed portion of bone occupying the shaft of the humerus above. There could be no doubt that any operation of excision of the elbow-joint must be imperfect that did not remove the sequestrum or necrosed piece of bone; but he should like to ask the author whether, before the extensive disease for which he performed the operation, there was any evidence which marked it as a case of necrosis rather than disease of the joint itself, and whether it was necessary that portions of the radius and ulna should be extensively removed. The highest authority upon the subject of resection of joints was present (Mr. Fergusson), and he should like to ask him how far, especially

in the case of the elbow-joint, it was necessary to remove the articular surface of the bones of the forearm, or whether, as a general rule, he would not be content to leave those bones, and to remove only the portions of the humerus that were the seats of disease.

Mr. FERGUSSON thought it extremely probable that the disease of the elbow-joint in the case in question might have been secondary,—that there might have been first necrosis of the lower end of the humerus, and that the inflammation resulting therefrom had extended to the joint, and caused one of those formidable joint diseases which were so long in getting well spontaneously. He believed the author had acted with judgment in removing the necrosis, seeing that nature had shown no effort towards its removal; and in regard to his mode of dealing with the radius and ulna, he had also acted in accordance with all that was at present known upon the subject. He was not prepared to give a positive opinion upon the point, but as far as his own experience went, he was disposed to think that it was not doing justice to the patient to take away only half of a joint in resection, and that it was better that the opposing articulating surface should be removed at the same time. He believed there was little yet remaining to be known as to the operative procedure in regard to resection, especially of the elbow-joint, the operation having been performed so frequently. Of course, the Surgeon should have the option of modifying his incision at will. He did not think it wise to lay down any exact form, but thought the Surgeon should be allowed to exercise his judgment as to the best forms in any given case. He considered the case related by the author to be an admirable illustration of the advantages resulting from the operation. He did not believe with many that amputation was the opprobrium or disgrace of surgery; but he desired that it should be avoided as far as possible, and believed that in very many instances resection might be adopted in its stead.

Mr. SKEY, while giving credit to Mr. Fergusson for re-introducing, after an interval of twenty years, one of the most important operations in surgery, thought that great care should be taken to employ every other available means before having recourse to that method. He was not prepared to allow that all the skill of curative surgery had been employed upon many of the cases in which the operation had been performed.

Mr. TUDOR said, that when he commenced the operation he did not expect that it would be necessary to proceed so far, but he deemed it much safer to remove the bone to the extent he had done, than to allow any to remain to which there was attached the slightest suspicion of disease. Whether or not the bones he had removed would have recovered, the operation showed what result might be expected when there was no question as to propriety of removing bone to that extent.

Mr. WILLIAM COULSON then read a paper on a case of

## HYDATIDS OF THE TIBIA.

The patient, a female, aged 25, was admitted into St. Mary's October 20, 1857, with a swelling of the size of an orange in the front of the right leg, just below the tuberosity of the tibia: in the centre of the swelling there was a small ulcer, and the surrounding integuments were red and swollen. The discharge, which was not considerable, was found to contain accephalocysts. It appeared from her history, that eight years previously the patient had received a kick on the front of the right tibia, a little below the insertion of the ligamentum patellæ, which injury was soon followed by a swelling which increased in a gradual and steady manner until it attained the size of a hen's egg. Slight pain attended the growth, but no great inconvenience until four years ago, when the pain becoming severe, the tumour was frequently blistered with relief, but the swelling remained in much the same condition until the beginning of August last, at which time it first gave way, spontaneously, and matter containing accephalocysts was discharged. The anterior wall of the tumour, containing a large hydatid about to escape, was removed with the saw and bone forceps, and a cavity exposed, which extended within half an inch of the knee-joint, and two inches or more down the shaft, and from which a considerable number of hydatids were removed. The whole of the cavity was lined by a white glistening membrane. After removal of all the hydatids to be found, Mr. Coulson rubbed the lining

membrane of the cavity freely with solid nitrate of silver, and filled it with cotton wool. The woman was discharged on February 6, with the wound nearly healed.

Mr. SKEY agreed with the author as to the difficulty of diagnosing diseases of bone, especially of the tibia. He remembered a case in his own practice somewhat analogous to that mentioned by the author in its external characteristics, but differing in its issue. The patient, a child, had a considerable swelling of the upper end, near the head of the tibia. For seven years it gradually increased until it assumed an enormous magnitude; but the movement of the knee-joint—a joint about which there seemed to be something sacred in the eyes of nature—remained perfect. With the concurrence of Sir Benj. Brodie, he laid open the cavity, which contained more than a pint of enchondromatous matter. The walls of the tibia were as thin as a sheet of paper. On the removal of the matter, the cavity was filled with lint. It was about eighteen months before the limb was restored; the walls had fallen in, and the bone became solidified. The operation was performed 2½ years ago, and in another year or two the patient (now about 17 years old) would, no doubt, have a useful limb.

Mr. OBRÉ said he saw the case related by the author, and confirmed his description. It was at first supposed that there were no echino-cocci present, but they were afterwards distinctly observed.

(To be continued.)

## THE PATHOLOGICAL SOCIETY.

TUESDAY, MAY 18.

DR. WATSON, President, in the Chair.

MR. BRYANT showed a specimen of

### MEDULLARY AND CYSTIC DISEASE OF THE TESTIS.

It had been taken from a man aged 26, who was admitted into Guy's Hospital upon April 17, under the care of Mr. Cock. He had a pale and cachectic appearance, and had experienced but indifferent health. From boyhood, after retaining his urine for some time, his right testicle retracted and disappeared from the scrotum, causing at times great pain. Six years ago he had gonorrhœa, and one year ago a chancre upon his penis, but unattended with any secondary symptoms. About one year since, without any blow or known cause, his right testis began to enlarge, unattended with any pain: since that time it has gradually increased, and upon admission it was about four inches in its longest diameter; it was quite painless, and could be manipulated without inconvenience, and squeezed without causing its peculiar sensation. It was of an oval shape, slightly flattened, and in points gave a fluctuating sensation. It was explored with a needle, and only a little bloody serum came away. The inguinal glands were slightly enlarged; and with the exception of having lost flesh for the last three years, he was comparatively well, although for the last year he had experienced flying pains down the right leg, at times very severe. Upon April 20, it was excised, and upon examination the disease was evidently connected with the body of the testis, which was smooth, firm, and in parts distinctly fluctuating. The epididymis was much wasted, and beneath its serous covering were developed cysts of different sizes, and from the caput major two may be seen attached to the body by long peduncles, one being nearly an inch long. The few I opened contained clear serum, and no spermatozoa. Upon making a section of the tumour, all signs of the body of the testis had disappeared, the disease having apparently been developed in it: it was composed entirely of cysts of different sizes (varying from that of a walnut to a millet-seed), some containing others of a smaller growth, and these again containing a third series; some were filled with a clear serum, and others with a bloody or tenacious fluid; and some were filled with a soft pulpy growth, composed entirely of nuclei and nucleated cells, and indeed presented all the appearances of the medullary cancer. From the above examination there can be no doubt that the specimen is a mixed one of the cystic disease and the medullary cancer; it seems to have been developed in the body of the testis, as well as in the rete-

testis, the reputed general seat of the cystic disease; and the simple cysts developed in the epididymis, and upon it, are apparently examples of the more simple form of cysts as found upon the testis. Upon the whole it would appear, that the true cystic degeneration was the chief disease, and that the medullary disease was grafted upon it. The specimen is a good one, illustrating the development of simple cysts which at times form the encysted hydrocele, the true cystic disease of the testis, and the medullary.

Dr. WILKS showed

### SPECIMENS ILLUSTRATING SYPHILITIC DISEASE OF THE LIVER.

He stated the difficulty which existed in the attempt to prove positively the connexion between syphilis and organic changes in the internal organs of the body, and he also alluded to the different opinions on the subject. He, himself, had no doubt of the effects resulting from syphilis, and that in the cases of fatal cachexia following it, various visceral changes would be found. He had no doubt of syphilitic pulmonary affections nor of disease of the blood-vessels, exhibited more especially in those cases of paralysis associated with the tertiary forms of the complaint, and due to a softening of the cerebral structures. With respect to the liver, the disease was manifested by the production of fibroid nodules, as seen in the Plate in the last volume of the Society's Transactions. The true specimens now exhibited showed similar fibroid deposits scattered throughout the organ, and in one case there was associated with them a waxy or lardaceous disease, a condition very frequently found in those who have died of syphilitic affection of the bone. The first case was that of a man who had been invalided for six years on account of various syphilitic ailments, as nodes on the bones, rheumatic pains, cutaneous eruptions, etc. He died with a waxy spleen and liver, and throughout the latter there were nodules of a fibroid deposit. He had been intemperate, and the only doubt was, how far the fibroid condition was allied to ordinary cirrhosis and due to alcohol; but inasmuch as the waxy change, without doubt, was an important part of the general cachexia, there was an equal probability in favour of the other condition being also a part of it. In the second case there was necrosis of the clavicle, scars on the body denoting an old ecchymatous eruption, a waxy condition of kidney and spleen.

Mr. CHRISTOPHER HEATH exhibited

### AN EDENTULOUS LOWER JAW WITHOUT MENTAL FORAMINA.

The specimen was taken from a subject above 90 years of age, during the dissection of which no trace of the inferior dental nerve on the face could be found, and upon maceration the mental foramina were found entirely obliterated. Mr. Heath considered the specimen of interest as bearing on a portion of necrosed lower jaw, removed, and exhibited by Mr. Bryant, in which both mental foramina were included without any diminution of sensation in the chin. In the present instance no nervous supply to the chin could be detected.

Dr. GIBBON showed a specimen of

### SCIRRHUS OF THE OMENTUM.

The specimen was of interest as showing a rare form of cancer of the omentum. There was some uncertainty as to the primary seat of the disease, but Dr. Gibbon was led to assign it to the omentum, on account of the long duration (eighteen months) of the tumour, and from the fact that the outer coats of the gut were more affected than the inner, the mucous membrane on the annular constriction being only partially removed. The diagnosis both as to the seat and nature of the obstruction was accurately made out, and the operation was skilfully performed by Mr. Borlase Childs, but the patient sank a few hours after the operation. For three days previously she had declined operative interference, and consequently was in a very exhausted state at the time of operation.

**DEATH FROM CHLOROFORM.**—A patient, under the care of M. Ceccaldi, at the Gros-Caillou Military Hospital, who was about to submit to an operation for the removal of a testicle, and to whom chloroform was administered, died before the operation was commenced.



## HARVEIAN SOCIETY OF LONDON.

THURSDAY, MAY 6, 1858.

DR. HAMILTON ROE, President, in the Chair.

## CASE IN WHICH THE OPERATION OF PARACENTESIS THORACIS WAS PERFORMED FOR THE RELIEF OF OBSTINATE VOMITING.

The particulars of this case, communicated to the Society through Dr. Hamilton Roe, the President, by Dr. Heslop, of Birmingham, were as follows:—The patient was a girl, aged 20, who had been for two months affected with effusion into the left pleural cavity. Extreme emaciation, night sweats, etc., were present; but in addition to these, no food of any kind was retained by the stomach. No relief following ordinary measures, and it being evident that the patient was dying of inanition, Dr. Heslop advised the performance of the operation. Two pints of fluid were drawn off, and the relief which followed was immediate and complete. The patient rapidly recovered. Dr. Heslop added, that in advising the performance of the operation, he took the same general line of argument as that pursued by the accoucheur in inducing artificially premature labour, when the interference with important functions as that of the stomach, calls for that proceeding.

The PRESIDENT then related the particulars of a case of circumscribed empyema occupying the left mammary region in a child aged 9. The diagnosis having been fully established, a canula and trochar were introduced, and ten ounces of a puriform fluid drawn off.

Mr. WREDDEN COOKE read a paper on

## SCROFULOUS DISEASE OF THE TESTICLE,

the principal object of which was to show the advantage of constitutional treatment, by means of which castration might be avoided. He described the causes and nature of this disease; for the purposes of diagnosis contrasted it with the other lesions of this gland, viz. scirrhus, cephaloma, cystic disease, syphilitic sarcoma, and common hypertrophy; and related several cases in which there had been tubercular enlargement with abscesses, and in some a protruding fungoid growth. In all these cases he had found a combination of iron in full doses, with iodide of potassium, so improve the vital powers that, with the aid of a sulphate of copper lotion, or the salt itself applied to the ulcers, a perfect cure was obtained; whereas it frequently happened that after the removal of a tuberculous testis by the knife the disease would reappear in the remaining one.

In the discussion which followed, Dr. Camps, Dr. Handfield Jones, Mr. Ballard, Mr. Stewart, and Dr. Coote joined.

Mr. Cooke having replied, the Society adjourned.

## WESTERN MEDICAL AND SURGICAL SOCIETY.

May 7, 1858.

THE Annual meeting took place this evening, and after the Reports of the Council and Auditors had been read, the following officers were elected for the ensuing session, 1858-59.

President.—A. B. Barnes, Esq.

Vice-Presidents.—Dr. Fuller, Mr. Martyn, Mr. Keen, Dr. Fincham.

Council.—Dr. Barclay, Dr. Traquair, Dr. W. Ogle, Mr. Taylor, Mr. James Lane, Dr. Aldis, Mr. Hatfield, Mr. T. Dickinson, Mr. Henry Brown, Mr. Turner, Mr. Mould, Dr. Cahill.

Treasurer.—Dr. Seaton.

Hon. Secretaries.—Dr. Baines, Mr. Milner.

Hon. Librarian.—Mr. Cumberbatch.

Auditors.—Dr. C. G. Brown, Dr. Stackpoole.

The PRESIDENT then addressed the meeting, and after returning thanks for the complimentary resolutions to the officers for their services during the past year, made some remarks on the subject of ovariotomy. He had been led to this subject by a case in which he had lately operated, and

which was now progressing to a favourable termination. The patient was 19 years of age; the disease a large unilocular ovarian cyst, containing four gallons of fluid; there were no adhesions. Having given the details of this case he adverted to his individual experience of operative proceeding for the radical cure of ovarian dropsy which extended over 13 cases. In 8 of these (including the one alluded to) the cyst was removed from the abdominal cavity; in the remaining five the tumour, on account of adhesions, could not be removed. Of the 8 removed 2 of the patients died from the immediate effects of the operation, and 6 recovered, showing a mortality of 1 in 4, or of 25 per cent. Of the 5 cases in which the tumour could not be removed, all recovered from the operation; thus in the 13 cases the mortality was only 2, or 1 in 6½. He need hardly say that, as compared with other capital operations, this was a small per centage of deaths; for instance, in amputations of all kinds, excepting fingers and toes, the mortality was 1 in 3, in the thigh it was 1 in 2½, and in the leg 1 in 3, in the arm 1 in 3½. In hernia the deaths were as 1 to 2½, in ligature of the subclavian the mortality was 1 in 2, of the common iliac, 1 in 2½, of the internal iliac, 1 in 2½, of the external iliac, 1 in 4½, of the carotid, 1 in 4½. In lithotomy in the adult the mortality was from 1 in 5 to 1 in 2, depending upon the age of the patient and the size of the stone. Dr. R. Lee's cases of ovariotomy, published in *Medico-Chirurgical Transactions*, 1851, were the most unfavourable. Out of 162 cases, 60 could not be removed; in five of these no tumour was present; of the 60 cases 19 proved fatal, or rather less than 1 in 3. In the remaining 102 the disease was removed; in one of these cases both ovaries and the uterus were excised, and in another the ovary, with part of the uterus, and in two cases both ovaries. Of these 102 cases 42 proved fatal, or about 1 in 2½. Dr. Clay, of Manchester, had had more experience. In a paper read by him, in August last, in Edinburgh, he stated that he had operated in 79 cases, and that 55 had proved successful, the mortality being about 30 per cent., or less than 1 in 3, and expressed the opinion that the mortality in future would not be more than 1 in 4; and that the existence of adhesions, as far as his experience went, did not interfere with the successful result. In these opinions the President coincided. Dr. Atlee, of Philadelphia, had operated on 36 cases, 12 of which were fatal, or 1 in 3. In 13 cases where the cyst was removed, occurring in the practice of Dr. F. Bird, 4 were fatal, or rather less than 1 in 3. In 21 cases, recorded in Ranking's Abstract and Braithwaite's Retrospect, since the date of Dr. Lee's paper, 7 proved fatal, or 1 in 3. Hence he believed that we were not only warranted in performing the operation in properly selected cases, but that it was our bounden duty to recommend it. For the last twenty years this operation had been submitted to the Profession through the press and Medical Societies, and the rate of mortality, he maintained, had been established at about 1 in 3. It had been said that the favourable cases only had been published, and that the statistics could not be depended on. He believed, however, that all the cases operated on during the last twenty years had been more carefully watched, and made known by the operation and others, than had any cases of other operations of Surgery. If these cases were considered in the mass, he would ask, why should not 200 sufferers from ovarian dropsy be saved out of every 300 operated on? you did not hesitate to save 200 out of other 300 cases of Surgical operations, where the rate of mortality was similar. At any rate, he for one did not hesitate to express his opinion, that the time had now arrived when the Profession would be wanting in their aid to the sufferers from this distressing, and ultimately fatal disease, if they withheld from them any longer the benefits to be derived from the performance of the operation.

The business of the Session then terminated by the usual *conversazione*.

## ST. MARY'S HOSPITAL MEDICAL SCHOOL.

On Saturday afternoon the distribution of Prizes and Certificates of Honour awarded to the Students during the past year in this School took place in the theatre of the Hospital at Paddington, under the presidency of the Right Hon. Sir James Stephens, K.C.B. LL.D., the Regius Professor of

Modern History in the University of Cambridge. The Medical officers and lecturers were present during the proceedings, which were graced by the attendance of a numerous assemblage of ladies, friends of the students.

The Prizes and Certificates of Honour were distributed in the following order:—

Anatomy, Senior, 1867-58—Prize: Mr. Arthur Myers. Certificate of honour: Mr. Henry Ubsdell.

Anatomy, Junior, 1867-58—Prize: Mr. Alfred J. Belemore.

Certificate of honour: Mr. Arthur B. Brown and Mr. Frederick J. Rogers—equal.

Chemistry, Junior, 1867-58—Prize: Mr. Alfred J. Belemore.

Medicine, 1867-58 — Prize: Mr. James Henry Jeffcoat.

Certificate of honour: Mr. Stamford Felce.

Surgery, 1867-58—Prize: Mr. Thomas L. Ash. Certificate of honour: Mr. James Henry Jeffcoat and Mr. H. Howard Hayward.

Clinical Medicine, 1867-58—Prize: Mr. Thomas L. Ash.

Clinical Surgery, 1867-58—Prize: Mr. Stamford Felce.

Military Surgery, 1866-57—Prize: Mr. H. Howard Hayward.

Certificate of honour: Mr. Dracachis.

Botany, 1866-57—Prize: Mr. James E. Trevor. Certificate of honour: Mr. Henry Ubsdell.

Materia Medica, 1866-57—Prize: Mr. Stamford Felce.

Certificate of honour: Mr. Henry Ubsdell.

Midwifery, Senior, 1866-57—Prize: Mr. Henry Ubsdell.

Certificate of honour: Mr. Thomas L. Ash and Mr. H. Howard Hayward.

Midwifery, Junior, 1866-57—Prize: Mr. Stamford Felce.

Certificate of honour: Mr. Arthur Myers and Mr. James J. Grosjean.

Practical Chemistry, 1866-57—Prize: Mr. Benjamin Cocks.

Certificate of honour: Mr. Thomas L. Ash.

Medical Jurisprudence, 1866-57 — Prize: Mr. Benjamin Cocks. Certificate of honour: Mr. Thomas L. Ash.

Comparative Anatomy, 1866-57—Prize: Mr. Stamford Felce. Certificate of honour: Mr. Edwin Chisholm, Mr. Henry Ubsdell, Mr. Trevor—equal.

Natural Philosophy, 1866-57—Certificate of honour: Mr. Dracachis.

The Dean's Prize for General Proficiency, 1867-58—Prize: Mr. James Henry Jeffcoat.

The Right Hon. CHAIRMAN then delivered a most able and eloquent address to the students, pointing out the vast importance of the duties which would devolve upon them in the station in life for which they were studying, and giving them some sound practical advice as to their conduct during their studies, and also when practising in their Profession in after-life, urging them to form for themselves some immutable convictions and opinions, without which there would be no stability in progress, and without progress they invariably went back; also warning them that, unless they were gentlemanly in their deportment they would be utterly unfit for their Profession: and further advising them to pay the greatest attention to Medical elocution, for on the mode of addressing those who came under their care much depended. The learned professor was loudly applauded at the conclusion of his address.

A vote of thanks was passed to the Chairman for presiding and delivering his address; and a similar compliment was paid to Mr. Spencer Smith, the Dean, for the great interest he takes in the Institution.

## PARLIAMENTARY INTELLIGENCE.

### HOUSE OF LORDS, JUNE 4.

#### SALE OF POISONS BILL.

The Earl of DERBY, in moving the second reading of this bill, said, its purport and aim were to carry into effect that which had been an object with that and the other House of Parliament for a considerable time, and in reference to which their Lordships last year appointed a select committee, which went very carefully into a consideration of the whole question. The bill was founded almost entirely on the recommendations of that committee. He had referred the measure to the Pharmaceutical Society, and also to the College of Physicians for any observations they might wish to make

upon it, and where those two learned bodies had agreed he had adopted the amendments they had proposed; where they differed he had adhered to the original draught of the bill. The first object of the bill was to increase the difficulty of obtaining poisons for criminal purposes; and the other objects of it were to prevent, as far as possible, the occurrence of those lamentable accidents which arose partly from ignorance and partly from carelessness on the part of those persons who exercised the business of selling drugs and poisons. It provided, among other things, that poisons should not be sold except to persons of full age, who should be known to the person selling them, and whose name should be signed in a book. If the purchaser were not known to the person selling the poison, it was provided that he should produce a certificate signed by a householder, with his name and residence, stating that he knew the person to whom the sale was to be made, and those circumstances were to be entered in a book by the party selling the poison. Those very stringent provisions were applied to a considerable number of poisonous substances enumerated in a schedule attached to the Bill. There were, no doubt, other substances equally poisonous, but, at the same time, the sale of which could not be subjected to all the stringent provisions contained in that first clause, without, in point of fact, altogether destroying certain branches of trade, and preventing the transaction of legitimate business. These were laudanum, opium, tartar-emetic, and chloroform; but it was obvious that there should be some restriction even with regard to the sale of those substances, with the view to the prevention of accidents arising from ignorance, incompetence, and carelessness. It would be recollected that there was conclusive evidence given before the committee of last year that the sale of poisons was carried on by persons who had not the slightest knowledge of the properties of those poisons, and who were utterly unfit by their education and knowledge to deal with such dangerous materials. (Hear, hear.) It was proposed that, preserving to all persons at present engaged in the sale of poisons the right to continue their business, for the future no person should be permitted to sell poisons of either of the classes he had mentioned without possessing a licence, which licence would only be granted after an examination of the party by properly qualified examiners. It was intended that those examiners should be three in number, — one to be appointed by the Pharmaceutical Society, another by the College of Physicians, and the third by the Society of Apothecaries. All those persons who for the space of one year prior to the passing of the Act should have been engaged in the sale of poisons, to be licensed to carry on their business for a period of five years, but the licence would not be continued or renewed at the expiration of that time unless the party submitted himself to an examination. The other question to be considered was that of carelessness on the part of the sellers, and with a view to meet that it was proposed that all persons selling poisons should be required to keep them distinct and separate from all other drugs, and that the examiners or persons appointed by them should be at liberty at all reasonable times to visit all shops where poisons were sold, in order to ascertain whether the requirements of the Bill were complied with. There were pecuniary penalties for infringement of any of these provisions, and it had been considered also lately necessary that when the poison had been improperly sold, or otherwise dealt with by any servant or shopman, the employer should be held liable and subject to the penalties attaching to the offence. With regard to arsenic there was a special provision that it should be kept mixed either with soot or indigo, except in cases where it could be shown that it was required for purposes for which such mixture would render it useless. Those were the main provisions of the Bill; and although some persons were inclined to urge more stringent regulations, yet it had been deemed most prudent to act in accordance with the views of the Medical Profession, and thus insure that willing co operation that was needed to carry the measure into beneficial operation. There were some verbal amendments which would be introduced, and he now proposed to read the Bill a second time, and to go into committee *pro forma* on Monday next.

Earl GRANVILLE thought the Government had acted wisely in adopting the suggestions of the Pharmaceutical Society and the College of Physicians. With regard to the examiners he was not sure that the Government ought not to appoint them, or at least one of them. The Bill, with a few amend-

ments, would, he thought, prove a beneficial measure, and he therefore supported the second reading.

Lord CAMPBELL expressed his entire satisfaction at the prospect they now had of putting an end to the present unsatisfactory state of things as regarded the sale of poisons; for hitherto it was quite as easy to obtain arsenic as snuff or tobacco. This bill was the result of a most laudable and painful inquiry, and he believed that all ranks of society would be most anxious to see the provisions of this bill carried into effect.

The Earl of HARDWICKE said the enormous demands for these articles, especially for opium, went on to such an extent that it was almost impossible to apply a remedy; and it was only last year he received a communication from Manchester, while the bill regulating the sale of opium was under discussion, stating that, if it was passed, the best thing that could be done would be to send a number of strait waistcoats to Manchester, which would most undoubtedly be required if laudanum could not be obtained, so soothing were its effects upon those who had been addicted to its use.

After a few words from Lord Cranworth and Lord Aveland, the bill was read a second time.

### HOUSE OF COMMONS.

#### REGISTRATION OF BIRTHS, MARRIAGES, AND DEATHS IN IRELAND.

Mr. GREER asked whether it was the intention of the Government to introduce a bill this session or next to establish in Ireland a complete system of registration of births, marriages, and deaths.

Lord NAAS said it was the intention of Government to introduce such a measure for Ireland as that referred to by the hon. gentleman.

### MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 4th inst. :—

ASHBY, JOSEPH FRANCIS, Olement's-inn.  
BABBAGE, WILLIAM BERRY, New Kent-road.  
CRAWFOOT, WILLIAM MILLER, Beccles, Suffolk.  
CROMPTON, FREDERIC, Bury, Lancashire.  
FRY, WALTER, Forest-hill.  
NASH, CHARLES SAMUEL, Box, Wiltshire.  
RINGROSE, ERNEST, Potter's-bar, Middlesex.  
WILKES, EDWIN, Salisbury.  
WILLIAMS, WILLIAM, Menai-bridge, Anglesea.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, June 3, 1858 :—

BARKWAY, ROBERT EDGAR EDWARD, Bungay, Suffolk.  
LAW, JOHN, Barnstaple, Devon.

#### DEATHS.

**ARNOTT.**—May 29, at Green Croft, Ecclefechau, N.B., Archibald Arnott.

**BUSCH, Professor.**—The Medical Faculty of the University of Berlin has sustained great losses this year, in the person of its celebrated physiologist, John Müller, whose reputation is world-wide; and in its distinguished Midwifery Professor, Dietrich Wilhelm Heinrich Busch, whose father was Professor of Medicine at Marburg, where he was born in 1788. Passing the earlier part of his life in the army, he was appointed Professor of Surgery at Marburg in 1814; but afterwards adopted the midwifery branch of the Profession. His renown as a teacher of this at Marburg became so great, that on the death of v. Siebold in 1827, he received the "call" to Berlin, while the son of his predecessor, now of Gottingen, took his place at Marburg. In Berlin he soon acquired the largest practice in this department, and was also the author of several excellent obstetrical works, which had a large circulation amongst students. Until his last illness he had enjoyed robust health, which enabled him to go through his laborious duties with activity and energy. This illness was acute rheumatism, from which he seemed to have well-nigh recovered, when he suddenly died from a supervening heart affection, in the 70th year of his age, and just on the eve of his 50 years doctorate-jubilee.

**CRAMPTON.**—June 10, at Dublin, Sir Philip Crampton, Bart.

**HILL.**—May 30, at Wiveliscombe, P. L. Hill, M.R.C.S. Eng. and L.S.A., 1824.

**HUMPAGE.**—June 4, at Hackney, Edward Humpage, M.R.C.S., aged 27.

**LUCAS-CHAMPIONNIERE.**—M. Lucas-Championnière died recently after a short illness, and at an early age, having taken his degree only in 1828 or 1829. He was the founder of the *Journal de Médecine*, a translation of which into English has just been commenced by Dr. M'Carthy.

**MARTEN.**—May 20, at Rochester, North America, William Marten, M.R.C.S.

#### APPOINTMENT.

Dr. P. Eade was appointed Physician to the Norfolk and Norwich Hospital on the 22nd of May last.

**THE EPIDEMIC OF VARIOLA AT BERLIN.**—During the month of March the epidemic increased in virulence. The police had notice of 805 cases, and of these 60 died. Of the 805, 659 had been vaccinated, 105 had not been vaccinated, and 41 unsuccessfully vaccinated. Of the fatal cases 16 had been vaccinated, 39 were unvaccinated, and in 5 the vaccination was uncertain. Thus 7.48 per cent. of all the cases proved fatal. Among the vaccinated the proportion was 2.42 per cent., among the non-vaccinated 37.14 per cent., and of the uncertainly vaccinated 12.19 per cent.

**RETIREMENT OF M. BEGIN.**—M. Begin being about to retire from his post of President of the Council of the Army, or Inspector-in-Chief, a committee was formed, consisting of MM. Lévy, Larrey, Hutin, and others, to invite him to a banquet on the occasion. This, with his well-known modesty, he has peremptorily declined, observing, "I have an invincible dislike for anything like a public exhibition. During forty-six years my career has been simple, retiring, and modest, and I am desirous that my retirement from the service may correspond to this. What I am desirous of, and have always had the ambition to do, is to leave among the meritorious and devoted body of military Medical officers a durable sentiment of esteem and affection. Happy shall I be if I may believe that it can discover in my long career some happy tradition as its guide. This would be quite sufficient for me, and no banquet could add to my satisfaction." After forty-eight years of a truly-devoted service, he retires from the army a poor man; the performance of his duties, in the most austere sense of the phrase, having been his sole object.

**THE CHOLERA IN FRANCE.**—The *Journal des Debats* has a short article on the cholera in France. The number of victims to this disease in 1854 is estimated at 150,000 only, but this is considered to be far below the real number of deaths. The deaths in the urban or town districts averaged 67 out of every 10,000 inhabitants, and in the rural districts 34 out of every 10,000. The mortality of the two sexes was pretty nearly equal in the towns, but in the country the number of female deaths exhibited a remarkable excess. The ravages of the disease throughout France were strikingly less in the first two "invasions" than in that of 1854; thus in 1832 the deaths from cholera are reckoned at 102,735 only, and in 1849 at 110,110, while in 1854 they rose to 150,000; but it is shown that the disease gains in extent what it loses in intensity.

**EXTREME OLD AGE.**—The following are facts as recorded in newspaper paragraphs :—Mr. James Nolan died upon the 24th of April, 1858, at Auchindrane, Carlow, Ireland, having reached the age of 115 years and nine months. He was born in 1742. All his faculties were preserved to him until his death, his sight being nearly perfect, and only his hearing defective. There is something more interesting in

these facts than merely the oldest subject of her Majesty, who had lived in the reigns of five Sovereigns of England. The lawyer could tell us the proofs which establish the date of the birth of Mr. James Nolan in 1742; the doctor could describe to us his constitution, habits, diet, and precautions; and lastly, the clergyman could give us an account of his moral dispositions—the most important considerations of all in regard to longevity. The remarks we have made upon the case of Mr. James Nolan apply equally to the case of a woman who, according to the report of the Registrar-General for the first quarter of this year, died the other day at Cawdor, in the county of Nairn, at the patriarchal age of 110 years.—*Glasgow Mail*.

**VACCINATION IN IRELAND.**—A bill of the Irish department of the Government empowers the committees of all dispensary districts in Ireland to divide the districts into so many "vaccination districts" as they may deem necessary and advisable, and to require the medical officers of the districts to attend at convenient times for the purpose of vaccinating all persons applying for the purpose. Boards of guardians are required to pay the Medical officers the sum of 6d. for every case of successful vaccination. The Sanitary Commissioners of Ireland in a recent report urge the immediate necessity of promoting vaccination in that country, as a general outbreak of the disease to which it is an antidote would decimate the population and be productive of the most frightful evils.

**ROYAL COLLEGE OF SURGEONS IN IRELAND.**—A meeting of the College was held on Monday, the 7th instant, when the following officers were elected to serve for the ensuing year, viz.:—*President*—James William Cusack; *Vice-President*—Christopher Fleming; *Secretary of the College*—Edward Hutton; *Council*—Sir Philip Crampton, Arthur Jacob, Thomas E. Beatty, William Hargrave, Andrew Ellis, Robert C. Williams, Robert Adams, James Barker, William Colles, John H. Power, Hans Irvine, James S. Hughes, Edward Hutton, Robert Pentland, Samuel G. Wilmot, Augustus E. Tabuteau, Thomas J. Mackesy, Auley P. Banon, Rawdon Macnamara.

**THE MEDJIDIE.**—The *Queen* has been pleased to grant to Deputy Inspector-General of Hospitals William Charles Humfrey, and Deputy Inspector-General of Hospitals William Cruickshank, M.D., Her Royal licence and permission that they may accept and wear the Insignia of the Imperial Order of the Medjidie of the Fourth Class: and Staff-Surgeon of the Second Class Alexander Douglas Taylor, M.D., the Fifth Class of the same Order, which His Imperial Majesty the sultan hath been pleased to confer upon them respectively, as a mark of His Majesty's approbation of their distinguished services before the enemy during the late war.

**THE FENS.**—In ancient times, when the fens were under water one-half the year, the ague was common every winter, and scarcely a house escaped this tertian visitor. The introduction of steam power enabled us to effectually drain our fens, and the ague, it was thought, had disappeared with the water: inundated fields and uncontrollable shivering were no longer to be our winter companions. The past has been one of the driest winters on record; for five months scarcely any rain fell, yet ague has been very prevalent—indeed, more general than it has been for a number of years. The chymists have had a strong demand for quinine, the *no plus ultra* of tonic remedies, and many of them have done a brisk trade in ague mixtures, ague pills, and ague pills, and ague wine.—*Stamford Mercury*.

**IRISH MEDICAL ASSOCIATION.**—The annual meeting of this body was held on Monday, at the Royal College of Surgeons, Dublin. The meeting, which was numerously attended, was presided over by Dr. Kingsley, of Roscrea, the President of the Association. Satisfaction was expressed that the two bills successively introduced into the House of Commons by the late Chief-Secretary for Ireland, Mr. Herbert, for the amendment of the Medical Charities Act, either of which would have had the effect of abolishing Medical inspection, had both been withdrawn, a result attributable to the energy and independence with which the profession in Cork had roused their brethren throughout the country, and a hope was expressed that a more favourable measure would be initiated by the new Secretary, Lord Naas.

On this subject a deputation consisting of representatives from various Medical Associations throughout the country, with the President of the Colleges of Physicians and Surgeons, and other Members of the Profession in Dublin, had waited on his Lordship on the 7th of April last. The association expressed their disapproval of the Vaccination Bill introduced by Lord Naas, and particularly of the provision that a fee of only sixpence should be paid for each successful case of vaccination, and after the election of officers for the ensuing year, the meeting broke up.

THE composition of the water supplied by eight of the water companies in the metropolis has been determined for the month of April by Dr. Robert Dundas Thomson, F.R.S. of St. Thomas's Hospital, and is represented in the subsequent detail by the Registrar-General, who says:—It is proper to mention that the water containing the largest amount of impurity, happened to be taken after a fall of rain, when a distinct alteration in the composition of water derived from the surface drainage of an agricultural country can usually be detected. In this detail one degree of impurity is equivalent to one grain of foreign matter present dissolved in the water per gallon. For the scale of comparison water about to be supplied to Glasgow from Loch Katrine, and water supplied to Aberdeen from the Dee, are introduced.

Companies.	Total Impurity. Gra. or deg.	Total Impurity. Gra. or deg.
Distilled Water . . . . .	0·0	—
Loch Katrine . . . . .	2·15	0·80
Aberdeen Water . . . . .	4·0	1·75
East London . . . . .	17·08	0·96
New River . . . . .	17·48	1·68
Kent . . . . .	27·29	3·62
Southwark . . . . .	17·80	1·08
Lambeth . . . . .	21·60	2·52
Chelsea . . . . .	19·00	1·80
West Middlesex . . . . .	19·92	1·96
Grand Junction . . . . .	20·12	1·72

All the specimens were derived from the main pipes, with the exception of that of the New River, which was taken from a private tap in King William-street, City, and the Kent Company's sample, which was obtained from a house in Meeting House-lane, Peckham.

## VITAL STATISTICS OF LONDON.

Week ending Saturday, June 5, 1858.

### BIRTHS.

Births of Boys, 765; Girls, 780; Total, 1545.  
Average of 10 corresponding weeks, 1848-57, 1465.

### DEATHS.

	Males.	Females.	Total.
Deaths during the week ... ..	533	554	1087
Average of the ten years 1848-57 ...	487·2	476·3	963·5
Average corrected to increased population	...	...	1060
Deaths of people above 90 ... ..	5	1	6
Deaths in 15 General Hospitals ... ..	27	23	50

## DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small- pox.	Measles.	Scar- latina.	Whoop- ing- Cough.	Dia- rrhoea.	Ty- phus.
West ....	376,427	..	12	8	15	5	7
North ....	460,366	..	9	10	18	2	10
Central ....	393,256	..	9	8	13	1	3
East ....	466,522	1	15	10	13	6	12
South ....	616,665	1	77	10	15	4	11
Total..	2,302,236	2	63	46	69	18	43

## TO CORRESPONDENTS.

A paper by Dr. Conolly, on Puerperal Mania, with four illustrations, will appear in our next Number.

A proof of Dr. Kramer's paper has been sent to Berlin.

Dr. Aveling's paper shall appear as soon as possible.

Mr. Crompton's cases shall appear.

The conclusion of Dr. Simpson's valuable paper on Metallic Sutures is in type, but it is unavoidably delayed until next week.

*Alpka, Saffron Walden.*—Students of the Grosvenor-place School hold dresserships at St. George's Hospital.

*R. R.*—Carpenter on the Microscope—Pillischer's Student's Microscope, seven guineas—Abel and Bloxam's Chemistry.

*A Reader of the Journal.*—Apply to Pillischer, instrument-maker, New Bond-street.

*Dr. A.*—The last report of the Kentucky Deaf and Dumb Institution says of the effects of intermarriages:—From ten to twenty per cent. of deaf mutes are the children of cousins.

*Mr. Johnstone.*—The committee are making an effort to open a separate Lock Hospital for male patients in some central position in London, and have announced subscriptions to the amount of £1800 for that special purpose.

*M. R. C. S., Norwich.*—We cannot say if the homœopath, Dr. Bell, formerly practised in Norwich, or if the report that he signed a lunacy certificate as M.D., Licentiate of the College of Physicians, be or be not true.

*A Subscriber.*—The appointment of Registrar of Births and Deaths is made by the Registrar-General. The emolument depends upon the number of cases registered. The Registrar is not obliged to attend at the house where the death has occurred.

*A Naval Surgeon.*—Naval and military Surgeons, who have not passed the examination at Apothecaries' Hall, have not a legal right to practise as Apothecaries in England and Wales. They cannot recover in a Court of Law any charges made by them as Apothecaries.

*An Inquiring Student.*—It is a very difficult thing to determine exactly the circumstances under which an inquest ought to be held. In the case described, we think that the death was so sudden and unexpected that an investigation was necessary. The emptiness of the heart, observed at the post-mortem examination, was no doubt due to syncope, which seems to have been the immediate cause of death.

**ERRATUM.**—It was Mr. Wade, of Birmingham, not Mr. West, referred to by Dr. Camps as the author of a paper on Diphtheria.

#### DISINFECTANT.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In reply to the inquiry of your correspondent "Inquisitor" I would suggest that he refers to "Condy's Disinfecting Fluid."

I am, &c.

B. R.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The Disinfecting Fluid "Inquisitor" is wishing to discover through your readers, is Condy's, of Battersea Chemical Works. It is a permanent of potash, and has been much extolled for its disinfecting and deodorizing properties.

I am, &c.

St. Mary's Hospital, June 8.

—See Advertisement this week.

AUG. TALBOTT.

#### TO THE NERVOUS AND DEBILITATED.

From the "Aberdeen Herald" of May 29th, 1858:—

CHARLES WATSON, M.D., Fellow and Honorary Vice-President of the Imperial African Institute of France, and Physician to the Bedford Dispensary, 27, Alfred-place, Bedford-square, London, continues to issue, on receipt of 6 stamps, "The Guide to Self-Cure."

"The first man of the day in these complaints."—Medical Review, July, 1856.

"The true Guide to those who desire a speedy cure."—University Magazine.

"The New American Discovery shows the absurdity of the English mode of treating such complaints; will prove a blessing to the afflicted, who may safely and easily regain pristine health by adopting the means presented."—Evening Sun.

**CAUTION.**—Dr. Watson, to distinguish himself from unqualified parties, refers with pleasure to his qualifications—viz. Diplomas and the "Medical Directory."

#### POOR-LAW SUPERANNUATION FUND.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I have this day received the draft of a bill, intitled "An Act to Authorize the Establishment of a Poor-law Officers' Superannuation Fund." There appear to me many reasons why I cannot assent to the bill in its present form.

1. I object to any person being compelled to admit of a certain per centage being deducted from the paltry remuneration paid for the onerous duties required in any office under the Poor-law Board, and which it is admitted in the circular enclosed with the draft of the bill, is scarcely sufficient to "maintain their respectability while in office;" especially that a uniform deduction of 2½ per cent. should be made, whilst there is no proper ratio of the payment of Medical Officers, the remuneration varying, as Mr. Griffin, of Weymouth, has shown, from a few pence to 16s. per case. This certainly requires to be altered, before we should all be compelled to admit of the same per centage being deducted from our salaries.

2. I think if there is an actual necessity for this bill, and that this is the proper period for establishing it, it does not require to be made compulsory. Why should it not be optional? It is repulsive to the feelings of a "free-born Englishman," to be compelled to do anything. Let the benefits to be derived from a Poor-law Superannuation Fund be freely made known, and, if it is required, it will soon be established; but to be compelled to admit of a deduction from a salary, gives a feeling of disgust to

the thing at once. We all know our salaries are paltry enough, and many of us have dispensed with many comforts, if not necessities, to enable us to provide ultimately for our wife and family by the payment to a "Life Assurance" of established repute: then why compel us to belong to another, which has the same objects in view, but with a degree of doubt as to its proceeds becoming substantial, and the payment towards the funds of which we can ill afford?

3. If it is to be compulsory to contribute to this Superannuation Fund, surely the per centage to be deducted ought to vary according to the amount of our salaries. The man receiving a small salary could not afford the deduction of 2½ per centage so well as a man receiving a high salary, and why should a young man commencing an appointment at 25 years of age pay the same amount of per centage as one at 45? One may have to subscribe thirty years and the other ten.

4. If it is advisable to establish this Fund, I think the more it is kept apart from the Poor-law Board the better. We all know how little interest this Board takes in their Medical officers, who, while they allow them to be ground down by the Local Boards of Guardians to the lowest farthing, compels them to perform their onerous duties to the utmost; and when tyrannised over, show no shadow of justice or redress. How, then, can a Medical man voluntarily place more power in the hands of such a body? How are we to be certain that from some spleen of a Local Board the Committee of that board may not magnify something into neglect of duty, and then by appealing to the Poor-law Board (who never oppose the Guardians), the gentleman who has subscribed, perhaps for years, may, at the option of these honourable Commissioners, be mulcted of all the contribution he has made, and lose his income in the bargain. I think it were much better for all of us to belong to some old-established Life Assurance than a Superannuation Fund, the stability of which must be uncertain, and which, it is proposed, should be connected or rather ruled over by those who have always appeared to tyrannise over us. Hoping you will allow the free discussion of this subject in your invaluable periodical,

I am, &c.

A CONSTANT SUBSCRIBER.

COMMUNICATIONS have been received from—

Professor SIMPSON, Edinburgh; Dr. ANDREW SMITH; Mr. PRESCOTT HEWETT; Dr. RADCLIFFE; Dr. MACLEOD, Glasgow; Dr. EADE; Dr. MACMILLAN, Hull; Mr. KNAGGS, Huddersfield; Mr. REED; Mr. RIVERS; Mr. GORDON; Mr. TALBOTT; Mr. HEWITT; Mr. ROBERTSON; Mr. PROPERT; Mr. S. SMITH; Mr. H. SMITH; Mr. CATTIN; Mr. FOX; Mr. J. B. BURNETT; Mr. W. CALCOTT; Dr. HIGHMORE; Dr. BUCHANAN; Dr. B. SMITH; Mr. GRIGG; Mr. SEABROOK; Dr. J. FORSYTH; Dr. J. BROWN; Mr. STANWELL; Mr. AYRES; Dr. C. M. RAGG; Mr. WANKLIN; Mr. W. S. COX; Mr. J. WHITE; Mr. STROUD; Mr. DUNMORE; Mr. VERTUE; Mr. HAUGHTON; Dr. R. COULSON.

## APPOINTMENTS FOR THE WEEK.

### June 12. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.  
ROYAL INSTITUTION, 3 p.m.: Edwin Lankester, M.D., F.R.S., F.L.S., "On the Vegetable Kingdom in its Relations to the Life of Man."

### 14. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopaedic Hospital, 2 p.m.

### 15. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

### 16. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopaedic Hospital, 2 p.m.  
NORTH LONDON MEDICAL SOCIETY: (Council Meeting) 7 p.m.  
MICROSCOPICAL SOCIETY, 8 p.m.

### 17. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.  
CHEMICAL SOCIETY, 8 p.m.  
ROYAL SOCIETY, 8½ p.m.  
LINNEAN SOCIETY, 8 p.m.

### 18. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

## EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday), at 2 o'clock:—

Cleft palate; removal of dead bone from ankle. By Mr. Ferguson.

## Clerical, Medical, and General

SPECIAL NOTICE.

LIFE ASSURANCE SOCIETY,  
13, ST. JAMES'S-SQUARE, LONDON, S.W.  
ESTABLISHED 1824.

All Persons who effect Policies on the Participating Scale BEFORE JUNE 30th, 1853, will be entitled at the NEXT BONUS to one year's share of Profits beyond later Assurers.

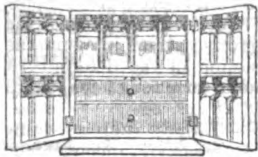
Proposals should be forwarded to the Office before June 20th.

The last Annual Report, as also a statement of the SIXTH BONUS declared in January 1857, setting forth in detail the whole state and affairs of the Office, and especially the benefits which will hereafter accrue to Persons now Assuring, can be obtained of any of the Society's Agents, or from the Office.

GEORGE H. PINCKARD, Actuary.  
GEORGE CUTLIFFE, Assistant Actuary.

13, St. James's-square, London, S.W.

N.B.—The usual COMMISSION allowed to Medical Men introducing Assurances direct to the Office.



## Medicine Chests.

MARSH & GRIFFITHS,  
LATE

SPRINGWEILER,

2, DUKE-ST., SMITHFIELD, LONDON, E.C.  
Chests from 8s. 6d. to £10 Ship Chest  
according to Act of Parliament.  
Established 50 years.

## W. Twinberrow begs to draw the

attention of the Medical Profession to his EXTRACT of INDIAN HEMP, prepared expressly for him at Calcutta, its peculiar sedative properties being so beneficial where opiates are inadmissible. Also to his MEDICINAL EXTRACTS, prepared from the fresh plants (Hyoscyamus Niger, Conium Maculatum, Atropo, Belladonna, Cotyledon Umbilicus, etc.) Also to his Liq. Taraxiel, Liq. Galli Aparinis (a valuable alternative), Liq. Parisetaris (diuretic), and Liq. Belas (prepared from the *Aglio Marmelos*, or Indian Basil), for dysentery and diarrhoea. W. T. has a large supply of INDIAN BAEI on hand. 2, Edwards-street, Portman-square.

BOUDAULT'S PEPSEINE imported in original bottles.

## ELECTRICITY

PULVERMACHER'S MEDICAL ELECTRO-GALVANIC CHAINS—for Rheumatism, Indigestion, and Nervous and Paralytic Complaints, &c. &c. The profession have in these Chains the best, simplest, and most effective means of applying Galvanism. No pain is felt, and the patient can, without attendance, use them himself with efficiency. The popularity they have obtained in almost all parts of the world, and the numerous cures they have effected, together with the eulogiums passed upon them by the most eminent of the faculty, suffice for any further details. See the works of De la Rive, Becquerel, Duchenne, Pouillet, Ganot, Du Moncel, and the medical and scientific periodicals. Adopted by the Academie de Medicine, Paris, and by all similar institutions in Europe; also rewarded at the Universal Exhibition. £10,000 damages. Both the High Courts of England and France condemned Mr. C. Meinig (ex-agent) in this sum for infringing the inventor's rights. Let counterfeits therefore, be cautious.—Chains to be worn on the body, 5s. and 10s. 6d.; the 15s., 18s. and 22s., are the most useful. Free per post. Batteries, £1 10s. to £3.—J. L. PULVERMACHER & CO., 73, Oxford-street, (adjoining the Princess's Theatre,) London.

## The Sydenham Trousers, 17s. 6d.;

COATS, 33s.; and WAISTCOATS, 8s. 6d.—It is well known how great an influence is exercised upon the health by the mode of dress. Many disorders, and still more of the common indispositions or irregularities, can be distinctly traced to imperfect adaptation of the clothes to the functions of the body and the limbs. This is true of adults as well as of children, though, perhaps, not to the same extent. The Sydenham construction of the whole attire is directed to secure a perfect fit in all positions without restraint, strain, or incumbrance, so that the limbs retain as free play as if in PURIS NATURALIBUS. The Boy's Complete Suit (24s.) is also eminently adapted for those purposes. The material and workmanship are the best which can be commanded. The assortment open for selection is immense, and includes all that is most fitted for the season. The assortment of Sydenham Alpaca Overcoats (12s. 6d.) for Summer wear deserves attention, as these goods have been made with unusual care.

SAMUEL BROTHERS, Merchant Tailors, 20, Ludgate-hill.

## Condy's Patent Fluid contains nascent

Oxygen, which is NATURE'S DISINFECTANT, for instantly and permanently removing all unpleasant smells. It has no smell—is not poisonous—will not stain when diluted—may be used for purifying water for drinking. Its colour prevents the possibility of mistake in use. It is recommended by the General Board of Health, &c. &c.

Sold by the Trade in bottles, at 6d., 1s., and 2s. each, or at 5s. per gallon. MANGANATE or PERMANGANATE of POTASH as ESCHAROTICS.

Central Retail Depot, 97, Fleet-street, London, E.C., whence samples of 1 dozen ½-pints, or ½-dozen pints, or ¼-dozen quarts of the Fluid, and 4 oz. or upwards of the Manganates or Permanganates, will be forwarded, carriage paid, to any part of the kingdom, at the retail prices, on receipt of stamps for the amount.

This is notified, in case of any difficulty in obtaining either of these substances through the usual sources.

Wholesale of the Patentee, Battersea, Surrey, S.W.

## Wines from the Cape of Good Hope.

W. and A. GILBEY, 397, Oxford-street, importers of the finest Wines, which Her Majesty's Government admits at half duty. Port, Sherry, Madeira, Marsala, &c., all 20s. per dozen. Two Samples for 12 stamps. Excellent Brandy, 80s. per dozen. For the purity of our Cape wines, see Dr. Letheby's analysis. Cross checks, "Bank of England."

## The Medicated Cod Liver Oils,

comprising  
OLEUM MORRHUE CUM QUINA.  
OLEUM MORRHUE CUM FERRI IODIDO.  
&c. &c. &c.

Prepared only by SAVORY and MOORE, 143, New Bond-street.

## Liquor Pepsinæ.—A Convenient and

EFFICACIOUS PREPARATION BY  
SAVORY and MOORE, 143, New Bond-street.

## WINES FROM SOUTH AFRICA.

Denman, Introducer of the South AFRICAN PORT, SHERRY, &c., 20s. PER DOZEN, BOTTLES INCLUDED.

The well-established and daily-increasing reputation of these Wines in the public estimation renders any comment respecting them unnecessary. A PINT SAMPLE OF EACH FOR 24 STAMPS.

Wine in cask forwarded free to any Railway-station in England.

EXCELSIOR BRANDY, PALE OR BROWN, 15s. PER GALLON, OR 30s. PER DOZEN.

Terms Cash. Country orders must contain a remittance. Cross cheques, Bank of London. Price Lists forwarded on application.

JAMES L. DENMAN, 66, FENCHURCH-STREET.

## BROUGHAM'S.

Kinder, M'Naught, and Smith, MANUFACTURERS, WORCESTER, beg respectfully to invite the attention of professional men to their improved Medical Broughams, as under:—

Width of Seat.	Weight.	Price.
3 ft. 5 in. . . . .	7½ cwt. . . . .	85 Guineas.
3 ft. 6 in. . . . .	8½ cwt. . . . .	95 Guineas.
3 ft. 7 in. . . . .	9 cwt. . . . .	100 Guineas.

The latter, including a segmental front, with seat for third person.

These Carriages are constructed, by the aid of machinery, of the best material, are of excellent workmanship, and particularly adapted to the wants of medical men, either in town or country. Drawings and other particulars forwarded on application.



## Great Saving in the Purchase of Six

GROSS of NEW MEDICAL GLASS BOTTLES and PHIALS, assorted to suit the convenience of Purchasers, at ISAACS and SON, Medical Glass Bottle Manufacturers.—London Warehouses, 24 and 25, Francis-street, Tottenham court-road, London, W.

	s.	d.
6 and 8 oz., any shape, plain, or graduated . . . . .	8	0 per gross.
3 and 4 oz. ditto ditto . . . . .	7	6 do.
1 oz. Moulded Phials . . . . .	4	6 do.
1 oz. ditto . . . . .	5	6 do.
1 ½ oz. ditto . . . . .	6	0 do.
2 oz. ditto . . . . .	7	0 do.

NOTICE.—S. ISAACS and SON beg to inform the Medical Profession that they have REMOVED to larger premises as above, and hope to be favoured with their commands. A remittance not required till the goods are received. Packages free. Delivered free within seven miles. Post-office Orders payable to "S. Isaacs and Son," at Tottenham-court-road. Bankers: Unity Bank.



Or SACHARATED CAPSULES, approved of by the French College of Physicians, successfully administered in the Paris and London Hospitals, and acknowledged by them to be the best remedy for the cure of certain diseases. (See the "Lancet" of 6th November, 1852; "Medical Times" 10th December, 1852; a copy of which will be forwarded on application.) Price per 100, 4s. 6d.; 50, 2s. 6d.

To be had of the Inventor, GABRIEL JOZEAU, sole French Chemist, 49, Haymarket, London, whose name is printed on the Government stamp, and of all the principal Chemists of England.



## ORIGINAL LECTURES.

LECTURE ON  
NON-CONGENITAL TALIPES VALGUS.DELIVERED AT THE  
Grosvenor Place School of Medicine,  
(ADJOINING ST. GEORGE'S HOSPITAL.)By WILLIAM ADAMS, F.R.C.S.,  
Surgeon to the Royal Orthopaedic Hospital, Lecturer on Surgery  
at the Grosvenor Place School of Medicine.

GENTLEMEN,—The last lecture was devoted to the consideration of the congenital form of talipes valgus, or flat-foot, a deformity which I told you occurred both as a congenital and non-congenital affection. I will now, therefore, proceed to describe the non-congenital form of valgus. Much that has been said in the description of congenital valgus will equally apply to the non-congenital form; but although a general resemblance in the external character, and a still closer correspondence in the deviations in the relative position of the bones, exist in these two forms of the deformity, yet the non-congenital valgus is found to exist under such a great variety of circumstances, and is a deformity which gives rise to so much personal inconvenience, and, moreover, is of such frequent occurrence, that it imperatively demands the most earnest attention of the Surgeon.

EXTERNAL CHARACTERS.—The only essential external character of non-congenital valgus is a flattened condition of the longitudinal and transverse arches of the foot, from which its vulgar appellation of flat-foot, or splay-foot, is derived. The inner margin of the foot comes flatly in contact with the ground, when the weight of the body is borne upon the foot, and in severe cases without the addition of this weight; but except in severe cases of long standing, or in spasmodic cases, the outer margin of the foot is not raised as in the congenital form for this reason:—Non-congenital valgus, in its ordinary form, depends upon a passive yielding of the strong tarsal ligaments in the sole of the foot, and a feeble or over-stretched condition of the muscles; there is no active muscular contraction; the foot is, therefore, mechanically moulded into its flattened and distorted condition; but in the congenital form, the anterior part of the foot is drawn upwards and outwards, and the tuberosity of the os calcis also generally elevated, by active muscular condition, so that the outer margin is uplifted, as shown in fig. 58. The natural convexity of the instep is diminished to an extent proportionate to the flattening of the longitudinal and transverse arches. The inner malleolus is more prominent than natural, in consequence of a yielding and elongation of the deltoid ligament, and is also nearer to the ground, in consequence of the flattening of the arches of the foot; so much is this apparent, that a child with flat-foot is commonly said to “walk on the inner ankle.”

A little below and in front of the inner malleolus are two bony prominences, with a depression between them; one formed by the inner portion of the head of the astragalus, left exposed by the altered position of the navicular bone, and the other by the tuberosity of the navicular bone. The former is most conspicuous in children who, when affected with this deformity, are often said by their parents to have two ankle-bones, or supposed to be double-jointed. The foot is not only generally flattened, but is somewhat elongated, as a consequence of the sinking of the longitudinal arch, and is more or less everted; the eversion being most conspicuous when the foot is used in walking. During progression the weight is thrown on the inner margin of the foot, which, being already depressed and the foot everted, the ankle-joint is called but little into play; flexion and extension of the foot from the ankle-joint are very imperfectly performed, hence the loss of elasticity in walking particularly noticeable in the flat-footed individual.

As a consequence of the ankle-joint being thrown out of use, additional changes gradually take place, which add to the external appearances of the deformity in a late stage; structural shortening of the muscles of the calf takes place, they adapt themselves to their required length, and, as we express it, contraction of the tendo-Achillis supervenes.

Elevation of the tuberosity of the os calcis takes place, and depression of its anterior extremity, together with the head of the astragalus, to a corresponding extent; and as the anterior part of the foot, in this late stage of the deformity, has become not only more everted and forced upwards by long-continued progression, but is rigidly held in this position by the contraction or adapted shortening of the anterior and outer muscles, the result is that the natural arch of the foot is really reversed, the foot being bent upon itself, as it were, from the transverse tarsal joint, in a boat-shape or canoe-like form.

This extreme degree of distortion, however, is only met with in non-congenital cases when very severe and of long standing. I have one such case now under my care in a man who, for many years, has earned his living as a porter, carrying heavy weights, but is now quite incapacitated from following his occupation. I expect to make a perfect cure of this man, so that he may even resume his standing and carrying employment.

The influence of contraction of the tendo-Achillis in modifying the external appearances of this deformity, and the importance of recognising the transverse tarsal joint as the great centre of motion in the production of the deformity, I have particularly insisted upon in the description of congenital valgus, to which I would refer you.

Special effects of this deformity.—Talipes valgus is undoubtedly the most painful and seriously-inconvenient deformity of the foot. When even of moderate severity, it frequently deprives the sufferer of the power of walking more than a short distance, or of standing for any length of time, and therefore incapacitates him from many of the ordinary duties and occupations of life. Congenital valgus, I showed you by the tables, more frequently affects one than both feet; but non-congenital valgus more frequently affects both feet; and as it is commonly either produced, or undergoes serious increase, between the ages of 14 and 20, and occurs much more frequently in boys than girls, the effects are of the more serious consequence.

MORBID ANATOMY AND ETIOLOGY.—So far as this relates to the deviations in the relative position of the bones, and the mechanical condition of the foot, the morbid anatomy of non-congenital valgus is identical with that of the congenital form, to the description of which given in the last lecture I would therefore refer you. But I would especially impress upon you the fact, that whilst in the congenital valgus the anterior part of the foot is drawn upwards and outwards, with elevation of the outer border of the foot, by the active contraction of the muscles—at least, this I believe to be the explanation in a great majority of cases—the yielding of the plantar ligaments being a secondary phenomenon; the non-congenital form generally depends primarily and essentially upon a yielding of the ligaments which connect the tarsal bones in the plantar aspect, and normally maintain the longitudinal and transverse arches of the foot.

In the non-congenital form there is also generally, but not invariably, a co-existing muscular debility; but all the contraction of muscles, which comes on at a late period and gives to the foot much of its rigidity in the deformed position, and necessitates the division of tendons, is a secondary phenomenon, and depends upon adapted shortening of the muscles.

Non-congenital valgus, however, occurs under such a variety of circumstances, depending upon such very different causes, and the anatomical conditions of the muscles, ligaments, and other soft tissues surrounding the joint vary so much, according to the causes producing the deformity, that it would be impossible to give you a complete description of the morbid anatomy at once applicable to all these conditions. Therefore, instead of discussing the morbid anatomy and etiology separately, as we have done in treating of the other deformities, it will be better to arrange all the cases of non-congenital valgus into different classes, according to the causes producing the deformity, and to mention the anatomical peculiarities of each class.

In accordance with this plan, all the cases of non-congenital valgus appear to admit of arrangement into six classes, viz:—

1. Valgus depending upon ligamentous and muscular debility.
2. Rachitic valgus.
3. Paralytic valgus.
4. Spasmodic valgus.

## 5. Traumatic valgus.

6. Valgus consequent upon disease of the ankle-joint or surrounding tissues.

*Class 1.—Arising from Debility.*—Non-congenital valgus occurs at different periods of life, most frequently in childhood and youth, but it is of by no means uncommon occurrence in young adults.

In children we frequently see the foot turn outwards, and the arch become depressed from the superincumbent weight. A few months after they have begun to walk, and at a later period it is frequently associated with knock-knee. This condition, however, is generally recoverable, frequently without any artificial assistance, and does not pass into a persistent deformity; but if neglected, and a feeble constitutional condition remains, it may lay the foundation of a confirmed valgus.

In boys and girls, but more frequently in the former, of delicate constitution and lax fibre, between the ages of 14 and 18, when growth is rapid, flat-foot frequently becomes developed, and remains as a persistent deformity unless removed by art. In girls, the constitutional causes above mentioned more frequently predominate; but in boys circumstances arising from their occupations which, in the working classes, frequently compel them to stand from twelve to fourteen hours every day, and in addition oblige them to carry heavy weights, act even more powerfully than the constitutional causes. Every week, boys, who from this deformity are incapable of following their ordinary occupations, apply at the Orthopaedic Hospital for relief. In some cases, these boys present no indications of muscular or general debility; but then the usual history is that the feet had always been rather flat—the condition I have just described as existing in childhood never having been removed—and in consequence of some fatiguing occupation to which the boy had not been accustomed, such as waiting at coffee-houses, errand-boy, carrying out goods at butchers, bakers' or grocers' shops, standing in factories, and especially in hot rooms, the feet had become rapidly worse and painful, so that he has been obliged to leave his situation. This deformity, however, is by no means confined to the working classes, but is frequently met with among school-boys, junior city clerks, and cadets; in the latter class the drilling, marching, and carrying of guns evidently tend to produce the deformity, or more frequently to increase when it already exists in a slight degree.

In adults flat-foot frequently becomes a confirmed and persistent deformity, having generally existed in a slight degree from an earlier period, and been neglected in consequence of the absence of inconvenience—under circumstances similar to those above described, to which boys are especially subjected. I have been informed that a considerable number of policemen are annually discharged from the force in consequence of being incapacitated from their duties by flat-foot. And although great care is taken not to enlist flat-footed men into the army, soldiers are not unfrequently obliged to leave the service from this cause. Waiters at taverns are almost proverbially flat-footed.

*Class 2.—Rachitic valgus* is, at the time of its production, essentially similar to the form I have just described as depending upon ligamentous and muscular debility, but becomes of a more severe and intractable nature in consequence of alterations occurring in the form of the bones. It is always associated with rachitic curvature of the long bones, especially with the sharp, flattened, anterior curvature of the tibia and fibula in their lower and middle thirds. Rickets being an affection peculiar to childhood, rachitic valgus can only take place at this period of life, and, like the other deformities of rickets, remains as a persistent condition after the spontaneous cure of the disease and solidification of the bones. This is the only variety of non-congenital valgus in which the bones become materially altered in form, and the readiness with which the softened bones mould themselves to the distorted position of the foot, materially adds to the intractable nature of this deformity, as may be seen by examining the adult rachitic skeletons in museums. The best specimen I know of exists in the museum of the Grosvenor-place School, and was the property of my late colleague, Mr. Pilcher.

*Class 3.—Paralytic valgus.*—In that peculiar and obscure form of paralysis, which occurs only in childhood, and furnishes us with so large a proportion of all the non-congenital deformities of the foot, and which I have already described to

you under the title of Infantile Paralysis (see *Medical Times and Gazette*, December 16, 1855), you will remember that I pointed out to you, as one of its leading characteristics, the frequency with which single muscles, and groups of associated muscles become suddenly paralysed. I stated to you that the anterior tibial is sometimes the only muscle thus paralysed, and in this you will at once see the explanation of the fact that in these cases the foot becomes everted and valgus produced. Occasionally, though rarely, the tibialis posticus muscle is paralysed simultaneously with the anterior tibial muscle, and in such cases valgus is more quickly produced. Sometimes the muscles of the calf, as well as the tibiales anticus and posticus muscles are also paralysed, the extensor longus and peronei not being involved; in such cases the tuberosity of the os calcis falls down, and calcaneo-valgus is produced, a most intractable deformity. It is found, as matter of experience, that paralytic valgus very frequently co-exists with paralytic-equino-varus of the opposite foot.

*Class 4.—Spasmodic valgus.*—This is undoubtedly the rarest form of non-congenital valgus, but it does occasionally occur in the class of cases I have already described to you as *Deformities with rigid muscles* (see *Medical Times and Gazette*, October 27th, 1855), generally consequent upon fits or convulsions during teething, and this description I illustrated by a case which furnished the best marked example of spasmodic valgus I have ever seen. (See fig. 4, *Medical Times and Gazette*, November 24, 1855.) I have explained to you that spasmodic affections generally produce talipes equinus, or equino-varus, for the reason that all the muscles of the leg being affected, those of the greatest bulk, the strongest muscles, gain the ascendancy, just as in the rigor-mortis, the foot always assumes the position of equino-varus.

*Class 5.—Traumatic valgus.*—Persistent eversion of the foot is a very frequent result of injuries involving the ankle-joint and the lower extremities of the tibia and fibula, such as fractures of these bones, or fracture and dislocation combined. In its worst form I have seen it in one instance after unreduced dislocation inwards, with fracture of the fibula. In these cases, eversion of the foot from the ankle-joint is first produced, a condition different from that which I have described as essential to valgus, in which I recognise the transverse tarsal joint as the principal centre of motion. However, in these traumatic eversions of the foot, the arch gradually gives way in consequence of the weight of the body being thrown upon the inner border, and a true valgus is produced, in consequence of which the patient is sometimes unable to walk more than a very short distance, even some years after the accident.

Before leaving this class of cases, I would merely mention a very common error for the sake of correcting it. Talipes valgus is frequently supposed by the patient to have been produced by a sprain—either a sprain or rheumatism is the cause to which this deformity is most frequently assigned by the patient. No doubt a flat foot is very susceptible of slight injuries, and easily sprained; and then as rapid increase is common in boys under the circumstances of occupation, etc., above mentioned, the effect is excusably attributed to a sprain. The pain suffered really depends upon the stretching of the ligaments during the increase of the deformity.

*Class 6.—Valgus consequent upon disease of the ankle-joint, or surrounding tissues.*—Persistent eversion of the foot, which subsequently becomes flattened in the form of valgus, is a common result of rheumatic and other chronic inflammatory affections of the ankle-joint, and also of strumous abscesses in the neighbourhood of the joint, periostitis, caries or necrosis of the fibula, etc. The causes named, therefore, either directly or indirectly affect the joint in the production of the deformity, and the prognosis and treatment of such cases will vary accordingly.

(To be continued.)

**A NEW METAL.**—Mr. Joseph Jones, of Bolton-le-Moors, states that he has discovered the perfect metal sulphurium, which is of the same class as arsenicum, silver, aluminium, etc. Oxide of sulphurium is the refuse of the manufacture of sulphuric acid from brimstone, and has no commercial value; persons being paid for carting it away. In its refuse condition it has almost the specific gravity of iron, and the atoms are very fine, malleable and ductile.—*Miners' Gazette*.

## ORIGINAL COMMUNICATIONS.

## THE PHYSIOGNOMY OF INSANITY.

By JOHN CONOLLY, M.D. D.C.L.

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## No. 8.—PUERPERAL MANIA.

"The same face!" "Bring me back the same face!" Simple expressions these would seem to be, quoted by Lavater, uttered by some simple and sensitive German parent, as his only request, when taking leave of his son, who, in the morning of life, is quitting a quiet home of affection for all that awaits him in the wide world. But the simple words dwell with us, and we perceive that there is deep meaning in them. Passions, good or bad; and trials and struggles; and pain and sorrow; and Time—will all write their peculiar characters on that youthful candid face; characters which death alone, with its effacing fingers, will take away; nay, which will still for a brief period survive, and dignify or mar the immovable face of death itself.

This strange writing on the human face soon begins; and it goes on as long as intellectual and moral life lasts. The transient griefs of childhood, and even the crueler sorrows of school days, although schoolmasters have not yet learned that boys, as well as maniacs and horses, may be managed without brutality, leave no indelible traces; for the attention is at that early period easily attracted to new objects; and the imagination makes perpetual excursions in advance of present events. So, the angles of the mouth remain still level; no perpendicular wrinkles yet mark the phrenological region of individuality; and in the corners of the eyes there are yet no furrows formed by tears. The first facial impressions are those of after-study, or of premature care or premature toil, and these are as various as their causes, solemnizing the countenance of the student of truth in science or morals, or carving betwixt some lines, faint but discernible, indicating the over-worked in body and mind. For twenty years more, or even thirty, the face is the face of the mature man; the impress of important thoughts there, but the beauty of youth not gone. The painter or the sculptor may yet copy the complexion or the form and features of the face, and its full expression, so as to perpetuate the man as he was before Time began to delve his parallels in the brow. The colour of early youth may have faded, but a healthy freshness long remains; and, where the thoughts are unselfish, and the heart still pure, the joyous smile of those whose minds are yet unclouded by the shadows of coming events still irradiates the features. Manhood has succeeded, but with noble discourse of reason, and energies prompting to action; and now in the human face divine are imprinted combinations of beauty and strength, and godlike apprehension; or, on the other hand, the slowly drawn lines of creeping and engrossing selfishness and cunning and cold avarice, may begin to be detected even amid features of general beauty. Thus some men, although early withdrawn from transient life, and withering and dying ere middle age, live long enough to survive all youth's freshness of look, as well as all freshness of heart; and expire, merely lamenting that death closes some prospect of gold, or of mortal possessions and privileges: their pinched features more and more closely drawn together, as if to exclude the approach of more generous movements; and such features, so impressed, make death hideous; which naturally it is not. Mean and evil thoughts alone make it so. Canova, after a life of devotion to the Beautiful, and who so often embodied it in sculpture, which is allied to all that is sublime in poetry, was visited in the mortal hour with visions unearthly, and perhaps divine. He exclaimed, more than once,—"Anima divina e pura!"—and his features, after death, seemed to be such as we hope to meet in the "solemn troops and sweet societies" of heaven. Others of noble stamp, also, are seen prematurely, as we creatures of a day deem it, to die out uselessly; but yet seem to end their few years of promise with better retrospections, and with anticipations greater still; their fading earthly hopes catching some orient tinge beyond death's night. But, in some shape or other, when manhood has been attained, time has begun to set its indelible stamp on us all. In all who survive the period

of life, when, not consciousness, but the almanac, tells us that fifty years are passed and gone, every face, of man or woman, becomes more and more a book in which the life and thoughts are written in hieroglyphics, to be deciphered by those who have acquired skill in such reading. Almost at a glance we discern the signs and quaint shapes of habitual thoughts and occupations, of station and rank, of command or obedience, of conscious wealth, and all the varieties of broken-down respectability; of intellectual greatness and calmness, or of vain assumption, or of brazen pretension; and indeed of all the differential gradations of social and mental life, down to the worn face of ignominious toil, and to the unmistakable abjectness of nature or position, from which the eyes, even of the good and kind, turn painfully away.

In the meantime old age keeps steadily advancing, although usually considered so distant that its voice startles those who find it close at hand, and who are unwarned by failing faculties, or even by the ever-accumulating wrinkles which have curiously usurped all the face that was once so smooth and unruffled. Year after year the sculpture of age goes on. Friends who meet after forty years' separation do not recognise one another. Every subsequent twelvemonth has left its trace in some feature or another. The mouth, once a double arc, expressive of what Medical prose cannot convey, has perhaps become a stereotyped sorrow, with lines drawn down laterally from its corners. There are griefs written in the eyes which have never been expressed in words. Thousands of intersecting lines are scribbled over the cheeks, as if a thousand elves had been employed to vary them. The fairest and broadest and loftiest forehead presents ugly lines, the shabby work of daily troubles, and of those especially which fall on defenceless senility. Yet the eyes, though grief-worn, long retain something of their immortal light, still remaining lustrous and noble, when a great and good soul shines through them to the latest breath; but nevertheless twinkling cunningly and ominously, in those whose mortal sight has been ever bent on the rich, base pavement of the world.

Such are the usual footsteps and impressions of the ordinary feelings, actuating the minds of the majority of persons in their progress through the allotted years of man on this preparatory globe. But when a mind becomes not merely excited or disturbed, not merely anxious or sorrowful, or even exclusively devoted to an engrossing passion, but actually deranged in its operations, these traces of long workmanship are generally all at once and curiously modified. The wandering attention, the fragmental memory, and the wild imagination, suspend or throw into confusion all the ordinary pursuits and offices of life of the individual; and no less usurp the control of the facial muscles, in various and remarkable degrees. The same circumstances modify nearly all the voluntary muscular actions of the body, influencing the movements of the arms and legs, and producing oddities in the mode of doing common things, as well as in the adjustment of dress; so that a man's whole exterior becomes indicative of his interior commotion, or of his disordered mind. Such indications are usually obvious, and, to an observer of the infinitely diversified figures met in the streets of London, quite familiar. Oddities of appearance and of costume are there occasionally beheld, which are scarcely to be found in the orderly and well-regulated wards of modern asylums for those avowedly mad; and which, as yet, neither the novelist nor the painter have attempted to describe.

When our observation, however, is limited to the face of a lunatic in the early stages of insanity, certain modifications of natural expression are usually observed; some of them so peculiar, and some so transient, as to defy photography, and to make a verbal description of them difficult; others observable by every one who can observe at all. When a man whom we meet daily in society, or in some associated duty, is becoming maniacal, and when only occasional oddities attract the observation of his friends or of his family, his Medical adviser finds the face partially flushed, but also partially pale, and sometimes moist. The general appearance of the countenance is distressful, and a sort of tension seems to prevail, as if no facial muscle was either quiescent or acting normally. Although there is a kind of lateral traction of the cheeks, the side face looks hollow, as if the cheeks had fallen in. The forehead is seldom calm, but usually drawn up into parallel furrows; the eyebrows are commonly raised into an arched shape, or, if not, are corrugated and depressed. The

yes express a singular blending of determination with fear, and with suspicion and indecision. They have also often an unnatural brilliancy, so that in dark eyes the pupils are scarcely distinguishable. In eyes of lighter colour, where the pupils can be distinctly seen, they are, I think, generally contracted. The eyeball seems often as if tensely pushed forward by muscular action. It seems, in truth, to be generally acted upon in varying thought. The mouth is scarcely ever natural in expression; the lips are compressed, or in a state of agitation, or open. The whole head is moved frequently and quickly, in obedience to the vagrant attention, or to fancied sounds and sights, towards which the ears and eyes are in quick succession directed. It is probable that the fibres of the muscles of the scalp are not quiescent; and in many cases the hair is remarkably acted upon,—straggling, wild, and dishevelled, or disordered in mental excitement; and falling densely and flatly over the ears and eyes of the melancholic. In the early stage of maniacal excitement, now chiefly referred to, the patient is restless; and sometimes the hands are bitten, or the fingers kept in the mouth during long-continued walking, within doors or without. Now and then transient gleams pass over the whole face, of sudden anger, or of hotly-conceived revenge,—reflections from a world of delusions or of dreams. Yet all these disfigurements, occasioned by mental excitement, are generally mitigated in the chronic forms of malady; and, what seems stranger, and is certainly more striking, begin to disappear in convalescence, and may be wholly dissolved when recovery takes place; so that the beauty of faces, long masked by disorder of the mind, is found to exist still, and to re-appear, almost surprisingly, when the disorder has passed away.

It is almost more miraculous to note in the face the delivery of a free mind from temporary melancholia—than which gloomy state nothing in this world is comparable for misery and distress;—a condition outwardly manifested in immovability, a fixed attitude and look, absence of facial muscular action, or slowly falling feet, lips compressed, or moving without sound: all disappearing when the reign of cheerfulness is restored.

Among the events most largely interesting to mankind, those associated with the succession of individuals to one another are among the most prominent. One of our finest moralists has dwelt strongly on the short and imperfect life of human beings, and its insufficiency for the perfection of the ever-advancing soul, as a corroborative argument for a belief in a future state. To this brevity of existence, however, man is indebted apparently for much energy that he might be less inclined to put quickly forth, if he could look forward to two or three hundred years for the accomplishment of the schemes he forms or the ambition he cherishes. But the rapid declension to which none are utterly blind makes the thoughts turn, in all men, with unusual interest to all that promises successors of their own blood, so as to support the proud belief that they may not altogether die out. The wonderful physical changes to which, in consequence of this arrangement, the frame of the female parent is subjected during pregnancy, and in confinement, and when furnishing the only food which is adapted to sustain the new life created in the creature new born, may naturally be supposed to put the whole female constitution to severe trial. The state of the brain becomes, in many instances, seriously affected by these changes, even physically; and, as may well be imagined, by the various emotions incidental to the months in which joy, hope, anxiety, suffering, and causes of debility, must, by turns, affect the whole system. Consequently, mental disturbance not unfrequently occurs in some stage of pregnancy, or soon after delivery, or during nursing. Before delivery, the uterus seems to show its constant influence over the female mental character, an influence never to be forgotten in practice, or disregarded, by capricious modifications, sometimes of small importance. But occasionally an apprehension of danger supervenes, or fancies become exaggerated, and there is actual mental disease. The form of malady which comes on during nursing is usually that of extreme depression.

The illustrations furnished by the admirable photographs of Dr. Diamond, and skillfully copied by the engraver, to accompany this discursive paper, present various forms of expression of face, incidental to puerperal insanity. The case thus beautifully portrayed was one of those which occasion much surprise, and even alarm, in an affectionate household. A young married woman has lately become a

mother; and for some days all goes on well. The father is conscious of increased importance; the nurse is proud of the baby, and seems to consider it almost her own. But this pleasant domestic state is all at once interrupted by the altered tone, or manner, or temper of the young mother; who speaks sharply to those about her, or loses her cheerfulness, becomes indifferent to her child, and seems as if her thoughts were occupied with scenes of gaiety, or in listening to amusing conversations; adopting a levity of manner and a fantastic arrangement of her head-dress or general apparel; and seeming to be detached from her husband, and from all about her, and from everything real. This is terrible in every rank of life; among the poor it is ruinous.

In the first of the four portraits of a case of this kind, there is represented a short initial stage of dulness and apathy. The patient was very quiet, and even sullen when addressed: she remained nearly all day in one posture, her hands crossed and resting on her knees, after the manner of melancholic patients; but the countenance, it will be seen, rather expresses bewilderment than unmixed depression; the eyes are directed forward; there is no very marked drawing down of the corner of the mouth or of the chin, and there is a slight elevation of the upper part of the cheeks; altogether, rather indicative of some advancing *mania*, more agreeable than talk, or even than food; and this patient was indeed not only sullen when spoken to, but refused food, partly, perhaps, because she feared to abandon the reverie.

There was, however, a depression mingled with her reveries, arising, as it would appear, from real circumstances. She had been an industrious woman, of good character; but she and her husband were poor, and, contemplating, probably, the difficulty of providing food, and clothes, and shelter for a coming family, her husband left her, and his home, and his country, to seek employment in Australia. The sensitive wife, whose mother had been insane, became deranged and melancholic, almost as soon as her poor little child came into the world of want, in which the father was so perplexed how to provide against starvation. But in a few days the memory of real events died away, and the malady assumed the form most generally seen after delivery. All the harassing troubles of life were forgotten, and husband and baby and her lonely home. The second portrait was taken eight days after the first. Her features were then not only lively, but cheerful: the mouth is drawn out laterally, the nostrils are expanded, and the lively eyes, the elevated eyebrows, and the merry cheeks and chin are felicitously rendered in the plate. She still sits with her hands crossed, and resting on her knee; but she looks as if she might easily be persuaded to get up and dance. She was, indeed, generally singing; she tore her clothes out of an excess of animal spirits; and she now took food, not only willingly but voraciously.

In about six weeks from the commencement of the malady, a great change took place, and recovery seemed to commence. She became quite comfortable, and was employed in needle-work; but had a somewhat impatient desire to go away from the asylum. At this time the third portrait was taken. She is seen standing up, and neatly dressed. Her face has lost its broad merriment; but there is a tension of the facial muscles, which prevents the experienced Physician from concluding that all the malady has yet passed away. Perfect muscular composure has not yet been established. In accordance with these prognostics, in a fortnight afterward she relapsed into the state of drollery and destructiveness portrayed in the second portrait. Happily, the relapse was only temporary, and in ten days more she was again industrious, and quite tranquil. From this time she remained so; and when her recovery was confirmed by a month of two more of observation, which the relapse had made advisable, she left the asylum quite well,—an event commemorated by the fourth portrait, wherein she is represented in bonnet and shawl, with composed features and pleasant honest face, animated still, but no longer excited; her general appearance indicating the restoration of the health and strength to be sufficiently called upon in the undertaking now meditated, of taking out her baby and rejoining her poor husband in Australia.

These four portraits were, I believe, the first attempts of Dr. Diamond to delineate, by photography, the progressive changes in the countenance in mental disease. They appear to me to be singularly valuable, even in an artistic point of view; and they certainly teach the medical observer more



forcibly than words. Repeated contemplation of them reveals several curious particularities which it is scarcely necessary to dwell upon. The disposition of the hair, dishevelled and starting away, as it were, from the head, in the first and second portrait; its quiet state in the third, and its neat arrangement in the fourth, illustrate observations already made. The somewhat wrinkled forehead, and the compressed eyebrows, in the first portrait, the uplifting of the frontal muscle and eyebrows in the second, may also be usefully compared by the medical student with the subsequent changes represented. After her voyage to the other side of the world, and at the joyful meeting of this poor family, it is to be hoped, therefore, that the recovered mother will carry back to her husband the face familiar to him in happier days—"the same face."

## ON THE USE OF METALLIC SUTURES AND METALLIC LIGATURES IN SURGICAL WOUNDS AND OPERATIONS.

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(Continued from page 574.)

### PART II.—RELATION OF LIVING STRUCTURES TO METALLIC AND ORGANIC FOREIGN BODIES.

IN pursuing the study of metallic as compared with organic surgical threads, there are two general laws in Surgical pathology which it seems necessary to consider before we can fully understand the relative advantages and disadvantages of these two forms of surgical sutures or ligatures. The two laws to which I allude have hitherto attracted very little attention from Surgeons. They refer to the comparative passiveness of living tissues to the presence and contact of metallic materials, and their excitability and irritation, on the other hand, under the presence and contact of foreign organic bodies derived from the vegetable or animal kingdoms.

#### LAW OF TOLERANCE OF LIVING STRUCTURES FOR THE PRESENCE OF FOREIGN METALLIC BODIES.

Metallic bodies, when lodged and imbedded without much mechanical contusion or injury in living tissues, produce comparatively little or no irritation by their presence; and if inflammation is excited by their contact, that inflammation is usually limited to the first or adhesive stage, and does not progress onwards to the higher stages or terminations of suppuration and ulceration.

In corroboration of this important general law, let me adduce some individual instances in evidence.

In the lower animals, when a portion of metal is placed in the subcutaneous tissues, and the external wound is closed over it, the foreign body becomes imbedded and fixed in its site, without leading to the production of suppuration and ulceration in the tissues in contact with it. With a view of testing this fact, I had placed deeply in the back and sides of a pig small pieces of gold, silver, copper, lead, and iron. We found no pus effused around these metallic bodies, when the wounds were opened and carefully examined six days subsequently. Around the pieces of gold, lead, and copper there was a thickish layer of coagulable lymph or fibrine, making as it were a complete cast of the foreign body; but showing under the microscope nothing but exudation corpuscles, and granules. Around the pieces of silver and iron there was no such distinct appearance of an incipient cyst (a); for the portions of metal seemed to be closely embraced by the surrounding tissues, with little or no adhesive exudation between their contiguous surfaces. In some experiments which Mr. Syme made several years ago upon the dog, with the view of ascertaining whether or not the periosteum could throw out bone upon its internal surface, he introduced between the radius and its periosteum a thin plate of metal, using, I believe, lead for the purpose; and the superficial parts were found to heal "kindly" over and around this foreign body, apparently without any tendency whatever to

suppuration or ulceration. . . . He exposed the radius in another experiment, cut away the periosteum, and surrounded the denuded bone with a piece of metal. At the end of six weeks he found a thick, rough capsule formed, enclosing the metallic plate (b).

But the law holds equally good, that metallic bodies may be lodged within the living tissues of the human body without creating any considerable amount of irritative reaction.

It is a well-known fact in military surgery that in gunshot wounds, after the immediate effects, in the way of contusion and injury, resulting from the mechanical force of the ball, have passed away, the metallic ball itself may lodge in the tissues of the body for months or years with impunity; more especially if the internal vital organs are not touched by it (c).

Since commencing these inquiries I have had reported to me, by my Medical and other friends, several instances in which bullets have remained lodged within the bodies of officers and soldiers still living, and who received them at Waterloo and in the Peninsular War, forty years ago, and upwards. One of the oldest and greatest of military surgeons, Ambrose Paré, when speaking on this subject, remarks:—"Lead Bullets (says he) lye in some parts of the body some whiles seaven, eight, or more yeares, so that they neither hinder the agglutination of the wound, neither doth any other symptome happen thereupon, as I have diverse times observed; untill at length by the strength of nature forcing them, and their proper weightines bearing them downwards, they shew themselves in some lower part, by their swelling or bunching forth, so that they must be taken forth by the hand of the Chirurgion. For they say Lead hath a certaine sympathy and familiarity with man's body, chiefly the fleshy parts thereof. Wherefore it neither putrefies it selfe nor causeth the flesh to putrefie; besides it hath an excellent faculty in cicatrizing old ulcers (d)."

To the same effect, in his essay on gunshot wounds, the celebrated John Hunter, when speaking of the practice of leaving the ball, and not dilating the gunshot wound on that account, observes, "This practice has arisen from experience; for it was found that balls, when obliged to be left, seldom or ever did any harm when at rest, and when not in a vital part; for balls have been known to lie in the body for years, and are often never found at all, and yet the person has found no inconvenience. This knowledge of the want of power in balls to promote inflammation when left in the body arose from the difficulty of finding them, or extracting them when found, and therefore in many cases they were obliged to leave them (e)."

It would be easy to adduce evidence of the same kind from the works of other and later Military Surgeons, as John Bell (f), Guthrie (g), B. Cooper (h), etc., but additional proof is perhaps superfluous, as the fact is one generally acknowledged in Surgical pathology.

Seeing thus that musket-balls may remain lodged without irritation or inconvenience, in contact with the structures of the living body, it is scarcely necessary to add,—what the experience of almost every Surgeon can corroborate,—that leaden pellets and small shot do often in the same way lie imbedded for years beneath the skin, or more deeply in the living structures.

In these cases of leaden bullets and pellets lodged for any length of time, the surrounding soft tissues, or a special cyst, embrace and hold firm the enclosed foreign body.

(b) Transactions of the Royal Society of Edinburgh for 1840, vol. xiv. p. 102.

(c) Sometimes, however, "balls (observes Professor Traill) have been lodged in various parts of the body, even in the chest, or the heart itself, for years, without causing death."—Outlines of Medical Jurisprudence, p. 87.

(d) English edition of Ambrose Paré's Works, p. 429.

(e) Hunter's Works by Palmer, vol. iii. p. 555.

(f) Discourse on the Nature and Cure of Wounds, p. 206. "A ball (says Mr. Bell) often lies without danger buried in the flesh for years or for life."

(g) Treatise on Gunshot Wounds, 1820. "When (Mr. Guthrie remarks) a ball has been lodged for years, we find that a membranous kind of sac is formed around it, which shuts it in as it were from all communication with the surrounding parts, and in some instances it seems to do so, and the patient suffers no sort of inconvenience from its retention."—P. 96.

(h) Principles and Practice of Surgery, p. 28. "It is not (Mr. Cooper observes) a matter of so much importance as might be supposed, that the ball should be extracted, as there are very many instances of persons in whom a ball has remained without producing any ill effect by its presence."

(a) In a later experiment I have seen a cyst formed around an angulated piece of bright steel.

"When (observes Mr. Guthrie) (i) a ball has been lodged for years, a membranous kind of sac is formed around it, which shuts it in, as it were, from all communication with the surrounding parts. If it should become necessary to extract a ball which has been lodged in this manner, the membranous sac will often be found to adhere so strongly to the ball that it cannot be got out without great difficulty, and sometimes not without cutting out a portion of the adhering sac." In an old patient, who had been affected more than once with syphilis, Morgagni found on dissection a leaden pistol-bullet, which had been lodged in his thigh thirty years before death. "There was," he adds, "a cyst or membranous follicle about that bullet, with which it was straightly inclosed all round" (k).

Flat pieces of lead may lie imbedded in the tissues of the human body, with apparently similar impunity to round bullets and pellets. Mr. Samuel Cooper quotes a remarkable example of this kind from M. Bordier, that happened at Pondicherry:—"An Indian soldier (says Mr. Cooper), angry with his wife, killed her and attempted to destroy himself, by giving himself a wound with a broad kind of dagger in the abdomen, so as to cause a protrusion of the bowels. A doctor of the country being sent for, dissected between the muscles and skin, and introduced a thin piece of lead, which kept up the bowels. The wound soon healed up, the lead having produced no inconvenience. The man was afterwards hanged, and M. Bordier, when the body was opened, assured himself more particularly of the fact" (l).

The instances which I have already cited refer only to lead, or lead and some of its alloys, lying in contact with the living tissues. And some authors, indeed, imagine that this negative property of harmlessness belongs, among the metals, to lead alone. "Bullets of stone (remarks Ambrose Paré) (m), Iron, and of any other metallic (than lead are of another nature, for they cannot remain any long time in the body without hurt; for iron will grow rusty, and so corrode the neighbouring bodies, and bring other malignant symptoms." But the evidence of other metals remaining harmlessly imbedded in living tissues, or passing harmlessly through them, is equally strong. Needles, for example, may, as is well known to Surgeons, long remain imbedded in the living tissues with little or no inconvenience. Even when they travel about from part to part from pressure of the muscles, etc. acting mechanically on one or other of their extremities, they produce little irritation in the course of their transit (n). "If foreign bodies, (says John Hunter) are such as can be made to change their situation by the action of the body upon them, such as pins or needles, or from gravity, as is the case sometimes with bullets, then the parts through which they pass seem not to be much altered or disturbed (o)."

Various other metals, or combinations of metals, besides lead and iron, possess the same negative property of harmlessness; and, indeed, this principle has been taken advantage of in the religious and other rites of some nations. Thus the Rev. Howard Malcolm, in his account of the religion of the Burmese, states: "Amulets and charms are worn by both sexes, but not by a large number, as among Hindus. One of these, common among military men, is the insertion of pieces of gold, or other metal, under the skin of the arm, between the elbow and shoulder. I was allowed," Mr. Malcolm adds, "by one of the Christians at Ava, to take from his arm several of these. They are of gold, inscribed with cabalistic letters" (p). Some of the Burmese warriors are, observes Captain Yule, in his late work on Burmah, said to retain the practice "of inserting a piece of metal under the flesh to make themselves invulnerable" (q).

Accident is frequently furnishing us with examples of the same law of tolerance of the living tissues for foreign metallic

bodies, and that under conditions where two metals are united. For instance, our common tinned iron pins often enough become accidentally lodged in the external tissues of the body, or are swallowed and even traverse different parts of the body without showing much irritation or inflammation along their tract. "In the cattle which feed in bleaching fields, there is not (observes Mr. Hunter) one of these killed without having their stomachs, etc. stuffed full of pins, and no seeming inconvenience takes place, for they appear to be healthy, and fatten as readily as other cattle" (r). Among "the cases that have occurred of persons swallowing pins, needles, etc. they have (says Mr. Hunter) been found to travel almost over the whole body, without producing any effect except in some situations exciting some sensations." Mr. Hunter, in the chapter from which I have made these quotations, is inclined to argue that the same material which will produce little or no irritation, or at the most only adhesive inflammation in the deeper parts of the body, will more and more readily induce suppuration as it approaches the external or cutaneous surface, "internal parts (to use his own words) assuming the suppurative inflammation more readily than the internal,"—p. 288. Hence he would expect an abscess to form around a bullet, pin, or needle lodged immediately beneath the skin, although the same bodies would excite no such inflammatory reaction when they were lodged in the deeper structures of the body. But suppuration does not by any means always, or indeed frequently attend the approach of metallic bodies to the surface; pins, needles, and bullets are often extracted by a slight incision through the skin, without a vestige of pus being traceable around them; and when they do, as, indeed, sometimes happens, lead to suppuration, when lodged superficially and subcutaneously, the inflammatory or suppurative action is generally, if not always, the result of compression and damage of the soft tissues lying around the foreign body, these soft tissues being, as the foreign body approaches the external surface, always liable to be contused and injured by every form of accidental outward pressure that impinges upon that surface. In fact, in the harmlessness of acupuncture needles, and, latterly, in the perfect innocuousness of metallic stitches, we have abundant evidence that metallic bodies produce, *per se*, as little irritation when lodged in the skin and mucous membrane, as they do when they are lodged in any of the deeper structures of the body. And, no doubt, Mr. Hunter was far more correct when he observed, "it is probable that these cases of pins, etc., owe their want of power in producing suppuration, not entirely to situation, but, in some degree, to the nature of the substance, METALS, perhaps, not having the power of irritation (inflammation) beyond the adhesive, for when the adhesive has taken place, the part appears to be satisfied" (s).

This great and important practical law of the tolerance of living structures for the presence and contact of pure metallic bodies has been fully expressed by an anonymous writer in the *Edinburgh Medical and Surgical Journal* for 1827 (t). The observations which this writer made thirty years ago are so apposite to the present inquiry, that I need make no apology for quoting them in full. "It is a remarkable circumstance (says he) that the acupuncture needles never cause inflammation in their neighbourhood. If they are rudely handled, or ruffled by the clothes of the patient, they may produce a little irritation; but if they are properly secured and protected, they may be left in the body for an indefinite length of time, without causing any of the effects which usually arise from the presence of foreign bodies. In one of M. Cloquet's patients they were left in the temples for eighteen days; and in cases in which needles have been swallowed, they have remained without causing inflammation for a much longer period. It appears probable, from the facts collected on the subject, that metallic bodies may remain imbedded in the animal tissues without being productive of injury; and that the property of irritating and inflaming by mechanical contact belongs only to those bodies which are non-conductors of electricity. But farther experiments are required to substantiate this curious and important law."

The author of the preceding paragraph, though right in his generalisation, is no doubt wrong in his explanation of the

(i) Commentaries on the Surgery of the War, etc., 1868, p. 84.

(k) Seats and Causes of Diseases (Alexander's Translation), vol. i. p. 862.

(l) Cooper's Surgical Dictionary, p. 611; and Journal de Médecine, vol. xxvi. p. 538.

(m) English Edition of Paré's Surgery, p. 249.

(n) Let me here, though in anticipation of the sequel, state, in answer to various inquiries, that at present I believe that iron wire or iron thread, such as No. 30 of the wire-maker's gauge, will be found the cheapest, strongest, and perhaps altogether the best metallic thread, both for surgical sutures and ligatures.

(o) Hunter's Works, vol. iii. p. 187.

(p) Travels in South-Eastern Asia, etc., vol. i. p. 307.

(q) Narrative of the Mission to the Courts of Ava in 1855, p. 298.

(r) Hunter's Works, vol. iii. p. 282.

(s) Hunter's Works by Palmer, vol. iii. p. 288.

(t) See the Review of the Essays of Cloquet, Sarlandiere, Palletan, Pouillet, Carraro, and Dantou de Vannes, in the Edinburgh Medical and Surgical Journal, vol. xxvii. p. 197.



facts. Other inorganic bodies, besides the metals, may be lodged with impunity in living tissues; and this, too, though they are non-conductors of electricity. Small pieces of glass, for example, occasionally remain long imbedded in the body in the same way as pieces of metal do. Mr. Hunter, indeed, points out this fact specially (u). A medical friend of mine has a small piece of glass imbedded in his lip, which has remained there with impunity for upwards of twelve years. I have heard of two or three cases of small pieces of glass lying quietly in the structures of the hand for long periods. An eminent surgeon had for twenty or more years a small piece of coal lying without inconvenience beneath the skin of the leg; and the small particles of carbon left by the explosion of gunpowder and by tattooing are well known to remain in the cutaneous tissues for a long lifetime without producing any irritation or disturbance. The Burmese, according to Mr. Malcolm, bury and carry not only gold, but also "sometimes small gems" under the skin of their arms (v). In fact, there seems to be a law of tolerance more general than the passiveness of living tissues to the presence in them of metallic bodies; this higher and more comprehensive law apparently being that living structures may endure with impunity the presence of inorganic, and even of dense organic materials, provided they are not porous and capable of absorbing and retaining within them the secretions which are thrown out around them.

Before closing these observations on the tolerance of living tissues for metallic bodies, let me add, that in this as in many other instances, when once a general principle is established, we often find that it will serve us as a clue to the explanation of facts of an equivocal character already alleged, but which from their very strangeness, and previous inexplicability, were still regarded with doubt by some minds. For example, we have already seen that one old mode of attempting the radical cure of inguinal hernia was by the "golden stitch," or by encircling the neck of the hernial sac with a permanent gold wire, which wire was left imbedded in situ, and the wound closed over it. The past history of surgery shows that this practice was followed as far as the safety and life of the patient were concerned, with a degree of frequency and impunity which was startling under our modern pathological ideas of the facility with which injuries and wounds of the peritoneum run on to dangerous degrees of inflammation and death (w). In the same way these ideas have again been upset in modern days by the new mode of radical cure for inguinal hernia introduced by Wurtzer, Rothmund, Spencer Wells, and other Surgeons, and which essentially consists in infibulating the hernial sac, and placing and keeping for several continuous days a stitch through this inverted portion of the peritoneal sac. We have proof of the innocuousness of this method of operating in the fact that Rothmund has, it appears, practised the operation now upwards of one thousand times without losing a patient, or seeing one case of fatal peritonitis excited by this prolonged puncture and transfixion of the peritoneum. In all probability the explanation of the comparative safety of both these modes of radical cure of hernia is simply this:—the thread or needle used is metallic, and hence, in accordance with the general law which we have been considering, inflammation is excited by the metallic thread or metallic pin only up to the degree or stage of adhesion. If a

silken thread is used for the purpose, then, as shown indeed by the result of Gerdy's experience upon the radical cure of inguinal hernia, the same operation comes to be attended by a higher and far more dangerous degree of inflammatory action (x).

#### LAW OF NON-TOLERANCE OF LIVING TISSUES FOR THE PRESENCE OF DEAD FOREIGN ORGANIC BODIES.

When foreign dead (y) organic bodies, belonging either to the animal or vegetable kingdom, are lodged or imbedded in the living tissues, they, as a general law, speedily produce morbid irritation and excitement, and a degree of inflammation which soon terminates in suppuration and ulceration.

In experiments upon the lower animals, pieces of lint-cloth, etc., lodged in the cellular tissue, etc., excite suppuration, inflammation, when portions of metal of equal size, lodged in their neighbourhood, and at the same depth excite only adhesive inflammation.

Foreign or dead organic substances are sometimes found lodging in and complicating wounds in the human subject, particularly gunshot wounds.

The walls of a gunshot wound along its tract through the soft tissues of the body are often to a greater or less extent killed by the force and blow of the ball, and consequently slough. Whenever a portion of soft tissue is in this way deprived of vitality, and becomes a dead organic substance, it excites in the contiguous living structures suppurative and ulcerative inflammation to such a degree as is necessary for the disjunction and elimination of the dead organic tissue.

When any portion of the soft tissue dies or sphacelates from any other cause, mechanical or morbid, it gives rise in the same way for its separation and removal to suppurative and ulcerative inflammation in the contiguous living structures.

The same law holds true in regard to a piece of dead or necrosed bone. Suppurative and ulcerative action is set up in the living tissues around it. When a piece or splinter of bone is struck completely off by a gunshot wound, the lodgment of this separated fragment of bone prevents, sometimes for a long period, the wound from closing, and keeps up constant morbid irritation and suppuration by its presence.

Pieces of cloth are occasionally lodged in the structures of the human body by gunshot wounds, the ball carrying before it and with it portions of dress, etc. The law of the non-tolerance of living tissues for the presence of foreign organic bodies, is strongly illustrated by the irritation and suppuration to which such imbedded portions of cloth give rise. The fact is one well known in military Surgery, and is alluded to by various authors. Thus, for example, Mr. John Bell, in his "Discourses upon Wounds," when treating of the circumstances which may impede the healing of a gunshot wound, specially points out, that, as a cause of its slow cure and of its continuous irritation and suppuration, "there may remain some foreign body within the wound; now," he continues, "a ball never produces these; a broken and corrupted bone would presently be known by the black colour and fetid smell of the discharge; and if the slow healing of the wound is known to proceed from neither of these causes, then most likely it arises from some piece of cloth which has passed in along with the ball" (z).

In the practice of his profession, the Surgeon often takes advantage of the same law; for when he wishes the sides of any artificial wound or opening which he has made not to adhere, he knows he can effect this purpose by lodging between the walls of the wound a piece of charpie, or other foreign body; and he is further certain, by maintaining the foreign body in this position for a few days, that suppuration in the walls of the wound will be excited by its presence.

A very small and minute fragment of dead animal or vegetable substance is sufficient, in accordance with this law, to excite suppuration in the living tissues among which it is lodged. Several years ago various eminent surgeons tried for a time the practice of cutting off both the ends of the ligatures with which they had tied vessels in amputations and other operations. The quantity of organic ligature required to be thus left buried in the closed wound around each deligated vessel

(u) Loc. cit. p. 288. After speaking of "metals perhaps not having the power of irritation beyond the adhesive," Mr. Hunter observes:—"This appears also to be the case with the introduction of glass, even in superficial parts: a piece of glass shall enter the skin just deep enough to bury itself; inflammation shall come on; the wound in the skin if brought together shall heal by the first intention; and the inflammation shall not exceed the adhesive, but rather degenerate into the disposition to form a sac, by which means a sac is formed around the glass, and no disturbance is given to the irritability of the parts. This was the case with Mr. Knight, Apothecary, who had a piece of glass three-fourths of an inch long run into the palm of his hand, and remained there for ten weeks, without any further inconvenience than retarding the motion of the hand, and sometimes giving a pricking pain when the sac was made to press upon the points of glass; this insensibility, however, arises from a sac being formed with such properties, but it cannot be assigned as a cause in the case of bodies moving as pins."

(v) Travels in Asia, vol. i. p. 307.

(w) In describing this old method for the radical cure of hernia, Purmann, for example, remarks, in reference to the frequency and comparative safety of the operation: "The famous and excellent operator at Leyden, Schmalzdus, was so expert at it, that you could perceive how he performed it without a diligent circumspection; yes, I verily believe, he could have cut fifteen patients in an hour's time, if he had so many. When I was there he cut but six in an hour, all which succeeded; but then he took more time than ordinary."—*Chirurgia Curiosa*, Book II. chap. 13, p. 161.

(x) See Mr. Spencer Wells's paper "On the Radical Cure of Inguinal Hernia," in the *Dublin Journal of Medical Science* for May 1858.

(y) We shall afterwards see that living organic bodies, as imbedded into, do not, while living, give rise by their presence to suppurative or ulcerative inflammation.

(z) Discourses on the Nature and Cure of Wounds, p. 203.

was extremely small. Mr. Lawrence calculated that the loop of silk thus left around each artery was, perhaps, not heavier than one-fiftieth of a grain; and the weight of flax or hemp thread required was not much more (aa). But though this vestige of foreign organic matter is not generally sufficient to prevent the union of the wound by the first intention, yet the practice has latterly been almost entirely given up by surgeons because they found that, as a general law, this minute fragment of organic ligature thus left imbedded in the wound became inclosed in a small abscess, and by its presence gave rise to a slow process of suppuration and ulceration, by which the ligature was ultimately carried out, and discharged from the surface of the body. "By some both ends (says Professor Miller) are cut away; in the belief that adhesion is thus favoured throughout the line of wound, as doubtless it is; and in the hope that the noose will become encysted, and give no further annoyance—as certainly will not happen. Adhesion under such circumstances is a misfortune; for the noose and its contained slough are to all intents and purposes foreign matter; as such their presence will be resented by the surrounding living textures; and as such they will be extruded by suppuration. Sooner or later—often after cure has apparently been completed—deep abscess forms painfully and slowly, having approached the surface, pus is discharged, and with it, its cause, the noose. Not until this latter has been put forth will the pain and discharge cease (bb).

Long organic ligatures of silk or thread, thrown around bleeding vessels, and left hanging out of surgical wounds, keep up in the same manner by their presence and contact a continuous process of suppuration along their tract; and at the point of deligation the tied artery is cut through by ulceration, before the ligature becomes separated and removed.

Organic sutures formed as suture-threads have hitherto been of silk, flax, or hemp, act in accordance with the same general law of the non-tolerance of living tissue for foreign organic substances, and when left for a short time, always at last excite suppuration and ulceration by their presence.

Indeed the common organic sutures hitherto used by Surgeons do thus so often prove noxious centres and sources of irritation in the lips of wounds as to have led, repeatedly, in the past history of surgery, to their more or less partial or complete rejection from practice. Above a century ago the published observations of Pibrac and Louis led, for a time, to the almost total discontinuance of sutures in closing and keeping in apposition the lips of wounds, whilst the same object was attempted to be obtained principally or entirely by the aid of position, plasters, and bandages. The best Surgeons of modern times, while returning again to the moderate use of silk and similar sutures, have very generally acknowledged the irritating and unhappy effects occasionally produced by them, particularly when too long detained. Thus the late Professor Samuel Cooper, in the last edition of a work that was long regarded as a standard exposition of English Surgery, remarks, that it must be allowed that the cause of some wounds not uniting, "is entirely ascribable to the irritation occasioned by the sutures themselves."

"Since (he observes) the sutures *always* act as extraneous bodies in the exciting more or less inflammation and suppuration round them, there can be no doubt that their employment is invariably wrong, whenever the sides of a wound can be maintained in contact by less irritating means, with equal steadiness and security. For what is it that generally counteracts the wishes of the Surgeon, and renders his attempts to make the opposite surfaces of wounds grow together unavailing? Is not the general cause too high a degree of inflammation, which necessarily ends in suppuration? Are not sutures likely to augment inflammation both by the additional wounds of the needles, and the still more pernicious irritation of the threads, which always act as foreign bodies, sometimes producing not merely an increase of the inflammation and suppuration in their tract, but frequently ulceration or sloughing of the parts; and, in particular constitutions, an extensive erysipelatous redness. More wounds are

hindered from uniting by sutures than such as are healed by them" (cc).

Or let me quote on this point the Author of the last work on Surgery published in this country:—

"Sutures (says Professor Pirrie) should not be employed when it is possible to maintain steady apposition without them. During the first day or two, and before they have cut their way by ulceration through the skin, they certainly act more powerfully than plasters in maintaining coaptation—one of the essentials for obtaining adhesion; but they also irritate much more, and, if not speedily removed, excite, at least in their immediate vicinity, sufficient inflammation to lead to ulceration, preparatory to their spontaneous extrusion, and the vascular action thus set up in one part of a wound, may extend so far as materially to interfere with or prevent adhesion. Even under the most favourable circumstances, a slight suppuration seldom fails to follow in the track of each stitch; and though, when the action stops here, the general healing of the wound may not be retarded, still the greater marking of the cicatrix, at each of these points, is an additional reason for avoiding their employment, when possible, especially on exposed parts (dd). Sutures, then (concludes Dr. Pirrie), are to be employed when there is difficulty in keeping the parts satisfactorily in contact by means of plasters; but they should be as few and far between as consists with the attainment of their immediate object."

In short, Professor Pirrie, like many other eminent Surgeons, holds with Mr. Hunter, that plasters have an advantage over stitches, by not inflaming the parts over which they are applied; "and (to use Mr. Hunter's own words) by neither producing in them suppuration or ulceration, which stitches always do." (P. 267.)

#### EXCEPTIONS TO THE TWO PRECEDING LAWS IN SURGICAL PATHOLOGY.

In pathology there are many general, but few or no universal laws. The two preceding general laws, like all other general laws in medicine, are liable to more or fewer exceptions, apparent or real. To understand the full practical value of these two laws or principles, let me here state one or two of the more important exceptions to them.

1. The presence of metallic bodies or threads is liable—like the presence of organic bodies or threads—to produce in living tissues absorption, with the formation of pus—or, in other words, suppuration and ulceration—provided it is combined with strong constriction of, or strong pressure upon these tissues. In fact, Surgeons have used, as we have already seen, metallic threads in this way, to produce by firm and forced constriction rapid ulcerative absorption in dividing the necks of polypi, or the solid walls of a fistula &c. &c. Here it might seem as if the metallic material excited by its presence, not adhesive, but suppurative and ulcerative inflammation. But this exception to the general law of the tolerance of living tissues for metallic bodies is more apparent than real. For the truth is that the resulting rapid absorption and absorption in these instances are the result of the more strong mechanical constriction and pressure of the living tissues, and quite independent of the agent or material, by which that constriction and pressure are produced. The effect would equally follow, whether the ligatures were organic or inorganic, provided only the physical amount of constriction and pressure made by them upon the involved living tissues were sufficient in degree. But the observation becomes important in another point of view. For it shows us that we must not expect metallic, any more than organic suture-threads, to remain quite free from any chances of suppuration and ulceration in their courses or tracks, provided they are so placed in a wound as to drag and press greatly upon the included tissues. The living tissues will only in general tolerate, without suppuration or ulceration, metallic threads, on the condition that they are so placed and so adjusted as not to produce unnecessarily strong tension and traction upon the structures through which they pass.

2. Though in surgery organic threads and ligatures, as a general law, speedily produce, by their presence, suppuration and ulceration in tissues in contact with them, yet there occasionally occur in practice exceptions, real or apparent, to

(aa) "A portion," says Mr. Lawrence, "sufficient to tie a large artery, when the ends are thus cut off, weighs between 1-50th and 1-60th of a grain; a similar portion of the thickest kind I have tried weighs 1-20th of a grain, and of the slenderest 1-100th. These ligatures do not interfere with the process of adhesion."—*Medico-Chirurgical Transactions*, vol. vi. p. 103.

(bb) Miller's Principles of Surgery, p. 362.

(cc) Cooper's Surgical Dictionary, Article "Sutures," p. 1811.

(dd) Principles and Practice of Surgery, by Professor Pirrie, of Aberdeen, p. 64.

this common principle in surgical pathology. Sometimes, though very rarely, an effusion of coagulable lymph only, and not of pus, is thrown out around the organic threads, or, in other words, its presence for five or six days, or longer, excites only adhesive, and not, as usual, suppurative and ulcerative inflammation. Again, sometimes another result is seen, viz. that when silk or flax threads and ligatures are left in the living structures for weeks or months, they in the first instance excite, as usual, more or less suppuration and ulceration in the tissues immediately in contact with them; but after a time the secretion of pus ceases, the included portion of thread becomes dried and rigid, like a non-porous, inorganic material, and subsequently becomes fixed in its site by effused coagulable lymph and granulations. I have repeatedly seen this series of changes in watching the effects of sutures in the lower animals; sometimes with one loop of suture thread remaining moist and the centre of a purulent collection, and a contiguous thread dried, stiffened, and fixed *in situ* by coagulable lymph and granulations. Similar examples occasionally occur in the human subject. Last year, in a case of complete and extensive laceration of the perineum, I brought the edges of the rent together an hour or two after delivery, by the usual deep quilled suture, and by some superficial stitches in the skin of the perineum, and the mucous surface of the vagina. Three days afterwards, the patient's Medical attendant removed the quilled suture, and the superficial cutaneous stitches; and the reunion of the parts was found complete. I did not see the patient from the day of operating, till three months afterwards, when I was asked to ascertain if there was anything wrong in the vagina. In the posterior wall of the vagina, in the site of the previous laceration, I found, still *in situ*, the two silk stitches, that had been used to bring the mucous walls of the rent into apposition, but which had escaped notice when the other threads were withdrawn. The embedded loops were dry and arid, and their sites marked by an accumulation of granulations.

Such exceptions, however, by their rarity only, prove the extent, and importance of the very law of which they thus form occasional variations.

(To be continued.)

## CASE OF PUERPERAL PERITONITIS,

TERMINATING IN THE FORMATION OF PELVIC ABSCESS

—RECOVERY.

BY HUGH CROSKERY, L.R.C.S.I.,

Late Assistant-Surgeon, R.N.

Charlotte Richards, a respectable coloured woman, aged 40, was attacked with Puerperal Peritonitis nine days after having given birth to her seventh child. When sent for two days afterwards, I found her in the following condition:—pulse 120, small, and unnaturally feeble; countenance expressive of great suffering; skin clammy; abdomen tense, swollen and excessively painful to the touch, especially over the right iliac region; milk scanty; urine high-coloured, and passed with difficulty; and the lochial discharge altogether arrested. The patient lay on her back, with her feet drawn up almost to the hips, and the slightest pressure over the abdomen could not be endured. As the time for the free and full use of the lancet had gone by, and leeches were not to be had, although I sent forty-five miles for them, the following treatment was adopted:—Flannels wrung out of hot water and sprinkled with turpentine were continually applied over the abdomen; ten grains of calomel and thirty grains of jalap were at once administered, and followed up two hours afterwards with a dose of compound infusion of senna; and after the bowels had been unloaded of a large quantity of offensive matter, three grains of calomel, and a third of a grain of opium were given every two hours. On the day following I found the symptoms very much mitigated. My patient had some sleep during the night, and was now lying on her side, which latter was in itself a good symptom; and the abdomen, although the pain was more diffused, was much less tender to the touch. I now ordered a blister the size of the hand to be placed over the right iliac region, and the blistered surface to be dressed with mild mercurial ointment; the calomel and opium to be continued, and the mixture as follows:—℞. carbonatis ammoniæ ʒi. spt. ætheris nit. ʒv., tinct., hyo-

scyami ʒii. mixturæ camphoræ ad uncias decem. misce et. ft. mistura; coch. mag. tertius horis. This treatment was persevered in for the next forty-eight hours; the patient had in the meantime intervals of comfortable repose, and when pytalism had been properly established, the abdominal tenderness ceased, the secretions became more natural, and there was, in fact, a relief to all the symptoms. She was ordered to continue the calomel and opium night and morning, but feeling herself so much better, she disobeyed orders, and discontinued it, and the consequence was, that the abdominal tenderness returned, and the disease assumed a chronic character. The mouth was again touched, hot fomentations were applied to the abdomen, and opiates given to relieve pain. A hard round tumour could be distinctly felt in the right iliac and hypogastric regions, and the least pressure in this situation caused excessive suffering. She made urine freely, and the passing of a catheter showed that there was no distention of the bladder. There was constant hiccup; the pulse was small, rapid, and feeble; skin clammy; tongue dry and furred; respiration hurried and thoracic; appetite bad. Three drachms each of tincture of opium and sulphuric æther were now added to her mixture, and besides this, she took about eight ounces of wine in arrowroot during the day. I was now convinced, from the firmness of the swelling before alluded to, its increasing size, and the absence of fever, that a pelvic abscess had formed, and I waited the result with some anxiety. My diagnosis turned out to be a correct one, for in the course of a fortnight—during which time the extreme torture from which she suffered was, to a certain extent, relieved by the exhibition of powerful opiates, and the application of soothing poultices over the seat of pain, and the sinking powers of life were sustained by stimulants administered every hour—the abscess burst somewhere into the large intestine, and large quantities of offensive purulent matter were discharged by stool. The greatest possible relief was now obtained, and she expressed herself as being comparatively free from pain. Enemata of lukewarm water were now given night and morning, a large opiate was ordered at bedtime, and the system was supported with beef-tea, ammonia, and wine. During the next four weeks, the drain on the system was enormous, as large quantities of purulent matter were almost daily passed by stool. During all this time she was actually kept alive by stimulants, and food of the most nutritious kind. Every day she had a pint of wine, half-a-dozen eggs beaten up with six ounces of brandy, a mixture of ammonia and sulphuric æther with decoction of bark; besides the most nutritious and easily assimilated food. Under this treatment the abdominal tenderness gradually disappeared, the purulent discharge gradually became less, and convalescence was slowly but surely established.

*Remarks.*—In the foregoing case, I cannot exactly state what was the predisposing cause, unless I ascribe it to previous disease; for she states that, in a former pregnancy she was similarly attacked, and that, having at once called in medical advice, she was bled and salivated. The disease was certainly not communicated by contagion, as this was altogether a sporadic case; nor was erysipelas, which is a kindred complaint, and capable of propagating the other, prevalent at the time. Atmospheric influence may, however, have contributed to its production; for in a system predisposed to it and prepared for it by a previous attack of a similar nature, a vitiated atmosphere, in an unhealthy and swampy district, would be, I should say, particularly conducive to the propagation of such a disease. My patient's house is built on a plain between the beds of two rivers, which ran on either side, and at this particular period of the year the water was low and almost stagnant.

## CASE OF PUERPERAL CONVULSIONS.

Harriet Harvey, aged 26, and the mother of three children, was attacked with puerperal convulsions on the morning of the 3rd of April, and in the sixth month of her fourth pregnancy. For some days previous her spirits had been very much depressed, and her bowels constipated; her face also and eyelids were full and dropsical. During her previous pregnancies she had been perfectly healthy, and she had not been subject to convulsions during either her virgin or puerperal state. I saw her six hours after she had been attacked, and during one of the paroxysms. Her face was swollen, livid, and terribly convulsed; her tongue was swollen,

lacerated, and protruded towards the right side; bloody froth issued from the mouth; the eyes were bloodshot and fixed, and the pupils dilated; the respiration partly stertorous, partly sibilant; and the pulse slow, full and labouring. I at once dashed cold water into the face, and the fit went off, leaving her in a state of apoplectic stupor. Before I had arrived, the fits came on every fifteen minutes, and with increasing severity. I saw that no time was to be lost, and, knowing that the lancet was my sheet-anchor, I at once opened a vein and allowed the blood to flow into a basin, until the breathing and pulse became soft and natural. After a time, however, the fits recurred, and the respiration became as stertorous as before. I had bled her the first time to the extent of thirty ounces, and two hours afterwards I took away twenty ounces more. Meanwhile, I had given an enema of tincture of assafoetida and oil in lukewarm water, and applied a sinapism to the nape of the neck. I had also put a bolus of calomel and croton oil on the back of her tongue, and had placed her feet and legs in warm water. The fits continued to recur, but with less severity, when, after a natural labour, and sixteen hours after she had been attacked, during which time she must have had, at least, sixty fits, the fetus was expelled. She now slept quietly for half an hour, when she had a strong paroxysm, induced, doubtless, by the presence of the placenta in the uterus, acting as a foreign body. I at once removed it, and the pulse became soft and natural, the stertor ceased, and she appeared as if in a calm and quiet sleep. I had now the benefit of the skilful advice of Mr. Laxton, of Old Harbour, who suggested that an opiate of forty drops of laudanum should be given by enema, and that a blister should be applied along the spine. I should mention that, during the fits, the pupil was fixed and widely dilated, and that, during the intervals, it was perfectly sensible to light. Forty-eight hours after the commencement of the attack, during which time my patient was in a state of complete coma, consciousness returned, and she recovered without a bad symptom.

Mullet Hall, Chapelton, Jamaica, April 8, 1858.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### HOSPITAL NOTES.

#### EXTRACTION BY THE LITHOTRITE OF A PORTION OF CATHETER FROM THE BLADDER.

Mr. Hilton has at present under his care in Guy's a man who, about a fortnight ago, happened the accident of breaking a catheter into his bladder. The instrument was a well-made, double-webbed, gum elastic, of No. 11 size. He had been accustomed to use it frequently, always employing a stilette. The reason why such an instrument should break does not appear clear, as there is no history of anything unusual having occurred. The man was admitted on the day of the accident, and brought with him the upper two-thirds of his instrument, which showed an obliquely fractured end. Mr. Hilton employed the lithotrite, and, having succeeded in laying hold of the fragment, withdrew, as was supposed, the whole of it. On measurement, however, it was found, that, although the portion got away, which was the last inch and a-half of the instrument, well fitted to the other, yet that it did not make up the whole length. On sounding again carefully, and using the stethoscope, Mr. Hilton succeeded in convincing himself that a third fragment still remained in the bladder. The lithotrite had no doubt cut the piece in two at the point of seizure. The man having had a severe rigor after the extraction (which was done under chloroform), no further attempts have as yet been made. Mr. Hilton proposes, however, in the course of a day or two, to again use the lithotrite. The bladder has been repeatedly injected, in the hope of displacing the fragment, and of favouring the chance of its spontaneous escape.

In connexion with the above, it may be interesting to mention, that Mr. Hilton stated in some clinical remarks, that he had had on the same day in private practice an almost parallel case. The subject of it was an elderly gentleman from the

country, for long a sufferer from urethral disease, and accustomed to employ a catheter. His instrument was a No. 11, and of gum-elastic, exactly resembling that of the Hospital patient, excepting that it was not so strong, having but a single web. The portion broken off was long, and was impacted in the urethra, but in such a manner that it allowed of the escape of the urine. It had been in that situation for several days before the gentleman was brought up to town. Mr. Hilton succeeded with a pair of long narrow bladed forceps in seizing the end of the fragment, and accomplished its withdrawal, having first with the finger in the rectum prevented its slipping further back.

The breaking of gutta-percha instruments into the bladder was, a few years ago during their extensive use, far from infrequent; but for well-made gum-elastic ones to break is decidedly rare. No doubt the large size in each of the above had much to do with the accident, since it would increase the tightness of the urethral grasp upon the terminal portion.

#### NECROSIS OF FRAGMENTS OF BONE IN CONNEXION WITH DISEASED JOINTS.

Mr. Solly has recently had two or three very interesting cases under his care in St. Thomas's, illustrating the occurrence of necrosis of portions of bone in connexion with diseased hip-joint. In one, a young woman, the portions were removed by operations, which consisted in the very free laying open of the sinuses, and examination of the parts. The head of the bone was dislocated. The exfoliated portions, which were quite loose, appeared to have belonged to the acetabulum rather than to the femur. The case had originally presented very acute symptoms. The whole of the exfoliated fragments having at length been got away, the girl made an excellent recovery. In a second case it was intended to make exploratory incisions, in the belief that some dead bone would be found; but it being discovered that the man was the subject of pulmonary phthisis, the idea was abandoned. The phthisis ran a rapid course, and an opportunity was soon afforded for a post-mortem dissection of the parts. The diagnosis was then fully confirmed, several portions of bone, which had no doubt been the main causes of the persistent irritation, being found. It is to be borne in mind that these cases are examples of the occurrence of necrosis, together with joint mischief, or rather, perhaps, as a consequence of it. There is another important group, in which the necrosis of limited portions of bone in the close neighbourhood of a joint stimulates mischief within its cavity. In the latter, a correct diagnosis of which is exceedingly important to perform, excision would be a blunder, while in the former, it would be justifiable, although not generally to be recommended, if there be reason to believe that the loose portions of bone are sufficient to account for the persistence of the disease, and that the original articular inflammation is tending to cure.

#### DILATATION TREATMENT OF OBSTRUCTIONS OF THE NASAL DUCT.

The plan of slitting up the lachrymal canal in order to gain access to the sac and nasal duct, as first practised by Mr. Bowman, is now very frequently followed in the out-patients' room at Moorfields, and with most satisfactory results. Formerly, in order to allow of catheterisation of the nasal duct, an incision had to be made into the sac, and risk was run that a fistula might remain. Besides this, it was a painful and very troublesome procedure, very disfiguring to the patient as long as the fistula remained open, and of course always leaving a permanent scar. The new plan is exceedingly simple, and avoids all these inconveniences. The lachrymal duct having been freely slit up on its conjunctival aspect, the introduction of a probe of any desirable size into the sac is quite easy, and when there, by elevating the handle, the nasal canal is readily entered. The slit-up duct remains permanently open, but without either disfiguring or inconveniencing the patient, and the surgeon may repeat the use of the probe at intervals for as long as may be necessary. We have seen several very threatening cases of lachrymal abscess wholly cured after two or three dilatations, but in a general way so few do not suffice. The intervals allowed should be from four days to a week, and the probe used should on each occasion be allowed to remain in for half an hour or so. The principle of cure is precisely similar to that of strictures of the urethra by the bougie.

## RECENT PREVALENCE OF TETANUS CASES.

To judge from our own impressions in visiting the different London Hospitals, we should suppose that tetanus has been most unusually frequent during the last few months. Seven fatal cases and one recovery have, we believe, happened in the London Hospital, within only a very recent period. At Guy's, at St. Thomas's, at St. Bartholomew's several cases have also occurred. At St. Mark's (for diseases of the rectum) there have been four fatal cases, in which the disease followed the ordinary operation of tying piles. An interesting case (traumatic) is still under Mr. Simon's care in St. Thomas's, in which recovery has ensued. Of this we hope before long to bring the details before the notice of our readers. Nicotine was, we are informed, the principal remedy used. A third case, in which recovery has taken place, is under care in Guy's.

## ABSCESS IN THE BRAIN FROM OBLITERATION OF THE CAROTID TRUNK BY THE PRESSURE OF A NASAL POLYPUS.

A pale, emaciated man, rather past middle age, was admitted, under Mr. Simon's care, into St. Thomas's on account of profuse bleeding from the nose. He was partially deaf. The left eye squinted inwards, and the right was totally blind, and had been so for some weeks. It appeared that so long as thirty years ago he had been under surgical treatment on account of a polypus in the nostril. Many attempts had from time to time been made to extract the growth, but had never been wholly successful. He was much reduced by loss of blood at the time of his admission, and a few days afterwards had an epileptiform seizure, which left him with incomplete hemiplegia of the left side. Ten days later another fit occurred, and death, in coma, followed thirteen hours afterwards. At the autopsy a very interesting and most unusual condition of things was found. In the right cerebral hemisphere were three distinct abscesses, and the brain substance generally was much softer than that of the opposite side. The cause of these was found in the entire obliteration of the internal carotid artery by the compression and irritation of a large nasal polypus, which had grown upwards and caused extensive absorption of the body of the sphenoid bone. It was impossible to trace the carotid artery through the cavernous sinus, its coats being inseparably blended with the dura mater and old inflammatory material. The sphenoidal sinus was occupied by a mucous polypus. There was not the least reason to consider the polypus of malignant nature, it being evidently of the ordinary fibrous kind. There were no secondary growths in any part of the body.

## THE ÉCRASEUR IN OVARIOTOMY.

In our number for Jan. 2, 1858, page 12, of the present volume, will be found the account of a case in which Mr. Spencer Wells proposed to use the écraseur in ovariectomy. In a successful case of ovariectomy, in February, at the Samaritan Hospital, Mr. Wells also intended to use this instrument, but was deterred by the size of the peduncle. The following paragraph, from the May number of the North American *Medico-Chirurgical Review*, proves the safety and advantage of the practice:—"Dr. John L. Atlee, of Lancaster, Pa., on the 23rd of March, removed a large multilocular ovarian tumour from a lady sixty-one years of age, by means of the écraseur. He cast the instrument around the pedicle, which was one inch in length by four in breadth, and highly vascular, and succeeded in removing it in six minutes and a half, without the loss of a drop of blood. The external wound was closed by silver sutures, and the woman made a rapid recovery."

## LIGATURE OF THE FEMORAL TRUNK ON ACCOUNT OF SECONDARY HÆMORRHAGE AFTER AMPUTATION.

In cases of hæmorrhage from a large artery in a stump, it is a question not always easy of answer whether the vessel should be resecured from the wound, or a ligature should be placed on the main trunk higher up. In a general way, to re-open the stump and tie the bleeding mouth, would no doubt be the preferable measure; but in certain exceptional cases, Mr. Guthrie's well-known rule on this matter may be judiciously deviated from. A very cachectic man, aged about 30, had his thigh amputated by Mr. Birkett, in Guy's, a few months ago, on account of a large fibro-sarcomatous tumour in the leg.

He did well afterwards, and the main ligature came away on the 16th day, all the others having previously done so. Two days after this, early one morning, profuse arterial hæmorrhage took place. The stump was now almost healed. In Mr. Birkett's absence, Mr. Bryant was summoned to the man's bedside. The bleeding had been very free, but was wholly arrested by the pressure on the femoral trunk, which the dresser was keeping up. An interval of about two hours now elapsed (pressure being persevered with meanwhile. The tendency to recurrence of bleeding on removing the hand, however, at length made Mr. Bryant determine not to wait longer; and having regard to the man's feeble and cachectic condition, and the probability that ulceration of the vessel had taken place, and that its coats were diseased, he decided to put a ligature on the common femoral. This was done with complete success. The man made a good recovery.

## WOUND OF THE FEMORAL ARTERY—UNUSUAL ARREST OF HÆMORRHAGE.

In connexion with the point of practice brought under debate by the above case, we cannot forbear mentioning very briefly one which has recently occurred in the practice of a Surgeon (Mr. Swales) at Sheerness. Although not an Hospital case, its interest will excuse our referring to it. A butcher's boy, aged 14, was swinging himself in the slaughter-house by a rope hanging from a rafter. By accident, he swung himself with considerable force on to the point of a large knife with which his master was employed at the other side of the room. The thigh which struck the knife was transfixed by it, and an enormous oblique gash on its inner aspect was inflicted. The bleeding was fearful, and the lad was at first believed to be dead. No doubt was felt but that the femoral trunk about its middle and several of its large branches were wounded. Feeling certain that more than one vessel in so large a wound must require ligature if the attempt were made according to rule, and fearing the results of a prolonged search and additional loss of blood in the already exsanguinated state of the patient, Mr. Swales determined at once to tie the common femoral. This was quickly done,—at least the armed needle was quickly passed under the trunk. On removing pressure, however, from the vessel after the ligature had been passed, it was found that no further hæmorrhage occurred. After waiting some time to see if it would return, and there being no reappearance, it was decided to leave the silk *in situ*, but not to tie it. For several days and nights assistants sat by the lad constantly in readiness to apply the finger and to tie the ligature should the bleeding recur. It never did, however; and at the tenth day the ligature silk was withdrawn. The boy made a good recovery, but at the time at which the particulars of the case were communicated to us, no pulsation had returned in the popliteal or tibial arteries. It thus seemed all but certain that the original diagnosis was correct as to the trunk having been involved in the wound. The arrest of hæmorrhage was no doubt due to the firm fixture of clots in the injured vessels during the long syncope which followed the accident. As to the wisdom of the daring omission to tie the ligature after it had been passed, the opinions of Surgeons will perhaps differ. Few will, however, dispute, but that the reasons which induced Mr. Swales to prefer tying the main trunk to exploring the wound were sound and sufficient.

## THE HOSPITAL PHARMACOPŒIA.

(Continued from p. 603.)

To pursue our illustrations of the practice of the Hospital for Skin Diseases, we may now advert to the subject of

**MEDICATED BATHS.**—The institution is provided with a good suite of bath-rooms, which are freely used. The pharmacopœia contains formulæ for the following:—"Balneum acidum," which contains an ounce and a half of strong nitric acid and one ounce of hydrochloric to thirty gallons of water. It is, we believe, but rarely ordered, being chiefly useful in cases of obstinate prurigo and lichen. The "balneum alkalinum," on the contrary, is the great favourite, and is prescribed twenty times for once of any of the others. It contains four ounces of carbonate of soda to thirty gallons of water, but is in a majority of cases used only half strength. Most patients suffering from inveterate scaly disease are directed to



Use this bath, twice in the week being the ordinary recommendation. The "balneum creosotii" contains two drachms of creosote and two ounces of glycerine to each bath, and is also mainly used against lepra and psoriasis. The "balneum gelatinii," which contains eight pounds of patent size dissolved in two gallons of boiling water, and the "balneum glycerinæ compositum," which has two ounces of glycerine and one of gum tragacanth in each bath, are mostly used for softening the skin in cases of congenital ichthyosis, or those milder forms of congenital roughness of the whole surface, which, although the same in kind, scarcely deserve that name. The disease is an incurable one, being a defect in structure; but we have seen many cases derive much benefit during the employment of one or other of these baths. Of the "balneum iodinii," and the "balneum mercuriale" we need not say more than that we believe they have no particular advantages over other modes (fumigation, etc.), of employing their active ingredients, while they are much more expensive, and that they are very rarely prescribed. There is in the Pharmacopœia a good formula for an artificial sea-water, under the name of "Balneum marinum." It may be useful to some of our readers in other affections, though very seldom called for in the treatment of skin diseases. The solution is made by dissolving eight pounds of sea or rock salt and two pounds of sulphate of magnesia in a pound of solution of chloride of lime and two gallons of water. The bath is made by adding a pint of this solution to thirty gallons of water. It would no doubt be very useful as a shower or sponge bath for delicate children, or as a douche in cases of chronic strumous swellings of joints, etc. There are very few skin diseases which sea-water or sea air suits, a point in practice on which Mr. Startin often insists, as the seaside is not at all an infrequent recommendation with some surgeons, and generally followed by much disappointment. A compound conium bath, at page 4 of the Pharmacopœia, contains, to every thirty gallons of water, a gallon of a fluid obtained by boiling together until dissolved, a pound of starch, and two ounces of extract of hemlock, in a gallon of water. We have now mentioned the whole of the formulæ for baths, excepting one, the "Balneum sulphuris compositum." This is made by dissolving four pounds of precipitated sulphur, a pound of the hyposulphite of soda, and two ounces of sulphuric acid in two gallons of water. Of this a pint added to thirty gallons of water makes the bath. In pauper practice, the sulphur ointment or lotion being cheaper than the bath, and infinitely less troublesome to the surgeon, will not be superseded by the latter. It is well, however, for the family practitioner to be armed with a formula for a less disagreeable and quicker plan for curing itch, should it chance to occur among his better-class patients. For this object the compound sulphur bath will be found very efficient. It might also with advantage take the place of the ointment in work-houses and other large pauper institutions, where this disagreeable disease is of frequent occurrence, and where it is very desirable to prevent the risk of its spreading.

(To be continued.)

**HORSE FLESH AS FOOD.**—It is said that the practice of eating horse flesh has of late years increased considerably in the north of Germany and Denmark. It is said that in the city of Hanover alone, in the course of Whitsun week, about 2000 lbs. of horse-flesh were consumed. The number of horses slaughtered for eating in that city is between 200 and 300 a year.

**THE CRYSTAL PALACE.**—The Crystal Palace at Sydenham is now presenting all its attractions to the metropolitan and provincial visitor. The flower show in May was highly successful, and it has been followed in the present week by a still more magnificent display of fruit and flowering plants—perhaps the finest ever seen in the Crystal Palace, or at any other metropolitan exhibition. The grounds of the palace are now in the very best condition; the rhododendrons and other American plants, the beds of flowers in the Terrace Gardens, and the vases filled with geraniums in full bloom, present a scene of beauty which is nowhere else accessible to the public. Any of our readers who would enjoy a day's fresh air amid all that can please the eye, charm the ear, and inform the mind would do well to devote their first holiday to a visit to Sydenham.

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## Medical Times & Gazette.

SATURDAY, JUNE 19.

### YELLOW FEVER AT ST. THOMAS'S.

By the arrival at Southampton, on the 17th ult., of the Royal Mail Steam Company's ship *Parana*, we learn that another outbreak of yellow fever, by far exceeding in severity any former visitation, has occurred at the island of St. Thomas's, so noted within the last ten years as being the centre of some of the most pestilential forms of disease with which any population has been visited in the past or present century. During the period of her coaling at St. Thomas's, and that of her homeward voyage, the *Parana* had seventeen cases of yellow fever, six of which were sent to the Hospital on shore, in all probability to meet the ordinary fate of almost all who go to that institution; and of the remaining eleven, three of the most able-bodied men of her crew, viz. the master-at-arms, the boatswain, and second engineer, fell victims to this fatal disease; and the fifth engineer was landed in a most pitiable state of prostration. Thus year after year, and month after month, we witness the arrival at Southampton of the Royal Mail Company's steamers, having lost of their crews on their return home numbers varying from five, ten, fifteen, and on one occasion about this time last year on board the same steamer, the *Parana*, no less than twenty-eight of that sturdy labouring class—the men who constitute the wealth of a community, and give it its power; and hence are the rightful claimants of its fostering care. The great importance, the vital magnitude of this subject demands the most searching investigation into the causes which give origin to such fearful and enormous calamities, and cry aloud for the protecting interference of the Directors of the Royal Mail Company and the British Government against so great and manifest an evil. In order to give any idea of the existing condition of the harbour of St. Thomas's, we beg to draw attention to some details on the subject, which, crude and imperfect as they appear, may, we trust, tend to the adoption of hygienic or governmental measures calculated to remove, to some extent, the baneful influences which so materially localise, aggravate, and propagate one of the most mysterious of diseases that flesh is heir to, and one which destroys so vast a number of the commercial and travelling community of this and other countries. The Island of St. Thomas's, one of the Virgin Islands, belongs to the Danes, and is situated in lat 18° 20' N., long. 66° W. Its population may be estimated at about 9000, of which 700 or 800 are whites, 2000 free blacks, and the rest are slaves. St. Thomas's has long been, and still continues to be, one of the principal emporiums in the West Indies. It owes this distinction partly to its spacious and safe harbour on the south side of the island, but principally to the moderation of its import duties. St. Thomas has, in consequence, become a *dépôt* for the supply of the neighbouring islands; and to this island the inter-colonial





# INTERPRETAL MATERIAL FOR STAGES

From a Photograph by D. Diamond



ships of the Royal Mail Company resort, for the embarkation and disembarkation of their passengers and cargoes. The harbour is formed by a narrow inlet of the sea, and is a land-locked bay within, remarkably commodious as a station for shipping. On the right side of the entrance to the harbour, the town is constructed on the declivities of three hills; beyond these is the cemetery; and at the northern, or inland extremity of the bay are the negro huts, Gallows Hill, and Careen Hill. On the left of the entrance to the harbour is a lofty hill, or rock, on which a fort is built, and alongside of which are situated, at a considerable distance apart, two coal-wharfs, from whence the Company's ships take in their supply of fuel. This rock is connected with Careen Hill to which we have just referred, by a barrier of coral rock, called the Styx, thirty or forty feet wide, covered by one or two feet only of water, and across which the coal-people pass to the negro part of the town. The state of the water in this land-locked harbour may be easily inferred from the following description. The whole sewage of the town, the drainage from the cemetery, the torrents of excrementitious filth which descend after heavy rains from the ravines, on either side of which are squatted the 7000 or 8000 negro population, debouch into the bay with a force and velocity of which no one can form any conception who has not been an eye-witness to this lamentable state of matters. The Company's coaling station, situated towards the northern extremity of the rock referred to, at the left of the entrance to the harbour, consists of a wharf, from which run out three jetties, alongside which the steamers take in their coal from six or eight colliers, that almost encircle the vessel. The time occupied in coaling is about four days and nights, and the work is carried on by two or three hundred negroes, whose filthy habits may be more readily conceived than described. The calls of nature are dropped into the water under the jetties, and under the sides of the vessel. The *débris* of their food shares the same fate; and a repetition of a similar state of things takes place from the steamers, colliers, and every class of vessels which frequent the port. The hot sun and tides have alternate access to these putrifiable and offensive materials, and so concentrated is the noxious effluvia generated at and about the coal wharf and jetties, that it is painfully perceived at a considerable distance from the locality. Here, then, from week to week, every essential combination of deadly elements is found; for nothing is wanting to complete the ingredients for fostering and propagating an imported and most fatal pestilence. Indeed it would be difficult, if not impossible, to find a spot in any civilized country where there exists so gigantic and terrible a focus for the spread of disease as exists in the land-locked bay of St. Thomas's. Sanitary regulations and quarantine restrictions are wholly ignored by the authorities at this island, when an outbreak of yellow fever prevails; but for cholera and small-pox the most vexatious and absurd quarantine laws are imposed. As might be expected from a recital of the above circumstances, yellow fever is contracted at St. Thomas's, and thence carried to all the other West Indian Islands. On granting the bills of health, the form adopted by the authorities is, word for word, "that no plague, epidemic, cholera, *nor dangerous or contagious disorder exists in this island*;" but when ships from St. Thomas's visit the Island of Santa Cruz, forty miles to the southward, and the Danish seat of Government in the West Indies, they impose quarantine restrictions for yellow fever, and in the year 1857 absolutely refused vessels communication with that island! The only reply to inquiries made as to the reason for adopting such discordant views is, that to declare yellow fever an infectious or even a dangerous disorder would be to destroy the great emporium of their commercial enterprise.

The only remedies we can suggest are, first, that either the British Government should exert its influence with the

Danish authorities to remove or destroy, by blasting or by other means, the barrier of coral rock at the northern extremity of the harbour; or secondly, in the event of their not complying with such a suggestion, that the Royal Mail Company should abandon the island altogether, and by this means avert the fearful annual mortality occasioned by their selection of a harbour which may be characterised as the most foul pest-spot in any part of the habitable globe.

### THE WEEK.

Dr. Andrew Smith has resigned his appointment as Director-General of the Medical Department of the Army; and as failing health was the reason he assigned for wishing to retire, the Government were bound to accept the resignation. Now that the great services Dr. Smith has rendered to the State are becoming generally acknowledged, it is with no little satisfaction that we look back to the period when, amid attacks upon him from all sides, from both the general and Medical press, we made known how much Dr. Smith had done, and how much more he would have done had he not been thwarted by a faulty system and indifferent or incompetent ministers. Dr. Smith has remained at his post until the last sheets of the Medical history of the late war have passed through the press, and documents have been arranged for the information of his successors which will serve as most useful guides in any future war. A hard-working, clear-headed, thoroughly honest and kind-hearted man, he retires from the service with the best wishes of all that he may enjoy the leisure he has so well earned, and with the esteem and regard of all who know him—greatest of those who know him best. He is to be succeeded by Dr. Alexander, who won his spurs as principal Medical officer of the light division in the Crimea. It has not yet been decided how far the recommendation of the Sanitary Commission as to a Board of Officers to assist the Director-General will be adopted.

Professor Owen was elected on Monday Fullerman Professor of Physiology at the Royal Institution. The salary is about £100 per annum. The duties, the delivery of twelve lectures annually. The Chair is usually held for three years. The Institution, the Professor, and the Public, should all be well satisfied.

We announce with great pain and grief the death of our distinguished and estimable brother, Dr. Snow. He was suddenly seized with paralysis on Thursday, 10th instant, and died on Wednesday, the 16th, at his own residence, 18, Sackville-street, at 3 p.m. Drs. Murchison and Budd assiduously attended him to the last. Dr. Snow was only in his 46th year, and both on public and private grounds his early loss will be very greatly regretted. His name was known to the Profession chiefly in connexion with Chloroform, to which subject he had of late years devoted a great deal of attention, and next to Dr. Simpson he was more deservedly looked upon as the highest authority respecting the properties and administration of this agent. He had instituted at great labour a vast number of experiments for the purpose of ascertaining its effects on the lower animals, and the manner in which it might be given with the least amount of danger. His labours were fully appreciated by the Profession, and for several years the leading Surgeons in London constantly sought his co-operation. He was very successful in the administration of Chloroform, and we believe that only one death happened in his hands from this agent. Dr. Snow's labours were not by any means confined to this subject; he is well known as having devoted great attention to the investigation of Cholera, and his views regarding the propagation

of the disease by drinking impure water are familiar to the Profession. Dr. Snow was a man of high integrity and moral worth, possessing great abilities and untiring energy, with an unassuming disposition; and his loss will be deeply felt by many who appreciated his sterling character and valued his friendship.

Much attention being at present directed to the great mortality stated to have prevailed at one time among the household troops, it may be interesting to quote some facts illustrating that point from a communication recently published by Dr. Webster, F.R.S., which show conclusively, whatever occurred formerly, that since the Guards returned from the Crimea the total deaths recorded in the different battalions have proved inconsiderable. Thus, throughout 1856, although the London garrison usually averaged 3500 infantry, only 44 fatal cases by disease were reported from all the regiments. In 1857, the number fell to 29; while during the first three months of the current year, only 9 soldiers died in the military hospitals. These statistics, consequently, indicate that few similarly numerous bodies of men congregated together enjoy better bodily health than the military quartered in the metropolis; and therefore the conclusion enunciated by the writer just named seems well founded, viz.—“That many assertions now prevalent respecting the sanitary *status* of Her Majesty's Foot-Guards are greatly exaggerated, and not applicable to the present time.” On the contrary, according to the above statements, they must have been generally healthy, and hence their condition was lately very different from that characterizing 1839 to 1853 inclusive.

Sir Benjamin Brodie will be, in all probability, the new President of the Royal Society, as he has been recommended for election by the Council. The Profession may well feel proud at having so distinguished a member of our body placed at the head of the first of our scientific societies; and the gratification will be enhanced by the conviction that the honour is well deserved; for Sir Benjamin Brodie is not only our leading Surgeon, but he has shown that even his busy career has left sufficient leisure for the attainment of a high rank among men of science and philosophers.

While Mr. Tom Duncombe has been objecting to the destruction of Trafalgar-square by the statue of Jenner, his great discovery has been found necessary for the safety of our Indian Army. We have lost Peel from small-pox, and Dr. Tice has recommended the re-vaccination of the whole army. The camp followers are the chief victims, and the chief promulgators of the disease, because their religious scruples do not permit them to be protected by vaccination.

The eligible Fellows who are candidates for seats in the Council of the College of Surgeons at the ensuing election, on the 1st of July next, are Mr. Wormald and Mr. Quain, who retire from the Council in rotation, and Mr. Shaw, of the Middlesex Hospital, who has been nominated by Messrs. Paget, Busk, Charles Hawkins, Bowman, Hewett, and De Morgan. The election is by personal ballot—“ay” and “nay,” and not by balloting papers.

Very absurd notions have prevailed as to the income of the College of Physicians. The College has been talked of as poor, while the Elects, and other officers, were supposed to pocket large sums of money. This was the natural consequence of secrecy; but since Dr. Alderson has been Treasurer,

very full accounts have been rendered; and we are not now breaking any confidence in stating that the income derived from the private liberality and bequests of Physicians amounts in round numbers to £800 per annum, while the average amount of examination-fees does not exceed £600 per annum. Among the annual expenditure, about £300 goes to the poor and the Government in the form of rates and taxes, while the salaries of the officers are very small. The President has only seventy guineas, the Censors thirty-five guineas, the Treasurer fifty pounds, and the Registrar sixty guineas. Fellows, who are not office-bearers, receive nothing, and the whole remaining income is expended on the maintenance of the library and building, petty salaries, etc. It is true that the ground was presented by George IV., but the building was erected by private subscription. The Government has done nothing for the College, but tax every Licentiate £15, and every Fellow £25 on his admission.

We may direct attention to the questions given at the Oxford examination. They will be found in another column. Four candidates passed—Drs. E. Gray, A. Wallace, W. Ogle, and E. T. Wilson. The examination lasted three days. A large part of the practical examinations was conducted *vis à voce*, besides the clinical cases, which were described by the candidates at the Hospital. We have not printed the Classical Papers, but may say that the selections were particularly happy. It is probable that the period of study will be extended from three to five years, and that the examination will be divided into two periods,—one scientific and preliminary, for the M.B., without license to practice; the other for the M.D. degree, a practical examination, with the license.

Lord Granville, in addition to his statesmanlike qualities, is becoming a capital Chairman for a public dinner, if we may judge from his appearance last week at the Festival of the Medical Benevolent Fund. His allusions to the charity which distinguishes our profession, and to the abolition of the Property Qualification for Members of Parliament, which he had just been discussing in the House of Lords, and the good service which others than the most wealthy among us might render to the State in Parliament upon Sanitary questions, showed great tact, and the knowledge how to say the right thing at the right time in the right place and with the right manner. We have little more to say of the Festival, except that it was a very successful one, upwards of £800 having been raised, after some excellent speeches from Sir James Clark, Dr. Conolly, Mr. Probert, Mr. Toynbee, Mr. Erasmus Wilson, Mr. Squibb, Mr. Churchill, and other friends of the Charity. The presence of ladies in the gallery added greatly to the enjoyment of the evening; and we trust that if the practice of public dinners is to be kept up, it will become the practice for ladies to sit at the table, and take a more active share than they do now in the enjoyment of the feast. We throw out the hint for the benefit of enterprising committees,—gentlemen's tickets a guinea, ladies' half-a-guinea, would be an irresistible attraction.

“Frightful death from frightful Surgery,” is the apt heading of a fearful case recorded in the Jersey papers. The following is the verdict of the jury, and the evidence certainly leads to the conclusion that it is by no means too severe:—

“That the deceased died on Wednesday, the 9th June, 1858, from the opening of a vein whilst Charles Alexandre Désiré Hélie, styling himself Officier de Santé and Doctor, was performing the removal of the right breast of the deceased; and the members of the Inquest are of opinion

that, by his negligence in the performance of so hazardous an operation, and especially in operating without the assistance of Medical men, the said Hélie has rendered himself guilty of manslaughter, by imprudence and want of skill."

When we add that the deceased was in her 73rd year, that the excised part measured 11 inches by 9, and was 26 inches in circumference, that the poor woman's agony was not soothed by chloroform, that Hélie had no Medical assistant, and was engaged half an hour in his dire work, that the patient fainted and died after profuse bleeding, that the right subclavian vein was divided, the ribs laid bare, and that there was strong ground for believing that the pleural cavity had been opened; it is not too much to say that there is ample evidence both of gross ignorance and gross carelessness; still, it is but one more of the works of the "cancer curers."

Medical affairs have not been very prominent in Parliament this week. Lord Naas said he believed the report of the Lunatic Asylum Commission for Ireland would be ready by the 1st of July. Mr. Hardy said Government was desirous of getting rid of the bodies buried in the Metropolitan churches, but had not yet decided how to act. Some verbal amendments have been made in various clauses of the "Sale of Poisons" Bill. Lord John Manners was sorry the river Thames was not under his control, so that he could not diminish the stench arising from it. Next Tuesday Medical Reform is to be discussed at a morning sitting of the House of Commons; and we shall then see the effect the deputation of the Colleges has had upon Mr. Walpole.

We have received some communications respecting alleged consultations in the country between a London Hospital Physician and an Homœopathic practitioner. As the information has not been communicated to us by a gentleman who authorizes the publication of his name, we have not thought it right to publish the name of the Physician, but we have made inquiry as to the truth of the report, and find that this gentleman denies "ever having met in consultation any Homœopathic practitioners," but he saw a near connexion of his own, whose usual Medical attendant is an Homœopath, with whom he did not consult, but who saw the patient in the absence of the physician and carried out his wishes. This raises the question which, as we stated in a former article, ought to be discussed and settled. Where are we to draw the line between attending a case with and consulting with Homœopaths? The public do not see the distinction, and are apt to regard either course as a Professional sanction of the Quackery.

We have received a copy of a memorial of the Guardians of the Poor of the Wolverhampton Union to the Poor-law Board, which memorial, for cool impudence, surpasses anything of the kind we have ever seen. These sapient Dogberries, foreseeing that the reign of tyranny and oppression against the Poor-law Medical officers is likely soon to terminate by the energetic efforts of Mr. Griffin and others, who are now aided by the strongly expressed voice of public opinion, have expostulated with the Poor-law Board against any concessions in favour of the Medical profession. They are especially indignant at the idea of Medical officers of Unions having a Medical representative at the Poor-law Board, because, forsooth, such an appointment would destroy the "subordination" necessary for administering the Poor-laws! The Wolverhampton Guardians evidently regard their Medical officers in the same light as they do their porters, and they avowedly consider them on a level with the Workhouse masters; for, say they, "if a Medical advocate were placed

upon the Poor-law Board, we might have the spectacle of a Workhouse master's advocate sitting there too!" But when these persons go on to express their horror and dismay at the prospect of having also "a Union Clerks' advocate" at the Poor-law Board, surely their fears are groundless. Individuals even so obtuse as the Wolverhampton Guardians hardly require to be told that the whole Poor-law Board is composed of "Union Clerks' advocates;" for they are nearly all lawyers who sit at that Board, the exception being a few hungry placemen, who are quite satisfied to receive their salaries, and let the lawyers do the work. The argument that there is no dissatisfaction at Poor-law tyranny felt by the Profession, because new candidates are always ready to accept the vacant offices, is grossly and notoriously unsound, the fact being that in very many instances the leading Medical men of a district have declined to compete for Poor-law appointments, and the places have been given away to any persons who have condescended to accept them. But, while lamenting the want of union in our Profession, which, indeed, affords the only shadow of an argument offered by Poor-law Boards, we may ask,—if the Clerks of Unions were treated as Medical men are treated, namely, if they were underpaid and insulted, and dismissed at the caprice of their taskmasters, are there no lawyers dirty enough to accept the vacant places? But no; the "Union Clerks' advocates" are too strong at the Poor-law Board, and the Union Clerks are therefore universally well paid, never insulted, and, instead of being kept in a state of "subordination," are treated as gentlemen, and looked upon as advisers. There is nothing whatever in the education or the social position of Medical men which makes them inferior to Union Clerks; on the contrary, we should say that the inferiority is precisely the other way; and the only reason which can be discovered for the indignities to which our Profession has been subjected is the absence of Medical men in Parliament, and of a Medical advocate at the Whitehall Board. We shall, therefore, continue to urge the appointment of such a functionary, for the very reasons that the Wolverhampton Guardians, in their ignorance and arrogance, have thought proper to denounce it.

We have much pleasure in publishing the following Testimonial to Mr. Symes of Bridgewater, from his Medical brethren in that town. We have repeatedly expressed our opinion on the case, and we need only add that all the Medical men in Bridgewater signed the testimonial, with three exceptions, of whom, two having assisted the Guardians, and the third having issued a circular, intimating his desire to succeed Mr. Symes, should he be dismissed:—

"To HENRY SYMES, Esq., SURGEON, BRIDGEWATER.

"We, the undersigned, feel that the time has now arrived when we can without impropriety offer you the public assurance of our unfeigned sympathy and condolence upon the issue of your late struggle with the Poor-law Board. Having watched with much interest the progress of this struggle, we are in a position to say that the decision of the Board was contrary to fact; contrary to the evidence adduced; contrary to the feelings of your poor paupers, as set forth in their testimonial to you; contrary to public opinion, as evinced through the local and Medical press, and otherwise; and contrary to the opinion of the mass of your professional brethren. Englishmen hate oppression and wrong. And whilst we can vouch that your professional character will not suffer amongst Medical men under these harsh and intemperate proceedings against you, we entertain a well-grounded hope that a generous English public will incline to censure your persecutors rather than yourself. We beg to tender you our sincere and cordial sympathy, and our regret for the injustice inflicted upon you. (List of names attached to the Testimonial):—Reginald Burrigge, M.D., Taunton, Senior Physician to the Taunton Hospital, etc.; Henry Axford, M.R.C.S., Eng., Consulting Surgeon to the Bridgewater Infirmary; James

Haviland, M.R.C.S., Eng.; E. A. Stradling, M.R.C.S., Eng., Consulting Surgeon to the Bridgewater Infirmary; Robert Baker, M.R.C.S., Eng., etc.; Alfred Haviland, M.R.C.S., Eng., Surgeon to the Cannington Dispensary; Richard Axford, M.R.C.S., Eng., Surgeon to the Bridgewater Infirmary, and Medical Officer North ward district parish of Bridgewater; John Parsons, F.R.C.S., Eng., Surgeon to the Bridgewater Infirmary; Henry Long Jacob, M.R.C.S., Eng., etc.; Robt. R. Sewell, M.B. M.R.C.S., Eng., etc.; Horatio Nelson Tilsley, M.R.C.S., Eng., etc., Medical Officer North Petherton district Bridgewater Union."

### THE LATE SIR PHILIP CRAMPTON, BART., F.R.S.

Surgeon-General to the Forces, and Surgeon in Ordinary to the Queen in Ireland.

LAST week we briefly announced the death of the distinguished man who has for so many years held the foremost rank among Irish Surgeons, and whose name has so long been a household word with every lover of the science he adorned. Descended from a family who migrated from South Cottingham, Notts, and settled in Ireland in the reign of Charles the Second, and who have since furnished ornaments to each of the learned professions in that country, the subject of this sketch was born in Dublin, on the 7th of June, 1777. Having served an apprenticeship to the late Solomon Richards, Surgeon to the Meath Hospital, Mr. Crampton entered the army at an early age, and was present, as Staff Assistant-Surgeon, at the encounter with the French at Ballinamuck, in 1798; where he formed a friendship with the late Dr. Cheyne, which continued for many years, and was of essential service to the latter on his settling in Dublin some time subsequently. In the autumn of the same year young Mr. Crampton was, in his absence, appointed Surgeon to the Meath Hospital, an office which he held for the unusually lengthened period of sixty years, less by a few months. A singular circumstance attended his appointment, viz., that at the period of his election he was not legally qualified as a Surgeon. He had put in his first day's examination at the College of Surgeons with great credit; but during the time which was to elapse between the first and second examination he received his commission in the Army, and was required to join without delay. Immediately after his election to the Meath he passed his second day's examination, and became a licentiate of the College of Surgeons in Ireland. In 1800 he took the degree of M.D. in the University of Glasgow. He now commenced practice in Dame-street, whence he soon removed to Dawson-street. In November, 1804, he published "An Essay on the Entropion, or Inversion of the Eyelids." In addition to being one of the Surgeons of the Meath Hospital and County of Dublin Infirmary, he was now Assistant-Surgeon to the Westmoreland Lock Hospital, and had become a member of the College of Surgeons. Finding that practice flowed in but slowly, he commenced to lecture on Surgery, and was subsequently joined in the anatomical department by the late Peter Harkan. Thus was formed the first private school of Anatomy and Surgery in the City of Dublin. The *Dublin Medical and Physical Essays* published in 1807, contain additional observations by Mr. Crampton on Entropion. In the same volume we find an announcement that "Mr. Philip Crampton will commence his course of lectures on Anatomy, Physiology, Pathology, and Surgery, on Monday, the 29th day of October; Practical Anatomy, as usual, under the direction of Mr. Crampton and Mr. Harkan." From the time he commenced lecturing, Mr. Crampton's practice increased with surprising rapidity, and its augmentation was greatly hastened by a, for him, fortunate occurrence, which soon after took place. Opposite his house in Dawson-street was the Richmond Tavern, and it happened that a greedy waiter, in removing a dish, attempted to swallow a piece of meat, which, however, stuck in his throat, and he fell insensible on the floor. Mr. Crampton being hastily summoned, on the instant performed tracheotomy, and saved the man's life. The boldness, decision, and skill of the young Surgeon became the universal topic of conversation, and the subject of the highest commendation in the public papers. The results were, as the operator well deserved they should be, most satisfactory to himself. Mr. Crampton ceased to lecture

about the year 1812. In 1813 he published, in the *Annals of Philosophy*, "the description of an organ by which the eyes of birds are accommodated to the different distances of objects," which paper he illustrated with a plate representing the eye of the ostrich, so prepared as to exhibit the muscle of the cornea in its whole extent. We may give in the writer's own words, the manner in which he was led to the discovery of this organ, which is styled by Kolliker in his *Mikroskopische Anatomie* (Zweiter Band, pp. 634, 635, Leipzig, 1864) "der Cramptonsche Muskel," or "Musculus Cramptonianus." In an interesting "Outline of the History of Medicine," read before the Royal College of Surgeons in 1838, and published in the *Dublin Journal of Medical Science* (a), Mr. Crampton, having alluded to the discoveries of Scæmmering and Jacob, continues,—"Your reporter has been equally fortunate in discovering in the eyes of birds a distinct muscle arising from the inner surface of the bony hoop which surrounds the cornea, and terminating in a circular tendon which is connected with the internal lamina of the cornea. I was led to the discovery from the consideration that the faculty of adapting the refractive power of the eye to the different distances of objects, must exist in a higher degree in birds than in other animals. An eye, with a high degree of refractive power, is well adapted to the uses of the animal, while it rests upon the earth, but when it soars in the middle region of the air, the rays proceeding from the objects below must arrive at the eye in lines, which may be considered as parallel; consequently, to form anything like a distinct image, this refractive power must be lessened as the divergency of the rays decreases.

"It occurred to me, then, that if this change in the refractive power of the eye were effected by any mechanical contrivance, that contrivance would be, in all probability, more conspicuous in birds than in other animals.

"It was, therefore, with no common feelings of satisfaction, that I found in the eye of the ostrich and the eagle, and afterwards in all other birds, the mechanism for which I looked."

For this discovery, Mr. Crampton was honoured with the Fellowship of the Royal Society. About the same time, on the death of Mr. Stewart, he received from the Duke of Richmond the appointment of Surgeon-General to the Forces (b), on which occasion he resigned the Chief-Surgeoncy to the Lock Hospital, and early in the reign of George IV. he was appointed Surgeon-in-Ordinary to the King in Ireland. In 1815 he removed from Dawson-street to Merion-square, where he resided until his death. In 1839 he was raised by her present Majesty to the dignity of a Baronet of the United Kingdom, an honour which was at the same time conferred upon his former pupil, Sir Henry Marsh (c).

Sir Philip Crampton was always an ardent cultivator of zoological science, and took an active part in the formation of the Royal Zoological Society of Ireland, of which he has repeatedly been President. He has also on three or four occasions filled the office of President of the Royal College of Surgeons in Ireland. He was a member of the Senates of the University of London, and of the Queen's University in Ireland; a member of the Royal Irish Academy; of the Société de Chirurgie of Paris; of Guy's Hospital Surgical Society, etc. In addition to the appointments we have mentioned, he was Consulting Surgeon to Dr. Stevens' Hospital, and the Dublin Lying-in Hospital.

On the occasion of the completion of the fiftieth year of Sir Philip's Surgeoncy to the Meath Hospital, his colleagues placed a beautiful marble bust of him by Moore in the operating theatre of the Institution, as a tribute of respect to his high professional attainments.

(a) Vol. xiv., January 1839, p. 527.

(b) The office of Surgeon-General to the Forces in Ireland no longer exists, having been abolished in 1833.

(c) On the occasion of the inauguration of the new Medical College, at Stevens' Hospital, on the 27th October, 1867, Sir Henry in the opening address bore the following testimony to the Professional and private qualities of his distinguished preceptor. After having spoken of other Surgeons-General, Sir Henry Marsh added—"The present Surgeon-General (though this is not the Hospital to which he has specially devoted himself) has contributed not a little to the maintenance of its high surgical reputation. On all important occasions of operative Surgery he is to be found in the operating theatre, and always prompt and ready to lend his useful aid. He was once my master,—I had been his pupil. I obeyed his behests. Highly to this day do I value the surgical lessons I then learned from him. Greatly did I then, as I do now, admire his genius and his talents—great in the scientific world, as he is charming in his social and domestic relations."



In addition to the essays we have mentioned, Sir Philip contributed numerous papers to the Medical periodicals of the day. These may be found in the *Medico-Chirurgical Transactions*, the *Dublin Hospital Reports*, and the first and second series of the *Dublin Journal of Medical Science*. Among the principal communications not already enumerated are papers on Pericystitis, Obliteration of the Aorta, the Excision of Carious Joints, Injuries of the Head, Lithotomy, Lithotrixy, etc.

In a purely Medical and Surgical Journal it is, of course, chiefly with Sir Philip's professional character we have to deal. This notice would, however, be imperfect were we to pass over in total silence the kindness of disposition, the affectionate sympathy, particularly for those who, rich or poor, required his skilful aid, which endeared him to all classes; nor do we see why the testimony of one of his servants should not be recorded:—"I have lived with him for three and thirty years, and never did I hear a cross word from his lips."

Sir Philip was a remarkably handsome man even in his later days, so that there is probably some foundation for the following story, which has lately appeared in the *Press* of New York:—"George IV. visited Ireland in 1821, at which time Philip Crampton was Surgeon-General of the forces. He attended the King's levee, and wore the proper official uniform of his station, blue, with gold lace, epaulets, sword, and plumed cocked hat. This attire resembled that of a General of Artillery, and Crampton, who was over six feet high, and one of the handsomest men in Ireland at that time, looked remarkably well in it. His appearance struck the King, who made a remark to Lord Norbury, 'Fine man! General officer? in what branch of the service?' Norbury, who was a better courtier than to insinuate that royalty possibly could be mistaken, and too witty to sacrifice the opportunity of making a pun on Crampton's profession, answered, 'His name is Crampton, may it please your Majesty, and he is a General in the *Lancets*.'"

Sir Philip, during an unusually long period, held not only the first rank in his Profession, but enjoyed the highest consideration of society in general. Let it not be supposed that he attained this high position from fortuitous circumstances or incidental qualifications alone. Had his status been based on any such uncertain foundation, it could not have remained, not only unshaken, but if possible increasing in firmness to the last. On the contrary, originally endowed with great talent, and possessed of extreme activity of mind and body, he loved his profession ardently, and devoted his spare moments to its advancement. We have no doubt, too, that the principles of the higher order enforced in the following passages addressed by him to the pupils of the Meath Hospital class, in an introductory lecture delivered in 1836, with which we shall conclude this article, were those which mainly influenced his conduct in this respect:—

"You cannot but have perceived that in all that I have said respecting the danger to yourselves and others of neglecting, while you are yet young, to lay up a store of professional experience—of not postponing the study of your art until you are obliged to practise it as a profession,—you must have perceived that I have addressed myself to your selfishness generally, but especially to your selfish fears. I have said nothing of those higher motives, which it is to be hoped exert some influence on all minds, but which to some are the mainsprings of every action of their lives: my reason is, that, in addressing myself to men, I must make use of those motives which most generally determine their conduct. The question is not, what *ought* to make a man adopt such or such a course of conduct—we all know *that*; but what *will* make him adopt it.

"I wish to make you diligent in the pursuit of knowledge. I therefore place before your eyes the certain and immediate punishment which awaits idleness, rather than the remote, and perhaps less certain reward of diligence; besides, it is the peculiar and glorious attribute of virtue, 'that it is its own and great reward,' that those who are blessed with humane and generous feelings will exercise them,—must exercise them; and assuredly, if there be a field better fitted than another for the exercise of all those qualities, intellectual as well as moral, which most exalt our nature, that field is the province of medicine. To the Physician, beyond all men, is given the power of conferring on his fellow-man, and even the beings who are placed under his power, the greatest benefits and the

most supreme happiness. 'Walking himself in the valley of the shadow of death,' he is the means of dispensing life and health to others; and when he returns to the bosom of his family, loaded with the fruits of his honourable toil, yet still buoyant with the sense of success, his happiness will suffer no abatement, from the belief that, whatever may be that success, it is but 'the showing of a heavenly effect in an earthly actor (d).'"

Sir Philip died on the 10th of June, 1858, aged 81 years and three days. He succeeded in the baronetcy by his elder son, his Excellency Sir John Fiennes Crampton, K.C.B., Envoy Extraordinary, and Minister Plenipotentiary from Her Majesty to the Court at St. Petersburg.

The funeral took place on Monday. It was attended by numbers of nobility, the judges of the law courts, and of nearly all the eminent Medical practitioners of the city. There were also present a large number of Medical gentlemen from distant parts of the country, who came to pay the last tribute of respect to the memory of their master. By the directions given by the deceased some short time before his death, the body was placed in a solid Irish oak coffin without any lid; around this was placed a thick concrete of Roman cement, which was made to fill up all the spaces in the interior of the coffin not occupied by the body, which was covered over and entirely imbedded in the cement, of which nearly five hundred weight was used. This heavy mass was placed within another Irish oak coffin of great strength, on the lid of which was a shield bearing the following inscription:—

Sir Philip Crampton, Bart.,  
Died June 10th, 1858,  
Aged 81 years.

## UNIVERSITY OF OXFORD.

### EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.

#### EXAMINERS.

Dr. ACLAND, Regius Professor of Medicine.  
Dr. CHAMBERS, Physician to St. Mary's Hospital, London.  
Dr. ROLLESTON, Lee's Reader in Anatomy.

#### No. I.

OXFORD, JUNE 1858.

#### Anatomy and Physiology.

1. Describe in the human subject the Bloodvessels at the base of the Brain,  
" at the Root of either Lung,  
" on the walls of the Oesophagus,  
" Stomach, and Duodenum,  
" in the Hilus of the Kidney.
2. State the origin, course, distribution, and functions of the Third Nerve in Man.
3. Describe a Typical Vertebra.
4. What are the several points of Ossification in the 1st, 2nd, and 3rd, Cervical Vertebrae? In the Scapula, Temporal, and Sphenoid Bones?
5. What conditions favour, retard, or prevent the Coagulation of the Blood?
6. What are the functions of the Cerebellum?
7. What effects are produced upon the several functions and upon the duration of Life by section of both Pneumogastric Nerves?
8. What are the objects under the microscope numbered i, ii, and iii?
9. State what you know of the accessions recently made to our knowledge of the physiology and minute anatomy of the Spinal Cord.
10. Describe the minute structure of the Human Lung.

#### No. II.

#### Chemistry and Botany.

1. Describe the several varieties of sugar; giving their sources in the animal and vegetable kingdoms, their employment in the arts, and the tests for their presence, together with such fallacies as these are liable to.

2. What are the Chemical constituents of the Urine, and what relation do they hold to the several tissues of the Body?

3. What is the received Chemical formula of each of the following substances—Ammonia, Cyanate of Ammonia, Urea, Uric Acid, Oxalic Acid, Creatine, Alloxan, Murexid, Albumen, Fibrin, Gelatin?

4. By what means do you recognise the presence of Arsenic in organic Solutions?

5. By what experiments has the constitution of the Atmosphere been determined with exactness?

6. Give an account of the methods in use for the determination of Nitrogen in an organic body.

7. How would you ascertain the absolute amount of Carbonic Acid present in a room of given dimensions? What is a proper cubical space for each patient in a Hospital ward?

8. What is meant by the terms 'Amide' and 'Nitrile'? Illustrate your answer by examples. Does Hydrocyanic Acid belong to either of these classes of bodies?

9. State the various processes by which Calomel may be converted into Corrosive Sublimate and Corrosive Sublimate into Calomel?

10. Describe the way in which plants are nourished, and name some substances which they seem to derive from the external world, and some which they elaborate themselves.

11. From what parts of what plants are derived (1) Opium, (2) *Extractum Colchici Aceticum*, (3) *Oleum Bergamottæ*, (4) *Rhei pulvis*, (5) *Tinctura Digitalis*, (6) *Strychnia*?

### No. III.

#### Pathological.

1. What is the state of the blood in patients affected with (1) Scurvy—(2) Anæmia—(3) Bright's disease of the kidneys—(4) Rheumatic fever—(5) Pleurisy—(6) Advanced pulmonary consumption—(7) Typhus—(8) Purpura?

2. Describe an ordinary case of confluent small-pox in an unvaccinated person.

3. What are the most usual chronic lesions after (1) Scarlatina—(2) Measles—(3) Ague—(4) Gonorrhœa—(5) Cholera—(6) Rheumatic fever—(7) Dysentery?

4. What may be the consequences of protracted exposure to cold and wet?

5. What are the poisonous effects on the human frame of (1) Mercury—(2) Lead—(3) Arsenic—(4) Digitalis—(5) Strychnia—(6) Tobacco—in large and small doses respectively?

6. Describe the invasion of illness, the course of the disease, and the post-mortem appearances in a child of ten years old affected with tubercles in the Arachnoid.

7. Name the urinary deposits under the microscopes A, B, and C.

8. Describe the post-mortem appearances most likely to be found in cases of Apoplexy, in the head as the immediate cause, and elsewhere as the remote causes of death.

9. What are the usual causes of chronic abscess of the liver?

10. Name forms of disease likely to affect bakers—cobblers—needle-pointers—stone-masons—well-sinkers—grocers—chimney-sweeps—lucifer-match-makers—and coal-whippers respectively.

### No. IV.

#### Therapeutical.

1. Describe the medical treatment of hæmorrhoids under various circumstances.

2. How would you treat the several complications of idiopathic low fever?

3. Are any rules of guidance for the administration of wine in fever to be obtained from the heart?

4. Describe the alkaline treatment of rheumatic fever, writing prescriptions in full without contractions.

5. What are the immediate effects of blood-letting, and under what circumstances would you employ it? By what tests would you judge of the power of the patient to bear it?

6. What is the physical action of heat applied externally to the human frame, and when and how would you employ it therapeutically?

7. If a woman during the early months of pregnancy lost blood *per vaginam* after unwonted exertion, what evil would you anticipate, and what means would you adopt to prevent that evil?

8. What prognosis would you give, and what treatment

would you adopt in a case of acute traumatic and chronic idiopathic Tetanus severally?

9. Write prescriptions for Elaterium, Scammony, Gamboge, Senna, and Rochelle Salt, intended to produce their full effect on an adult, 1st, simply, and 2ndly, in combination.

10. How did Rasori employ Antimony in inflammations? with what success? and with what risks?

11. How do cold moist air and warm dry air respectively affect the lung? and by what therapeutical means can you modify for a patient the hygrometric state of the respired air?

### No. V.

#### Clinical Examination. (*Radcliffe Infirmary.*)

1. Write a Clinical Report on the cases of whom you will find in

State the probable course of the cases, and write a brief commentary on them.

2. Are the specimens of Urine marked A, B, C, respectively healthy? if not, state in what particulars they are abnormal? If unhealthy, what indications for treatment do they furnish?

The Examination was concluded by translations from Latin and Greek into English.

## REVIEWS.

*A Manual of Obstetrics: Theoretical and Practical.* By W. TYLER SMITH, M.D., Physician Accoucheur to, and Lecturer on Midwifery at, St. Mary's Hospital. Pp. 628. London: 1858.

THE present manual, which is one of the series published by Mr. Churchill, will form a welcome addition to the many excellent treatises which have preceded it. A course of Lectures published in the columns of a contemporary forms the basis of the work; and in its present form it has been copiously illustrated with well-executed engravings in the usual finished style of Mr. Churchill's publications. With many of these illustrations we are acquainted in the pages of other obstetric authors, but many are original; and Dr. Tyler Smith frankly tells us in his Preface, that although he intended at first to give the authority for every woodcut taken from other works, yet that he subsequently abandoned the idea, from the difficulty of tracing the originals, but that he has himself added twenty new engravings to the common stock.

The importance of diffusing a sound knowledge of obstetrics appears to be amply proved by a reference to the statistics of mortality furnished by the reports of the Registrar-General. From these data, quoted by Dr. Tyler Smith, we find that about 3000 women per annum are destined to perish from child-birth in England and Wales; and this mortality refers to women in the prime of life, who, up to the time of labour, have enjoyed excellent health. These fearful results, it is justly remarked, are rather under than overrated, from the natural repugnance of practitioners to refer to child-bearing as a fatal process, and that the cause of death is truly returned (so far as it is possible) may be safely asserted when we mention that Dr. W. Farr is the authority upon the subject. Many of the deaths are no doubt due to the want of prompt Medical aid, and as many more to the meddlesome interference of ignorant midwives and other pretenders to obstetric science; but a great host of fatal cases are caused by the ravages of puerperal fever, the bane of parturient women, against which, when fully developed, the most consummate skill is of little avail. But, as Dr. Tyler Smith remarks, under a proper observance of hygienic measures, this destructive malady might be extirpated from the land, like typhus and other zymotic affections, which are gradually disappearing under the influence of preventive medicine.

To give an analysis of Dr. Tyler Smith's "Manual," would be to pass in review all the usual topics which are treated in midwifery lectures, and we must therefore limit our remarks to a few of the most prominent features in the work. The excitomotor functions of the uterus are carefully described, as might be expected from an author who has applied so successfully the principles of Dr. Marshall Hall's theory of reflex action to the reproductive organs of the female; and the periodicity of uterine action, whether in menstruation or in child-bearing, is

strongly insisted upon as a law in the economy. With respect to the existence of numerous nerves in the gravid uterus, Dr. Tyler Smith inclines to believe in the truth of Dr. Lee's views, and supposes that the discrepancies existing between Dr. Lee's dissections and those of Dr. Beck, may be due to the fact that the latter cleared away the neurilemma from the nerves, while the former dissected the neurilemma and the nerves together, as constituent parts of the same structure. The use of chloroform in labour is justified in all cases of obstetric operations and in other cases where the pains are unusually severe; but Dr. Tyler Smith states that he has had reason to believe that insanity has been sometimes caused by its too liberal use during labour, and that he has occasionally seen it suspend uterine action. He also informs us that some of the worst cases of laceration of the perineum which he has seen, occurred in patients under the influence of chloroform.

We have only to add that Dr. Tyler Smith has carefully consulted numerous authorities bearing upon the theory and practice of obstetrics, and that the precepts he lays down evince mature judgment and careful reflection.

*Medical Jurisprudence.* By A. S. TAYLOR, M.D. F.R.S. Sixth edition. London, 1858. 8vo. Pp. 976.

THE sale of five large editions of this work since its first appearance in 1843, is the best proof that some work on Medical Jurisprudence was wanted, and that this work has supplied the want. The present edition may be looked upon almost as a new work, not only because it exceeds in size by three hundred pages the first edition, but because the most recent improvements in Chemistry and Medical science generally, and the most important facts and cases bearing on Medical Jurisprudence which have been made known or discussed during the past fourteen years, have been collated by the author to make his manual, what we believe it to be, a thoroughly trustworthy guide both for lawyers and Medical men, upon all Medico-legal questions.

The sections on poisons, wounds, pregnancy and abortion, legitimacy, rape, asphyxia, insanity, indeed every subject treated, are illustrated by reference to the newest facts and most recent cases, and we can most cordially recommend the present edition, not only to those who have not, but to those who have, earlier editions.

*On Localized Galvanism applied to the Treatment of Paralysis and Muscular Contractions.* By R. M. LAWRENCE, M.D. London: 1858. 8vo, pp. 164.

IN a recent number of this Journal we published an interesting paper, by Dr. Lawrence, "On the Treatment of Hysterical Paralysis and Muscular Atrophy by Galvanism." In the work before us will be found chapters equally useful on other therapeutic applications of localized galvanism, especially in various forms of paralysis. The introductory chapters on animal electricity, the various electro-magnetic machines in use, the modes of applying the various forms of electricity, and the electro-physiology of the nerves and muscles, may be read with interest, and consulted with advantage, by all who wish to make themselves acquainted with the remedial powers of galvanism.

*Cosmos.* By A. VON HUMBOLDT. Translated under the superintendence of Major-General E. SABINE. Vol. iv. Part i. London: 1858. 8vo, pp. 616.

THE German original of this first part of Humboldt's fourth volume only appeared at the commencement of the present year. The appearance of the English version in so short a time could only have been secured by the cordial co-operation of author, editor, and translator; but it has been secured, and the English reader has presented to him in one connected and comprehensive treatise, a summary of what is known of terrestrial magnetism, and of the reaction of the interior of the earth or its exterior, including earthquakes, thermal springs, and volcanoes. It is a work which should be read by every educated man who would make himself acquainted with the results of observation on the great phenomena of the "World we live in."

## PROGRESS OF MEDICAL SCIENCE.

### Selections from Foreign Journals.

#### ON THE EMPLOYMENT OF THE THERMOMETER AT THE BEDSIDE.

By Professor WUNDERLICH.

THE object of Professor Wunderlich's paper is to call attention to the great value of this instrument in practical medicine, and to recommend its general employment. He says that he has some right to speak upon the subject, inasmuch as he has made in his clinique at least half a million exact thermometrical observations, and has followed the whole course of their maladies, and carefully compared the results in more than 5000 patients. He has also constantly employed the thermometer in private practice, and has continually pointed out to his pupils the practical character of the investigation. Some of the results have been published by his assistants or pupils in the *Archiv. für Physiol. Heilkunde*; and the principal conclusions have been summed up by himself, under the accounts of the respective diseases contained in his celebrated *Handbuch der Pathologie*.

Although by the aid of the thermometer we cannot at once arrive at any speculative idea of the nature of disease, yet are the facts it reveals fraught with the highest theoretical interest, and furnish important material for the solution of questions in pathological physiology. Surely there is motive for investigation, when it is found that the proper temperature of the human body can neither be materially diminished nor increased, without previous injury to its health having occurred. But in all degrees and kinds of muscular exertion or cerebral action, in every mode of respiration, in every degree of consumption or of loss, so long as the health is not injured—in every variety of bodily stature or constitution, at all ages and in all temperaments, and, indeed, in every condition of external circumstances, the temperature scarcely varies a degree. In the manifold varieties of disease considerable differences arise, sometimes almost suddenly, and sometimes only gradually; and even in the agony of death, when all the processes of life seem reduced to the lowest ebb, the temperature reaches its highest and most rapid elevation. Here we see a simple physical phenomenon, the entire purport of which can be exactly expressed in numbers, exhibiting, on the one hand, the greatest constancy under the most varied circumstances, and, on the other, numerous differences within narrow limits, and all limited by determined laws. Where in pathology, or in biology in general, can we indicate another equally favourable opportunity for obtaining an exact measure of concealed processes?

The practical worth of this means is immense, equalling that of any other mode of investigation, and surpassing most others even in local diseases, the participation of the entire economy being of the highest import. The practitioner who in pneumonia, peritonitis, typhus, etc., attaches all the importance to the changes undergone by the implicated organ, who regards it as scientific to attend only to the indications furnished by auscultation, microscopy, etc., and neglects all processes that are not capable of exhibition after death, will certainly regard changes in the temperature as accidental and immaterial. But the reaction against this mere local pathology is becoming stronger every day; and the conviction is firmly establishing itself that even for decision on the most localised affections, the appreciation of the general condition of the patient, of his strength and excitability, is essential, and that the question whether he has fever or not is of the highest import. And the facts acquired through the thermometer should convince the warmest advocate of localised action that the condition of fever entirely dominates over the development of local changes, the prognosis and the indication of treatment being frequently derived from it. The following are some of the examples of the utility of thermometrical observation:—

1. It is often of consequence to be able to quickly appreciate the importance of a recent change of health; and for this purpose the thermometer has no superior. If we find that the temperature remains normal, or nearly so, we can at once tranquillise the patient and his friends; for the disturbances (of course special cases, such as cholera, apoplexy,

hamoptysis, hernia, poisoning, etc., excepted) are of no significance, and need give rise to no anxiety. If, however, we observe a rise of two or more degrees, the advent of important disease is certain. This distinction is of great importance in children, in whom trifling ailments are often accompanied by disquieting symptoms.

2. The temperature will often alone detect latent but important disease. A mere indisposition, but attended with a considerable rise of temperature, is never to be made light of, marking as it usually does the beginning of important disease. A similar increase suffices to indicate the commencement of relapse after convalescence, or the advent of another form of disease. Exacerbation of temperature thus in typhus conveys most important warning. In intermittent fever there often occur one or more exacerbations of temperature, unaccompanied by any other symptom whatever. If we dissipate this by means of quinine, the patient recovers; but if this has been left off, we must expect a relapse.

3. In disease that has established itself the thermometer becomes the most certain basis of our diagnosis, the best corrective of a too hasty appreciation, and frequently the means of deciding in doubtful cases. Every one is aware that even in the best marked forms of disease, the diagnosis is still often difficult; and repeated experience has convinced the author that observation of the temperature is superior to all other means, and frequently at once solves the problem. To give an example: the course of the temperature, as exhibited in uncomplicated enteric typhus, is found in no other disease. Intestinal catarrh, some forms of pneumonia, intermittent fever with apparent continuance, meningitis and miliary granulations of the pia mater, acute tuberculosis, Bright's disease, or pyæmia, may simulate typhus; and may exhibit almost the whole of its characteristic symptoms: but observation with the thermometer will often at once, and at all events after a very few days, establish the distinction with certainty (Various other examples are given, for which we have not space).

4. Its practical application is not confined to mere nominal diagnosis. It is of more importance to be made aware of the intensity of a disease, and of its condition in respect to benignity or malignity. It is certainly of importance to be able to distinguish a typhus from a gastric catarrh, but it is not of less consequence to be able to distinguish, as soon as possible, a slight from a bad case of typhus. The difference between a pneumonia and a pulmonary catarrh is not of much more consequence than that between a mild and benign, or a severe and malignant inflammation of the lungs. A simple scarlatina bears almost more resemblance to a roseola than it does to a malignant scarlatina. And so in all cases, this determination of the intensity is for practical purposes, for prognosis, and for indications of treatment, of the greatest importance. There is no means of arriving at it more certain, more delicate, or more prompt, than the observation of the animal temperature. A great number of observations has taught the author to distinguish with certainty mild from severe typhus, amidst deceptive appearances, sometimes in the first week, but still oftener during the second; and to diagnose even in its earliest stages mild from severe pneumonia, benign from malignant scarlatina. The thermometer thus may often enable us to rest contented with expectative treatment, but at other times it indicates the prompt employment of energetic agents.

5. It is often of not less importance to determine the stage of the affection, that is, the point of development the internal changes have reached. This is especially the case in typhus, in which the internal exudation, a slow healing process, may by the inexperienced be regarded as a continuation of the disease, although it has other and peculiar dangers calling for peculiar treatment. By no other means than the observation of temperature, can we so exactly and so certainly appreciate these concealed processes.

6. In the course of many diseases, the diagnosis of which has been accurately established, additional developments, degenerations, or other complications may occur, which at first are often completely occult. The interruption of the course of the disease by a sudden rise of temperature, is the earliest and best indication of such occurrences.

7. The ordinary increase and aggravation of a disease are also by far the best ascertained by observation of the temperature. This will point out the occurrence of danger, and may indicate a positively fatal prognosis; for the advent of the

agony of death is in many cases foreshown by nothing so well as by a rapid and considerable change of temperature.

8. While a certain height of the thermometer ( $34^{\circ}$  R. or nearly) allows us to predict a fatal issue with certainty, and a considerable height (above  $32^{\circ}$  F.), is of bad augury, there are cases in which the observation of the temperature is the most favourable sign for the prognosis. Where we find in a bad case of typhus that it has fallen on some morning to  $30^{\circ}$  F., we know the reparative stage is entered upon; and when a similar declension is observed in the evening, convalescence has commenced. Evening declension in pneumonia shows the period of crisis has arrived. When the temperature falls in measles, the maximum of the eruption has been reached; and when, in the first stage of variola, we observe a quick return to the normal temperature, we may feel certain that a slight, dangerless form will ensue.

9. The temperature also indicates to us deviations in the curative process, which, together with their indications, would usually be concealed from us. The delayed deference in pneumonia, the continuation of a high evening temperature in typhus, or the exanthemata, the incomplete attainment of the normal temperature in apparent convalescence, are signs of the highest significance. They indicate incomplete recovery, supervention of other disease, unfavourable changes in exudation-products, or the continuance of chronic disturbance. The commencement of even a slight elevation of temperature during convalescence, is a warning to exercise careful watching over the patient, and for a due control over his diet and actions.

10. We may mention the enlargement of our knowledge of pathological phenomena as one of the most important acquisitions through thermometrical observation. This exhibits to us a regularity of type in the course of febrile affections, which is truly surprising. Our predecessors have, indeed, correctly suspected the existence of such typical courses, but have formulated it too hastily, and without sufficient material. The errors that have been committed have brought the doctrine into discredit, and the numerous observations made on mere local conditions have completely obscured it. To the thermometer the doctrine will owe its rehabilitation, placing it, as this will, upon the incontrovertible basis of observation.

11. When once the typical forms of the course of disease become established, the basis is laid for appreciating the irregularities in particular cases. These once indicated, we have to seek for their causes, and, when desirable, to prevent their occurrence. All irregularities are, however, not prejudicial, some being more favourable than the normal course of the disease, as in certain cases of irregular typhus or scarlatina. While, therefore, frequently the immediate object of therapeutics is the re-establishment of the typical regularity, it may be desirable in other cases to even induce certain irregularities by means of therapeutical procedures. In the one case, as in the other, the thermometer is the most correct, and almost the only guide.

12. In all the above instances their numerous relations to therapeutics are obvious. The thermometer indicates in many diseases that we may without anxiety resort to mere expectant treatment, and it points out the moment when energetic action should commence, and when the patient may again be left to the natural progress of his disease. It is also one of the most certain and delicate tests of the efficacy of the means employed. The contests as to the employment of bleeding and the administration of mercury, will only be definitively decided by the aid of numerous thermometrical observations. The utility of digitalis, antimony, camphor, etc., can best be learned from these; and all energetic procedures in febrile diseases should be submitted to the same test.

In all the above cases the determination of the temperature is the only exact means we have of measuring the processes of the general economy. For this it possesses the same value which auscultation, mensuration, and other modes of exact observation do for the appreciation of topical disturbances. It is of a higher practical worth, because in disease the indications for therapeutical procedures are derivable, with infinite more frequency, from the general condition of the patient than from those conditions which are termed topical, and the equalisation of which, little capable of being directly influenced, takes place for the most part spontaneously. The Professor, therefore, believes that he is not going too far when he states that the thermometer is indispensable for the exact observation of fever patients. Had we been accustomed to,

and properly appreciated its use, histories of disease, unaccompanied by continuous thermometrical observation, would seem as defective as would reports on diseases of the lungs, heart, spleen or liver without indications of the physical signs, affections of the brain, unaccompanied by accounts of psychical function, and maladies of the intestinal canal, in which no mention is made of the state of the alvine discharges. Perhaps some may complain of the institution of these observations is a new burthen, just as was said of the stethoscope and pleasmeter. But this must be got over, and the time is not distant when no Physician will venture to pronounce upon a febrile disease without the application of the thermometer, or in the milder cases the employment of a hand, well exercised by numerous comparative observations, as an approximative means.—*Archiv. für Physiol. Heilkunde, Neue Folge*, b. i. pp. 6—16.

## GENERAL CORRESPONDENCE.

### VACCINATION IN IRELAND.

LETTER FROM J. J. TRAYER, M.B., T.C.D.

[To the Editor of the Medical Times and Gazette.]

SIR,—Many reasons might be assigned for the great falling off in the amount of vaccination performed by the Poor-law Medical officers of Ireland within the last few years. Perhaps it might have a beneficial effect were individual practitioners to state distinctly the causes which they have felt and known to be in operation in their several districts. Permit me then to call attention to one which I know to be fruitful in checking this most important practice. Formerly the Poor-law vaccinators were permitted to enforce and secure the return, on the eighth day, of parties whose children they had vaccinated by taking a small pledge in the shape of some trifling article of dress, or a small coin, which pledge being duly marked with the name of depositor was returned on their re-appearance at the proper time with the vaccinated child. This practice is now expressly forbidden by the Poor-law Commissioners, and the consequence is, that it is now quite exceptional to obtain the return of such parties, and recourse is obliged to be had again and again to the dry lymph obtained from the Vaccine Institution. It is plain that no matter how carefully preserved the lymph be, no matter how skilfully the vaccination with it be performed, it is by no means so certain in its effects as the fresh lymph. Moreover, the supply sent usually is of but limited extent, seldom for more than three or four children, and thus parties are disappointed, take offence, and fail to apply again for months or years. Again, with a few exceptions, the fresh lymph is very much preferred by the parents who, when they see "a nice poek" on a "clean skinned healthy child" in their neighbourhood, flock in to secure the advantages of vaccination, without incurring the risk—fancied or real, but very commonly believed in in Ireland at least—of some blood contamination being communicated with lymph obtained from some unknown, and therefore suspected source.

What may be the reasons that influenced the Poor-law Commissioners in putting an end to so convenient a practice, it is not for me to imagine. If it were any dread that such a proceeding interfered with the freedom with which parties sought gratuitous vaccination at the dispensaries, I can safely say that such a fear was groundless. This little pawn-broking interlude was, in my experience, a source of no unpleasant feeling, often the occasion of a little friendly banter, that relieved the sameness of dispensary work, without seriously injuring the dignity of the local Hippocrates, and was so successful in attaining the desired object, that I only remember one pledge having been left on my hands. The steady maintenance of a supply of fresh vaccine was not the sole, though the chief advantage of this proceeding; by it every case was brought once at least under the Medical officer's eye, and that on the day when the cow-poek presents its most characteristic phase, and thus some definite idea was obtained of the result of the operation. I am sorry to say that in this neighbourhood, though not in my own district, the worst anticipations of the Commissioners are being realized as to the prevalence of variola in an epidemic form at least. I hear a great deal of its great frequency, and have reason to

fear that the inoculators are driving hard their nefarious trade. Secure a fair average return of the vaccinated children to the dispensary, and you will have a steady supply of children to vaccinate, and thus, for variola and its most accursed propagators, you do all human means can do to spoil the market.

I am, &c.

J. J. TRAYER, M.B., T.C.D.

Bagnalstown, Co. Carlow.

## HOMOEOPATHY.

LETTER FROM T. H. BARKER, M.D.

[To the Editor of the Medical Times and Gazette.]

SIR,—It would appear that the Homeopaths vince under the Bedford Resolutions. This morning I received the following note from Dr. Eppe, which, with the short reply, I forward to you, in order that your readers may be upon their guard.

I am, &c.

T. HERBERT BARKER.

Bedford, June 10. 1858.

[COPY.]

89, Great Russell-street, W.C.,

June 8th, 1858.

SIR,—I find your name in connexion with a meeting at Bedford on the 21st of May. I find thereat certain resolutions passed unanimously. I need not designate these resolutions.

Engaged in writing a history of Homoeopathy, which, I trust, will be, years hence, regarded as a standard work, I shall chronicle the facts, illustrative of the opposition Homoeopathy met with, and shall try to impart a knowledge, not simply of the general character of the opposition, but by recording both the names and the status of all the parties who publicly joined in that opposition, and the modes under which that opposition took form, thereby rendering more tangible to the recognition of those who come after, the reality, and the special character of the opposition.

To render the history perfectly truthful and just, I have felt bound, wishing to do to others what I would wish others to do to me, to try and ascertain before recording your name as one of the units engaged in the opposition, whether or not you gave your sanction to the resolutions referred to.

Believe me, with best wishes,

Sincerely yours,

JOHN EPPE, M.D.

[COPY.]

Bedford, June 10, 1858.

DEAR SIR,—In reply to your note of the 8th inst., received this morning, I beg to say that the resolutions referred to received my most hearty sanction.

I am, dear Sir, yours most faithfully,

T. HERBERT BARKER, M.D.

Dr. John Eppe.

## MEDICINE AND THE STATE.

LETTER FROM RICHARD GRIFFIN, Esq.

[To the Editor of the Medical Times and Gazette.]

SIR,—I shall feel obliged if you will favour me with space to address the Poor-law Medical officers on subjects deeply affecting their interests.

The reply of the President of the Poor-law Board to Mr. Booth, in the House of Commons, on June 10th, is most important, as it proves that our past labours are now in a fair way to meet their reward; still we must continue to be vigilant, as dangers beset our path; e.g.:—Recently the Wolverhampton Board of Guardians have drawn up a memorial containing a tissue of misstatements, which they have presented to the Poor-law Board, and pray "that they will refuse to accede to the wishes expressed by the deputations of Medical officers." Not content with this, they have also appealed to all other Unions for co-operation.

The Bill for a superannuation fund for Poor-law officers, issued by a committee in London, composed of 9 masters of workhouses, 14 relieving officers, and 10 clerks to



Boards of Guardians, requires our serious consideration, as by it a deduction from the salaries of all officers, Medical included, of 2½ per cent. is to be made compulsory. In its present state I feel confident the proposed Bill cannot be worked, and will not give satisfaction to the Medical officers; a copy will be found in Knight's Official Advertiser, which is sent to the clerk of each Union.

The "Friendly Societies Bill" now before the House, compelling a gratuitous Medical certificate in case of death, is unjust to the Poor-law Medical officers, to whom it alone applies, and ought to be opposed.

The Vaccination Bill about to be introduced, will require to be narrowly watched, lest we be offered an indignity similar to that which is threatened to be imposed upon our Irish brethren—"sixpence per case for successful vaccination!" Could the illustrious Jenner rise from his tomb, would not he be astounded at the niggard value set upon his immortal discovery? Better far that we should vaccinate gratuitously, than accept so paltry a payment.

To be successful in our efforts to improve our position requires unity of action, and ample means at command, without which our best endeavours may be unavailing. Some gentlemen have contributed most liberally to the Association Fund, but a vast number have done very little, and many literally nothing. Since the commencement of this year, 593 Medical officers only out of the 3200 have sent subscriptions. This apathy is unworthy a noble Profession, with so much at stake. For years past the Poor-law Medical Department has been in a degraded position, ground down to so low an ebb that resignations have been most numerous, almost compulsory, 29 having taken place during the last month. Surely, now there is a prospect of making ourselves respected by the Guardians, and the community at large, my friends will awake from their lethargy, and prepare themselves to support the proposed Bill of the President of the Poor-law Board, or to press upon Parliament the necessity of its amendment, should such be needed; and also to take their share in the support or rejection of the other Bills; but this cannot be done without funds—printing on an extensive scale, and a large and continuous correspondence being absolutely necessary. Surely a few shillings from each member cannot be considered thrown away in an attempt to redress the wrongs of our oppressed brethren—omitting altogether the prospect of obtaining the £231,000 mentioned by Sir John Trollope, or even the 50 per cent. named by the President, which is £115,000 annual addition to our salaries.

I am, &c. RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, June 14, 1858.

## CONSTANT GALVANIC CURRENT.

LETTER FROM MR. ROBERT REMAK.

[To the Editor of the Medical Times and Gazette.]

SIR,—I feel very much astonished and dissatisfied that the short communication, which you kindly inserted in your valuable journal of the 8th of May, and by which I intended merely to draw the attention of Physicians to some therapeutical effects of the constant galvanic current, should have excited one of our colleagues to make so hostile a reply, as is to be found in the letter of Dr. J. Althaus, contained in the *Medical Times and Gazette* of May 15.

1. Dr. Althaus thinks that the assertions made by me upon the subject do not even deserve an answer, because I have said in my paper "that the current of induction cannot be applied to the living body without shocks, and that these shocks have a weakening effect." I am not at all astonished that this assertion should appear inconceivable and incredible to Dr. Althaus and other electricians; "but for the physical" and physiological explanation of it, I can confidently refer to the papers quoted in my communication, or to my work now in the press.

2. Dr. Althaus supposes he supports the unfavourable opinion which he endeavours to diffuse, by quoting some expressions of the Editor of the *Gazette Hebdomadaire*, made two years ago, after having witnessed the experiments made by me in Paris on some patients. I will not at all deny the impartiality of Dr. Déchambre; but practitioners will conceive, that even were results negative in four cases under observation (before my method was developed), the value of the

remedy cannot be affected by this circumstance, after the results obtained now in 750 cases.

3. It is stated that "my discovery was made and applied a long time before by Nobili, Matteudore, and Bequerel." The history of the practical application of galvanism (which will be given in my work) can alone prove that this is incorrect.

4. Dr. Althaus says that, according to my assertions, "the current is one of the most wonderful agents that has ever been heard of." I can only, for my part, repeat that I have conscientiously given my results, and that I expect to find them corroborated in the future.

Finally, Sir, permit me to observe, in regard to the mark of interrogation, which you have made at the end of my sentence "upon the inflammatory states of the spinal marrow, which sometimes precede atrophy of this organ," that Rokitsky has recently published a very excellent memoir upon this subject, in the Reports of the Academy of Sciences of Vienna. I am, &c.

ROBERT REMAK.

141b, Friedrichstrasse, Berlin, June 9, 1858.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 25, 1858.

Sir C. Locock, Bart. President, in the chair.

(Continued from page 614.)

Mr. Birkett read a paper on

#### A CASE OF FIBROUS POLYPUS OF THE URINARY BLADDER, WITH OBSERVATIONS.

The new growths developed in the bladder may be thus described:—

1. Papilloma.
2. Fibrous Polypus.
3. Villous growths.
4. Epithelioma.
5. Carcinoma, and Infiltrating, and Tuberculous.

It is upon the second class that the author desired to concentrate attention. This growth resembles in every anatomical particular the "nasal polypus," which is the true type of the disease. These growths occur very rarely, and the author can find only ten cases, the description of which accords with that about to be given. Warner, Baillie, Walter, Crosse, Savory, Chopart, and Petit, each relate a case, and to these three others are added. A girl, 5 years of age, came under Mr. Birkett's care in Guy's Hospital, in December, 1857. She was in a most cachectic state, and her mother said she had been ill about two months. At that time she complained of pain in the hypergastric region, which was soon followed with dysuria, and at last retention of urine. A catheter was used to relieve this difficulty. When admitted the urine dribbled away, but unless a catheter was introduced, the bladder became immediately distended. The urine was ammoniacal; contained mucus and blood, and was very offensive. The constitutional powers of the patient were much reduced, but after nutritious diet and tonics, the child's powers rallied, and she became a little stronger. In order to examine the bladder with more care the patient was placed under the influence of chloroform, and then the contracted bladder was discovered to be filled with a solid growth, a portion of which had dilated the urethra, and protruded between the vulva. A ligature was applied around the pedicle of the protruding portion, which eventually sloughed off. Some days after this the patient became very ill, and died on the 25th day after admission. Necropsy.—Suppuration in right kidney, dilated ureter and pyelitis. The walls of the urinary bladder were hypertrophied, and its cavity was dilated. Attached to the anterior wall of the viscus and the meatus, were pedunculated growths, which had dilated the meatus, and protruded through it. These consisted of delicate fibre tissue covered with epithelium. The progressive stages of the disease were next alluded to, and the cause of death in this, as well as in other



cases of a like nature, traced to irritation excited along the track of the urinary mucous membranes.

Remarks were then made upon the differential diagnosis of this disease, and those known by the name of "vascular fungus," "epithelioma," and "medullary cancer;" and it was observed that, while in polypus little or no hæmorrhage occurred, that bleeding, on the contrary, was diagnostic of the other growths. From calculus these growths might be distinguished by the absence of sound. A foreign body might be detected in the bladder by the sense of touch, but it could not be sounded. In reference to treatment the morbid specimens demonstrate that very little hope can be entertained of doing good by surgical interference, but when practicable a ligature might be safely placed around the pedicle of the growth. The paper was illustrated by drawings of the morbid specimen in its fresh state, as well as by two preparations of the disease itself.

Mr. COULSON believed that the tumours mentioned in the paper had been described by some authors as villous growths, some of which are of a non-malignant, and others of a malignant kind, the former being by far the most rare. He (Mr. Coulson) would not now allude to symptoms of tumours in the bladder; but assuming that the existence of a growth had been determined, an important practical point arises, whether the tumour is of a malignant character. Considering the frequency of malignant growths in the bladder, he thought the differential diagnosis could be made out. In malignant growths the symptoms manifest themselves more suddenly with pain and hæmorrhage; the pain is more deep-seated, as the malignant tumour usually grows from the fundus, while the non-malignant has its origin near the neck. The hæmorrhage is also more severe, continuing during the progress of the disease, and exhausting the patient. But there is another point of still more importance, to which he (Mr. Coulson) first called the attention of the Profession in 1848, the accuracy of which had been confirmed by the subsequent observations of Dr. Owen Rees and others. He alluded to the microscopical examination of the urine, and the *débris* which it contained, in which in malignant growths cancer-cells can be discovered. In these cases even the blood passed exhibited a different appearance. As regarded the treatment in malignant cases, it could only be of a palliative kind—to lessen pain and restrain the hæmorrhage; in non-malignant cases the propriety of interference must depend on the circumstances of each particular case, but the results of operations had not been hitherto of an encouraging kind.

Mr. FERGUSON said the subject was one of great difficulty, and the hints thrown out by the author might prove of great value in its elucidation. He should have been glad, however, had Mr. Birkett been more distinct in his observations regarding the cases occurring in males and females, and in young and old subjects. He had often met with large masses connected with the prostate gland (as referred to by the author) in operations for stone. Sometimes he had to return them into the bladder, but occasionally they would come out as readily as the stone itself; at other times they were found hanging by a very narrow pedicle, so that they could be removed with comparative facility. On one occasion the tumour (the enlarged middle lobe of the prostate) was quite isolated, being surrounded by the mucous membrane of the bladder. It occasioned the patient great difficulty in passing water, of which he complained more than of the symptoms of stone. After removing the calculus, he removed the projecting portion of the prostate with the lithotomy forceps. The patient afterwards died: but he could not say whether it was from the operation in question. In another case, in which the patient died, having all the symptoms of stone, a small projection was found in the neck of the bladder about the size of a walnut, which appeared to grow from the prostate gland, and to be completely surrounded by mucous membrane; it was attached by a narrow pedicle, and dropped into the neck of the bladder when the Surgeon tried to pass water. He believed if a patient could diagnose such a case, he would be justified in making an incision, as in lithotomy, and removing the offending body by pulling, twisting or ligature.

Mr. HENRY THOMPSON said, he wished to call the attention of the Society to the broad distinction existing between that rare form of tumour, for examples of which they were indebted to Mr. Birkett, and the tumours commonly called villous. The first, or fibrous polypus, were simple protrusions, at first, of the mucous membrane, and were occasion-

ally met with in various parts of the body in connexion with that membrane. Rokitsansky had particularly described their mode of formation. The latter class, however, possessed a truly villous structure, precisely resembling the villi of the chorion; and it was an interesting circumstance that there existed this homology between the diseased and healthy structure. None of these should be termed malignant, as they did not cause death by infecting the system or involving neighbouring parts, but simply by producing hæmorrhage. Each minute villus was a delicate vascular loop, which might be ruptured by a very small abrasion, or even collapse of the bladder, and bleeding was thus produced. He was satisfied that in most of those rare cases in which the pedunculated tumours referred to by Mr. Fergusson existed, their presence might be established by careful sounding during life.

Mr. BIRKETT, in replying, said, the two diseases were so essentially different that they could never be confounded. In the disease he had described there was not a trace of villous tissue; and how it could be called malignant, or how even a villous growth could be called malignant, he was at a loss to understand, unless it was from its fatal character. In the experience of twenty-five years in Guy's Hospital he had not seen a single case of anything like portions of the prostate being drawn away with the forceps in the manner described by Mr. Fergusson; hence he could not think that they were very common in relation to calculus.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 4th inst. :—

ASHBY, JOSEPH FRANCIS, Clement's-inn.  
BABBAGE, WM. BERRY, New Kent-road.  
CRAWFOOT, WILLIAM MILLER, Beccles, Suffolk.  
CROMPTON, FREDERIC, Bury, Lancashire.  
FET, WALTER, Forest-hill.  
NASH, CHARLES SAMUEL, Box, Wiltshire.  
RINGROSE, ERNEST, Potter's-bar, Middlesex.  
WILKES, EDWIN, Salisbury.  
WILLIAMS, WILLIAM, Menai-bridge, Anglesea.

Also on the 10th inst. :—

BALDING, D. BARLEY, Middlesex Hospital.  
BARRETT, CALER, Gloucester.  
GASCOTEN, G. GREEN, Oxford-terrace.  
HARPER, P. HARRY, Cambridge-street, Hyde-par  
JONES, WM. PRICE, University College.  
MOON, R. HENRY, Ilfracombe, Devon.  
SMITH, THOMAS, St. Bartholomew's Hospital.  
TEEVAN, WM. FREDERIC, Regent's-park.

At the same meeting of the Council, the following gentlemen, who had been elected at previous meetings, were also admitted to the Fellowship :—

BIRD, HENRY, Newnham, Gloucester.  
COOPER, THOMAS, Slough.  
CRIDLAND, JOHN ARTHUR, Putney.  
EVERETT, DAVID, Worcester.  
HAYMAN, HENRY, Ollery, St. Mary, Devon.  
HUGHES, JOHN, Carmarthen.  
JOBSON, JOHN, Bishops Auckland.  
MARTIN, WILLIAM, Hon. E. I. Co.'s Service, Bengal.  
RANSOM, ROBERT, Cambridge.  
TAYLOR, ROBERT, George-street, Hanover-square.

Also on the 11th inst. :—

CLAYTON, RICHARD, Accrington, Lancashire.  
EVANS, BENJAMIN, Duffryn, Pembrokeshire.  
HUGHES, BENJAMIN A., St. Vincent, West Indies.  
KEMP, BENJAMIN, Leeds.  
M'CANN, JOHN, Tonge, county Waterford.  
MORGAN, WALTER, Bridgend, Glamorganshire.  
OWEN, OWEN, Leamington.  
RAY, S. KEYWORTH, Milton, near Sittingbourne, Kent.  
SELOUS, EDRIC, Gloucester-road, Regent's-park.  
WATLING, CHARLES W., Tredington, Shipston-on-Stour.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and

received certificates to practise, on Thursday, June 10, 1858:—

DAVIES, WILLIAM ABEL, Aberystwith, Cardiganshire.  
NEWCOMB, FREDERICK, Grantham, Lincoln.  
PEILE, BRANSEY COOPER, Hurstpierpoint, Sussex.  
PHILLIPS, GEORGE HARRIS, Newcastle-upon-Tyne.  
PICKETT, JACOB, Ipsden, Oxon.  
SENIOR, CHARLES, Bradford, Yorkshire.

## DEATHS.

BARNSTON.—On the 28th ult., James Barnston, M.D., of Edinburgh, Professor of Botany in McGill College, Montreal, aged 28.  
BUNKER.—June 3, at Sunbury, Middlesex, Francis Bunker, aged 54.  
CURRIE.—June 8, at Charlton, Kent, Thomas Henry Currie, aged 23.  
DESRUVELLES.—M. Desruelles, Chevalier of the Legion of Honour, formerly a Professor at Val-de-Grâce, and the author of some esteemed works, has just died at Ternes, aged 68.  
SCOTT.—June 10, at Warwick Villas, Addison-road, Kensington, Robert Scott, late Madras Medical Service, aged 70.  
SNOW.—June 16, at his residence, Sackville-street, Dr. John Snow.  
STATHAM.—On the 12th inst., at Maidstone, aged 32, Sherard Freeman Statham, M.B. F.R.C.S., Surgeon Great Northern Hospital, late Assistant-Surgeon University College Hospital.

## APPOINTMENTS.

His Excellency the Governor of Jamaica has been pleased to appoint Hugh Croakery, Esq., Surgeon, Dublin, formerly Assistant-Surgeon in Her Majesty's Royal Navy, to be a Justice of the Peace for the parish of Clarendon.  
At a meeting of the Governors of the Suffolk General Hospital, held June 15th, John W. Goodwin, M.D., Cantab., was elected Physician to that Hospital.  
The Queen has been pleased to appoint C. Elliott, Esq., M.D., to be principal Medical officer for the Island of Ceylon.

MIDDLESEX HOSPITAL.—Dr. Seth Thompson having resigned the post of Physician, Dr. Goodfellow, Assistant-Physician, is a Candidate for the vacant office, and Dr. F. Weber comes forward for the post of Assistant-Physician.

APPOINTMENTS IN THE PARISIAN HOSPITALS.—The death of Baron P. Boyer has led to M. Robert being transferred from the Beaujon to the Hôtel Dieu, M. Maligne of the St. Louis goes to the Beaujon, M. Richet of the St. Antoine goes to the St. Louis, and M. Morel Lavallée of the Lourcine replaces M. Richet.

MEDICAL COLLEGIANS AT CRICKET.—The youthful members of the Royal Medical Benevolent College Cricket Club having challenged the pupils of the Rev. Mr. Tabor's establishment at Cheam, the match came off on Saturday last in the cricket-ground at the back of Mr. Tabor's residence. The match terminated in favour of the collegiates, with five wickets to go down. The return match will be played on the college cricket-ground, at Epsom, on a future day.

THE ROYAL HOSPITAL.—The third anniversary of this institution was celebrated last week at the London Tavern. The Earl of Carlisle presided. In proposing the toast of the evening, "Prosperity to the Royal Hospital," he said, he had visited the Royal Hospital at Putney, and was much struck with the comfort and cheerfulness of the patients, the completeness of the arrangements, and airiness of the building. He thought they could not do better than go and inspect the arrangements for themselves, and here he wished to tell them that that temporary building at Putney was always open for inspection. (Hear.) He was very happy to inform them that a piece of land, measuring twenty acres, at Sandon, near Croydon, had been purchased by the committee, on which it was intended to build a permanent hospital. After some further remarks, in which his lordship referred to the cheerfulness of the patients of this institution, he concluded with an earnest appeal to the charitable public to support the

Royal Hospital. Subscriptions were announced, amounting to upwards of £1400.

MUTUAL BENEFIT SOCIETIES IN FRANCE.—The *Moniteur* contains a report to the Emperor from the commission of mutual benefit societies (Sociétés de Secours Mutuels) on the situation of such institutions at the end of 1857. It appears from it that the number of the societies was 3609; that they had 470,414 members, of whom 53,533 were honorary and 416,881 participants; and that their reserved funds amounted to 18,897,920*fr.* The number of sick persons of all the societies united was, in 1857, 108,943—93,163 of them men, 15,780 women. The number of days for which they were patients was 2,126,800—1,873,435 for men, 253,315 for women, and the number of deaths was 4977. The number of sick compared to that of members was rather more than 27½ per cent. for men, and rather more than 31½ per cent. for women. The average time for which each male patient received aid was rather more than eighteen days, and each woman nearly fourteen days. Taking all the members of the societies, the average number of days on which assistance was accorded was 4.90 per cent. per man, and 4.40 per cent. per woman. From these figures it will be observed that though women are more frequently ill than men they are not ill for so long a time. After stating that mutual benefit societies, formed exclusively of workmen employed in particular manufactories, though worthy of encouragement, do not fulfil all the conditions imposed on such societies by the law of 1852, the report states that in societies regularly constituted the contribution of members is at the rate of 1*fr.* a month, and that the allowance to them in sickness is 1*fr.* a day. It says also that out of the 12*fr.* per annum paid by each member the annual disbursement is only 9*fr.* 50*c.*—namely, 4*fr.* 90*c.* for the average indemnity of 4.90 days' sickness, 1*fr.* 80*c.* for Medical attendance, 2*fr.* 5*c.* for medicines, 50*c.* for funeral expenses, 25*c.* for relief to widows and orphans. A balance therefore of 2*fr.* 50*c.* remains, out of which 1*fr.* per head is absorbed in expenses of management, so that 1*fr.* 50*c.* per member is carried to the reserved fund, to which also go the entrance fees, the contributions of honorary members, and the subventions of the Government. The report then enters into some details respecting the grant of small pensions to aged members of mutual benefit societies—a system recently adopted, but which is not yet of general application; and it calculates that in the course of a given number of years the societies will, after relieving their sick, be able to accord upwards of 200,000 pensions of from 50*fr.* to 100*fr.*

MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—The annual meeting of the members and friends of this Society was held on Monday, June 7, at Sir Patrick Dun's Hospital, Sir Henry Marsh, Bart., President of the College of Physicians, in the chair. Sir Henry Marsh, in his opening address, alluded to the presence in the meeting of the founder of the Society, Dr. Kingsley, of Roscrea. We regret to state that it appeared, in the terms of the second resolution, "That the amount of finances for distribution among the claimants for relief was wholly disproportionate to their necessities." The meeting, however, pledged itself in the same resolution, "to spare no exertion to render the Medical Benevolent Fund Society worthy of its objects, and of the Irish Medical Profession." Dr. Montgomery, in moving, "That the munificent donations of £50, in addition to his former donations of £361, by Dr. Kingsley; and of £50 by Dr. Purdon, in addition to his former donations of £110; and of £100 by Dr. Wilkinson to the funds of this society during the past year, call for the liveliest thanks of this meeting, and that these gentlemen do kindly accept the hearty acknowledgments hereby presented to them for their liberality in the cause of this most useful charity," remarked, in reference to Dr. Kingsley, "that it had been said by a very high authority indeed, that 'the man who rules his own spirit is a greater man than the man who takes a city.' That, certainly, was a triumph in individual economy, no doubt, and one of a very high order; but it was no mean triumph to be able to move the spirit of society around you, and that had been done in a very remarkable way by the gentleman to whom he alluded. That gentleman, originally, at the prompting of his own good heart and his own benevolent spirit, originated the notion of the very existence of the society. He fostered it by his personal exertions, and succeeded in establishing it by his energy and moral influence, and by another course that had a very

powerful effect with almost all men—he lent it the resources of his own purse; and he did this in a way, in the first instance, that placed him among those who were said 'to do good by stealth, and blush to find it fame;' and almost the largest donation that had been made to that society had been made by that gentleman anonymously, to the amount of £361. It had been said that one of the greatest triumphs that a great statesman could lay claim to was to be able to read his history in the nation's eyes. The gentleman to whom he alluded might not, perhaps, be able to 'read his history in the nation's eyes;' but he would read it in the consolation of the widow, and in the consolation of the poor, broken-down member of the profession to which he belonged."

## VITAL STATISTICS OF LONDON.

Week ending Saturday, June 12, 1858.

### BIRTHS.

Births of Boys, 854; Girls, 772; Total, 1626.  
Average of 10 corresponding weeks, 1848-57, 1507.

### DEATHS.

	Males.	Females.	Total.
Deaths during the week ... ..	481	482	963
Average of the ten years 1848-57 ...	510.2	471.9	982.1
Average corrected to increased population	...	...	...
Deaths of people above 90 ... ..	...	2	2
Deaths in 15 General Hospitals ... ..	29	27	56

### DEATHS IN SUB-DISTRICTS FROM EPIDEMICS.

	Population. 1851.	Small- pox.	Measles.	Scar- latina.	Whoop- ing- Cough.	Dia- rrhoea.	Ty- phus.
West ....	376,427	..	6	2	9	2	1
North ....	490,396	1	10	13	10	7	5
Central ...	393,256	1	9	7	6	1	2
East ....	483,522	..	15	13	12	6	6
South ....	616,635	..	16	13	21	2	7
Total..	2,360,236	2	56	47	58	18	21

## BOOKS RECEIVED.

The North American Medico-Chirurgical Review. May. 1858.  
Humboldt's Cosmos. Vol. IV., part I. London: 1858.  
The Principles and Practice of Veterinary Medicine and Surgery. By William Haycock, M.R.C.V.S. London: 1858.  
Notes on the Surgery of the Crimean War; with Remarks on Gun-shot Wounds. By George II. B. Macleod, M.D., F.R.C.S. London: 1858.  
Epilepsy, and other Convulsive Affections; their Pathology and Treatment. By Charles Bland Radcliffe, M.D. London: 1858.  
Four Letters to Sir James Clark, Bart., on Administrative Reform in relation to the Medical Schools and the Examining Boards. By Alexander Harvey, M.D. London: 1858.  
On Elephantiasis in Travancore. By E. J. Waring, Esq. Calcutta: 1858.  
On the Reciprocal Action of Metals and the Constituents of Well and River Waters. By Henry Medlock, Esq. London: 1858.  
On the Causes of Idiocy; being the Supplement to a Report by Dr. S. G. Howe and the other Commissioners at Massachusetts. Edinburgh: 1858.  
Remarks on the Condition, Necessities, and Claims of the Universities of Scotland. By a Graduate. London: 1858.  
The Diagnosis of Surgical Cancer. By J. Z. Laurence, F.R.C.S., M.B. Second Edition. London: 1858.  
Sanitary Science. By W. T. Robertson, M.D. London: 1858.  
Archives of Medicine. Part II. By Lionel S. Beale, M.B. London: 1858.  
The Use of the Microscope in Clinical Medicine. Part III. By Lionel S. Beale, M.D. London: 1858.

## TO CORRESPONDENTS.

*Inquirer.*—We have often expressed our opinion that such testimonials from Medical men are highly objectionable.

*Mr. Wilson.*—It is not necessary to refer to Dr. Webster. See Simpson's Homoeopathy.

Perhaps the Correspondent who sent us the circulars of the Surgeon, Chemist, and Dentist of Poplar New Town will say if the person is a member of the College. We do not find his name in the Directory.

*Chemist.*—We believe there is no doubt whatever of the election of Dr. Lyon Playfair to the Chemical Professorship in the University of Edinburgh. The only question is whether the election will be unanimous.

*Dr. Jones.*—The words of the statute (1 Vict., c. 85, sec. II.) are these:—"Whoever shall administer, or cause to be taken, any poison, or other destructive thing, with intent to commit murder, shall be guilty of felony, and being convicted thereof, shall suffer death."

*Mr. Richardson, Fitchin,* will find some account of the treatment of nœvi by the injection of perchloride of iron in the report of a recent discussion on a paper of Mr. Walton's at the Medical and Chirurgical Society, and in Mr. Spencer Wells's Lecture on "Cancer Cures and Cancer Cures," published in our number for July 18, 1857.

*Query.*—The epitaph is as follows,—

"Here lies Dame Mary Page,  
Relict of Sir Gregory Page, Bart.  
She departed this life March 4th, 1738,  
in the 66th year of her age.  
In 67 months she was tapped 67 times,  
And had taken away 240 gallons of water."

THE ROYAL MEDICAL BENEVOLENT COLLEGE AND THOSE WHO SHOULD SUPPORT IT.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Whilst reading in your journal of June 5 the statement of the "dissentient Governors," I also received the 8th annual report of the Council of the Royal Medical Benevolent College, and then I did truly exclaim, "Ego sum inter suspiria et lacrymas." I sigh at the "statement," lest by this schism between two classes of Governors, "such a noble edifice may be brought about their ears." I lament at "the report" to observe that out of 25 or 30,000 Medical men (computed in England and Wales), only £3262 18s. 6d. should be the last annual amount of subscriptions—the more so, as a large proportion of this sum is given by lay or non-medical subscribers, as proved by my small list as Honorary Secretary, which shows one in three of the latter class.

To what can we ascribe such apathy and indifference in our brethren? I would fain be charitable—yet, as "least said is soonest mended," I would simply entreat, nay, implore every Medical man, if with only a practice of £200 a-year, to consider well the matter, and contribute his annual mite to the support of such a noble institution—and not withhold it because he has now a good practice, is in good feather, and has neither chick nor child, etc. etc. (usual reasons). But let him remember that these are the very reasons why he should contribute to the support of his less fortunate brethren. If every man would do this, this schism between the Governors would soon subside, and then indeed, our sons might and would, as matter of course, be educated for £25 or £30 a-year, vice £40.

If any further argument be wanted, I would only refer them to the voting paper of the late May election, where, out of ten candidates for pensionerships, only three are to be returned, and out of thirty-five for foundation scholarships, only five are chosen!! Then leaving upwards of 160 fatherless children to be brought up by their widowed mothers!!! and some of these in destitution!!!!

East Rudham, June 11, 1858. I am, &c. FRED. MANBY.

COMMUNICATIONS have been received from—

Dr. ACLAND, Oxford; Professor SIMPSON, Edinburgh; Dr. CHAMBERS; Dr. HERBERT BARKER, Bedford; Dr. ROLLESTON, Oxford; Dr. REMAK, Berlin; Dr. R. D. THOMSON; Mr. WEEDEN COOKE; Mr. JABEZ HOGG; Mr. GRANTHAM; Dr. PEACOCK; Mr. GRIFFIN, Weymouth; Dr. W. T. ROBERTSON; Mr. HAVILAND; M. A. B.; REGISTRAR GENERAL; Mr. WILSON; SECRETARY GENERAL BOARD OF HEALTH; Mr. LEACH; Dr. DAVIS; Mr. GIBSON; Mr. COLLET; REGISTRAR GENERAL, Edinburgh; Mr. RIVERS; Dr. GOODWIN; Mr. GROVE; Mr. THOMPSON; Mr. DOLBY; Mr. JONES; Dr. SYLVESTER; Mr. MUGGERIDGE; Mr. J. ADAM; Mr. J. BLOWERS; Mr. J. YATE; Dr. GAIRDNER, Edinburgh; Mr. H. SMITH.

## APPOINTMENTS FOR THE WEEK.

June 19. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

21. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopaedic Hospital, 2 p.m.

22. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.  
ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8½ p.m.: Papers by Dr. GARROD, Dr. WILSON FOX, Mr. TOYNBEE, Dr. JOSEPH RIDGE, Dr. J. W. OGLE, Mr. CHARLES HAWKINS, Dr. P. FRASER, and Mr. T. HOLMES.  
ZOOLOGICAL SOCIETY, 9 p.m.

23. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopaedic Hospital, 2 p.m.  
GEOLOGICAL SOCIETY, 8 p.m.

24. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 1½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m.

25. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

## EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday), at 2 o'clock:—

Lithotomy; excision of mamma; hare-lip. By Mr. FERGUSON. Removal of bone from tarsus. By Mr. WOOD.

## Wines from the Cape of Good Hope.

W. and A. GILBEY, 357, Oxford-street, importers of the finest Wines, which Her Majesty's Government admits at half duty. Port, Sherry, Madeira, Marsala, &c., all 20s. per dozen. Two Samples for 12 stamps. Excellent Brandy, 80s. per dozen. For the purity of our Cape wines, see Dr. Letheby's analysis. Cross checks, "Bank of England."

## The Medicated Cod Liver Oils,

comprising  
OLEUM MORRHUE CUM QUINA.  
OLEUM MORRHUE CUM FERRI IODIDO.  
&c. &c. &c.

Prepared only by SAVORY and MOORE, 145, New Bond-street.

## Liquor Pepsinæ.—A Convenient and

EFFECTUOUS PREPARATION BY  
SAVORY and MOORE, 145, New Bond-street.

## Horniman's Pure Tea, the leaf

not coloured.—Rich full-flavoured TEA of great strength is thus obtained, as importing it not covered with powdered colour prevents the Chinese passing off the low-priced brown autumn leaves as the best. The "Lancet" (Longmans, p. 318) states of Horniman's teas:—"The Green not being covered with Prussian blue, etc., is a dull olive; the Black is not intensely dark." Wholesome and good Tea is thus secured. Prices 3s. 8d., 4s., and 4s. 4d. per lb. London agents:—Pursell, 78, Cornhill; Elphinstone, 227, Regent-street, 366, Oxford-street, and 21, Throgmorton-street, Bank; Wolf, 75, St. Paul's-churchyard; Dodson, 95, Blackman-street, Borough. Sold in Packets by Horniman's Agents in all parts of the Kingdom.

WINES FROM SOUTH AFRICA.

## Denman, Introducer of the South

AFRICAN PORT, SHERRY, &c., 20s. PER DOZEN, BOTTLES INCLUDED.

The well-established and daily-increasing reputation of these Wines in a public estimation renders any comment respecting them unnecessary.

A PINK SAMPLE OF EACH FOR 24 STAMPS.

Wine in cask forwarded free to any Railway-station in England.  
EXQUISITE BRANDY, PALE OR BROWN, 15s. PER GALLON, OR 80s. PER DOZEN.

Terms Cash. Country orders must contain a remittance. Cross cheques, Bank of London. Price Lists forwarded on application.  
JAMES L. DENMAN, 65, FENCHURCH-STREET.

### BROUGHAMS.

Kinder, M'Naught, and Smith,  
MANUFACTURERS, WORCESTER, beg respectfully to invite the attention of professional men to their improved Medical Broughams, as under:—

Width of Seat.	Weight.	Price.
3 ft. 5 in. . . . .	7½ cwt. . . . .	85 Guineas.
3 ft. 6 in. . . . .	8½ cwt. . . . .	95 Guineas.
3 ft. 7 in. . . . .	9 cwt. . . . .	100 Guineas.

The latter, including a segmental front, with seat for third person.

These Carriages are constructed, by the aid of machinery, of the best material, are of excellent workmanship, and particularly adapted to the wants of medical men, either in town or country. Drawings and other particulars forwarded on application.

## ELECTRICITY.

PULVERMACHER'S MEDICAL ELECTRO-GALVANIC CHAINS—for Rheumatism, Indigestion, and Nervous and Paralytic Complaints, &c. &c. The profession have in these Chains the best, simplest, and most effective means of applying Galvanism. No pain is felt, and the patient can, without attendance, use them himself with efficiency. The popularity they have obtained in almost all parts of the world, and the numerous cures they have effected, together with the eulogiums passed upon them by the most eminent of the faculty, suffice for any further details. See the works of De la Rive, Becquerel, Duchenne, Pouillet, Ganot, Du Moncel, and the medical and scientific periodicals. Adopted by the Académie de Médecine, Paris, and by all similar institutions in Europe; also rewarded at the Universal Exhibition. £10,000 damages. Both the High Courts of England and France condemned Mr. C. Meinig (ex-agent) in this sum for infringing the inventor's rights. Let counterfeiters therefore, be cautious.—Chains to be worn on the body, 5s. and 10s. 6d.; the 15s., 18s., and 22s., are the most useful. Free per post. Batteries, £1 10s. to £3.—J. L. PULVERMACHER & CO., 73, Oxford-street, (adjoining the Princess's Theatre), London.

## The Sydenham Trousers, 17s. 6d.;

COATS, 35s.; and WAISTCOATS, 8s. 6d.—It is well known how great an influence is exercised upon the health by the mode of dress. Many disorders, and still more of the common indispositions or irregularities, can be distinctly traced to imperfect adaptation of the clothes to the functions of the body and the limbs. This is true of adults as well as of children, though, perhaps, not to the same extent. The Sydenham construction of the whole attire is directed to secure a perfect fit in all positions without restraint, strain, or incumbrance, so that the limbs retain as free play as if in PURIS NATURALIBUS. The Boy's Complete Suit (24s.) is also eminently adapted for these purposes. The material and workmanship are the best which can be commanded. The assortment open for selection is immense, and includes all that is most fitted for the season. The assortment of Sydenham Alpaca Overcoats (12s. 6d.) for Summer wear deserves attention, as these goods have been made with unusual care.

SAUEL BROTHERS, Merchant Tailors, 29, Ludgate-hill.

## Bass's East India Pale Ale, Barclay's

Porter and Stout, in 18-gallon Casks, Bottles, Half-Bottles, and Imperial Pints.

BERRY, Bros. and Co., 3, St. James's-street, London, S.W.

## Carriages, New and Second-hand, of

superior style, sterling quality, and finest finish at reasonable rates, for cash, credit, job, or exchange. Circular of prices on application. Credit given when required. Buyers should take carriages on trial, with power to purchase by yearly payments, and thus prove them.

OFFORD'S PATENT MEDICAL MAN'S BROUGHAM MANUFACTORY, 79, WELLS-STREET, OXFORD-STREET.

## For Infants.—The British Feeding

BOTTLE (registered) may be placed in any position without the Food running out. The supply can be regulated by a stop-cock; being electroplated, it may be instantaneously cleaned. Unlike wood, ivory, or bone, it is impervious to moisture, cannot crack or become sour; there is no possibility of the infant drawing air with the food.

By W. T. COOPER, Pharmaceutical Chemist, 28, Oxford-street, London.  
Price 7s. 6d., or free to any Railway Station, 8s. 6d.

## Whicker and Blaise (late Savigny

and Co.), 67, St. James's-street, beg to call the attention of the

Medical Profession to their Registered MERCURIAL VAPOUR-BATH, for the treatment of Syphilitic Affections, &c., (see "The Lancet," March 14th, 1857), as used at St. George's, the Westminster, King's College, the Lock, the Hospital for Children, and by many Professional gentlemen.

It is also well adapted for Fumigation with Sulphur, Iodine, &c., in the Treatment of Catarrhus Diseases.

To be had only at 67, St. James's-street.

## Struve's Sektzer, Fachingen, Marien-

BAD, VICHY, and other MINERAL WATERS. Royal German Spa, Brighton. Under Her Majesty's especial patronage. Struve's Pump Room and Promenades, for the perfect dispensing of the most renowned Continental Mineral Waters, is NOW OPEN for the Thirty-fourth Season. The bottled Mineral Waters are sold throughout the year at the Pump Room, and by George Waugh and Co., Pharmaceutical Chemists to the Queen, 177, Regent-street (west side), London; and other respectable Chemists in London and the provincial towns, where a Prospectus, with the highest Medical testimonials, may be obtained, gratis.

CAUTION.—To distinguish these from all other Waters, each bottle is secured by a label and red-ink stamp, bearing Struve and Co.'s name.

## Moveable Artificial Eyes.—The Prize

MEDAL of the Great Exhibition, 1851, was awarded exclusively to the EYES made by W. R. GROSSMITH, 175, Fleet-street, London, Maker to the Senior Surgeons of the Ophthalmic, Bartholomew's, St. Thomas's, St. George's, and all the principal London Hospitals. They are fitted in a few hours, without pain or operation, in every case, where sight has been lost; they effect a perfect MOVEMENT, in accordance with the action of the natural eye; the colours of the Iris are closely matched, and they are the only Artificial Eyes yet invented, not liable to Croak in wearing. Sent by post to all parts of the world, from GROSSMITH'S Artificial Eye, Leg, Hand, and Nose Manufactory, 175, Fleet-street, London. Established 1760.

## Great Saving in the Purchase of Six

GROSS of NEW MEDICAL GLASS BOTTLES and PHIALS, assorted to suit the convenience of Purchasers, at ISAACS and SON, Medical Glass Bottle Manufacturers.—London Warehouses, 24 and 25, Francis-street, Tottenham court-road, London, W.

	s.	d.
6 and 8 oz., any shape, plain, or graduated	8	0 per gross.
3 and 4 oz. ditto ditto	7	6 do.
1 oz. Moulded Phials	4	6 do.
1 oz. ditto	5	6 do.
1½ oz. ditto	6	0 do.
2 oz. ditto	7	0 do.

NOTICE.—S. ISAACS and SON beg to inform the Medical Profession, that they have REMOVED to larger premises as above, and hope to be favoured with their commands. A remittance not required till the goods are received. Packages free. Delivered free within seven miles. Post-office Orders payable to "S. Isaacs and Son," at Tottenham-court-road. Bankers: Unity Bank.

## Crosse and Blackwell, Purveyors in

Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Boho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloaters Pastes, Strasbourg and other Potted Meats, and Calf's-Foot Jellies of various kinds for table use. C. and B. are also sole agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

CROSSE and BLACKWELL, 21, Soho-square.

## ORIGINAL LECTURES.

## LECTURES

ON

THE ANATOMY, INJURIES, AND DISEASES  
OF THE HEAD,

DELIVERED IN THE

*Chaire of the Royal College of Surgeons of England.*

By PRESCOTT HEWETT,

Professor of Anatomy and Surgery to the College.

## ON FRACTURES OF THE SKULL.

## LECTURE IV.

(Continued from p. 597.)

IN looking attentively into the various opinions which have from time to time been brought forward to explain whence this fluid is derived, you will soon perceive that all these opinions may be reduced to two classes. One, in which the fluid is said to be nothing but the serum of the blood; the other, in which it is said to be the secretion from some membrane.

At first it was thought that this fluid was nothing more than the serum from a clot of extravasated blood, lying over, and in direct contact with, the fracture. Such was the opinion broached by M. Laugier in the year 1840, who, it so happened, found in the dissection which he made a clot of blood in such a position, that its serum might have percolated through the fracture. But it was soon perceived that this explanation was of no real value; and such has been the weight of the arguments urged against M. Laugier's first opinion, that he has been forced to call in to his aid the exudation of the serum from the lacerated vessels lying along the broken bone and the neighbouring soft parts.

M. Chassaingnac, in a most elaborate paper, has also endeavoured to trace this fluid to the serum of the blood, but in a different way. Looking to the large number and to the size of the venous sinuses which are crowded round the petrous bone within the skull; looking, moreover, to the intimate and peculiar connexion of these sinuses with this bone, to which they are all firmly attached by their outer wall, tightly stretched, and very thin, M. Chassaingnac thinks it all but impossible that a fracture of this petrous bone should occur, without a laceration or a fraying of this thin outer wall of some one of these sinuses.

In a man who had fallen from a third story, and from whose ear there had been a sero-sanguineous discharge, M. Chassaingnac, on examining the body, found in the outer wall of the sinus a minute opening, not larger than a pin's head, communicating with a fracture leading into the internal auditory canal. An opening so minute as this might, he thought, give passage to the colourless part only of the blood, but a larger opening would lead to the escape of the blood itself.

Such, then, are the opinions as to the serum of the blood being the source of this watery discharge. Does either of these opinions satisfactorily account for the appearances at present under consideration? Certainly not. The quantity of fluid often poured out in such cases cannot be accounted for by either of M. Laugier's suppositions; and M. Chassaingnac's explanation does not fare better, when tested by dissections. In a case in which a copious and colourless discharge took place for several days from the ear, in connexion with fracture of the petrous bone, I found the lateral sinus, from its mastoid portion to the jugular vein, blocked up by a firm coagulum, of a rusty brown colour, and adherent to the inner coat. This coagulum, which was evidently of several days' standing, totally precluded the idea of the limpid fluid being the colourless part of the blood circulating through the sinus, which, in fact, was no longer pervious. There could have been no circulation through the sinus for several days, and yet, notwithstanding, the watery discharge went on as long as the patient lived. And then let us add that the chemical analysis of the fluid proves, beyond all doubt, that it is not the serum of the blood.

But, if the petrous bone is thus evidently connected with large venous sinuses, so too is it connected, and that even

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more intimately, with several secreting membranes. And to each of these membranes you will find that the watery discharge from the ear has been ascribed.

This watery discharge was said to belong to the membrane lining the different cavities of the internal ear. The injury sustained by this membrane in the fractures which so frequently involve the internal ear; the state of the fenestra ovalis, with its membrane torn, and the free communication thus established between the internal and the middle ear, naturally suggested the idea of the escape of the liquor cotunnii into the cavity of the tympanum, and thence outwards.

Then, the cavity of the arachnoid was assigned as the source from which is derived this watery discharge. The cavity of this membrane may, now and then, be laid open by the laceration of the dura-mater covering over the fracture; but, as the arachnoid cannot possibly let escape a fluid which it does not contain, it has been suggested that the injury gives rise to an increase in the natural secretion, and hence the watery discharge.

In presenting to the Société de Chirurgie de Paris, a broken petrous bone, connected with which there had been a copious watery discharge from the ear, M. Robert stated that he believed that the watery fluid had proceeded from the membrane lining the internal ear. This opinion was stoutly opposed by Auguste Bérard and M. Nélaton, who maintained that the fluid in such cases could not be due to the internal ear, but, in all probability, to the escape of the cerebro-spinal fluid. And recent investigations have proved the correctness of this view, in some cases, at any rate.

But, in order that we may clearly understand how it is that the cerebro-spinal fluid can thus get out of the ear, let me, for one moment, revert to a few anatomical details.

It is with the meatus internus only, and the parts therein contained, that we shall have to deal.

Differing from most of the cerebral nerves, the seventh pair, you will remember, run some distance in a bony canal, before they reach the foramina through which they are to pass to their destination. Into this canal, the meatus internus, a tubular sheath of the cerebral membranes accompanies these nerves—the pia-mater blended with the neurilemma—the arachnoid forming a large, loose, funnel-like process, extending some distance down the canal, when it reflects itself on to the dura-mater, so as to become continuous with the parietal arachnoid. The cerebro-spinal fluid which is to be found everywhere, between the arachnoid and the pia-mater, distends this loose, funnel-like process of the arachnoid in its whole length; and, as the nerves are much smaller than their bony canal, the meatus is always filled with fluid. And, by means of this funnel-like process, you will also remember that the sub-arachnoid space in the meatus is, moreover, continuous with the large sub-arachnoid space at the middle and inferior part of the brain, in which is always accumulated a large quantity of fluid. And, lastly, let me add that the dura-mater, prolonged into the meatus internus, and lining it throughout, is very much attenuated, especially at the bottom of the canal, where it becomes still thinner.

This, then, is the anatomical disposition of the parts contained in the meatus. And this it was which led Auguste Bérard to think that the watery discharge from the ear might be the cerebro-spinal fluid, escaping through a fracture involving the meatus internus, and accompanied by a laceration of its membranes.

It is to the discussion which then ensued in the Société de Chirurgie, after the presentation of his specimen, that is due the memoir of M. Robert, certainly one of the most valuable of all the papers which have been published on the watery discharges following injuries of the head.

Having ascertained by a careful dissection that the membranes in the meatus internus were actually torn in the very specimen which he had presented to the Société de Chirurgie, M. Robert followed up the subject by getting the watery discharge examined chemically.

Analysed by M. Chatin, the chemical composition of this watery discharge was found to be the same as that of the cerebro-spinal fluid, the great characteristic in both being the very small proportion of albumen, and the large quantity of chloride of sodium. Satisfied as to these points, M. Robert then resorted to an experiment on the dead subject. The skull-cap was removed, and the cavity of the tympanum freely laid open, especial care having been taken so as to avoid



lacerating the dura-mater. The ossicula were taken out, and a small chisel applied across the inner wall of the tympanic cavity, just over the fenestra ovalis. A sharp blow on the chisel at once cracked the petrous bone across, and in a few seconds, oozing through the crack, was seen a limpid fluid, the discharge of which became copious and continuous, as soon as the body was laid over the table, with the head hanging down. It was subsequently ascertained that the fracture, thus artificially produced, involved the meatus internus, and that the membranes lodged in this canal were also torn.

Such were the results of M. Robert's investigations. Anatomy, chemistry, dissection of morbid specimens, experiments on the dead subject, all led to the conclusion, that the watery discharge from the ear, after a severe injury of the head, is due to the escape of the cerebro-spinal fluid.

And such, too, is the result of the researches of Mr. Hilton, who, for many years, has closely observed everything appertaining to this subject. "I do not think," says Mr. Hilton, "there can now be any doubt or question about the clear fluid which escapes from the ear in cases of fractured base, consisting of cerebro-spinal fluid. Some years ago, a boy, who had sustained a severe injury of the head, was admitted into one of the wards of Guy's Hospital. He presented the ordinary symptoms of fractured base, and a small quantity of a thin, clear fluid was observed oozing out of one ear. It occurred to me, that if this really consisted of cerebro-spinal fluid, it ought to escape in much larger quantity, on artificially inducing venous congestion of the cerebral circulation. I therefore pressed upon the jugulars, and with the other hand forcibly closed the patient's mouth and nose, so as to suspend the respiratory process for a short time, until, in fact, his face became red and turgid from venous congestion. As I had anticipated, in a very few moments, the fluid began to flow much more rapidly from the external ear, so much so indeed, that I was quickly enabled in this way to collect even half an ounce of it."

This escape of the cerebro-spinal fluid through the ear implies, then, as a matter of course, a fracture of the meatus internus communicating with the tympanum, and a laceration of the cerebral membranes within the meatus, as well as a laceration of the membrana tympani. Nay, more, the escape of this fluid is held to prove that the fracture follows a particular course—that it, in fact, cuts across the petrous bone. This is the rule laid down by M. Robert: "*La fracture coupe en travers la portion pierreuse du temporal*;" and Mr. Hilton is no less explicit: "The fracture bisects the internal auditory canal."

I have now laid before you the various opinions which from time to time have been put forward as to the source and nature of this watery discharge from the ear, after a severe injury of the head. But how comes it that so many different sources have been assigned to this fluid? This leads us directly to the question whether this fluid does indeed always proceed from one and the same source. Now this question must at once be answered in the negative. The great error pervading the investigations on this subject is, that each inquirer, in bringing forward his own opinion, has attempted to exclude all other opinions, as if this watery discharge might not in different cases proceed from different sources. I have not the slightest doubt that in some cases this watery discharge is due to the escape of the cerebro-spinal fluid; neither have I any doubt that in many cases it has nothing to do with the cerebro-spinal fluid, and that it must therefore have some other source.

I proceed, now, to test the real value of these opinions by cases which have fallen under my own notice; and, for this purpose, I shall select two cases, in which the difference as to the fluid was strongly marked.

A man, aged 52, was admitted into St. George's Hospital, under the care of Mr. Cæsar Hawkins, in March, 1852, with a profuse discharge of a clear, watery fluid from the left ear. The patient having, it appeared, fallen, four days before his admission, in some kind of a fit, had struck the back part of his head against a stone pavement. He had been insensible for an hour after the accident, and, after recovering, had immediately noticed the discharge from the ear, which had continued ever since, and had not been preceded by any bleeding. There was a small scalp-wound, not exposing the bone, on the right side of the occipital, near the lambdoid suture; but no fracture could be detected in this, or any other part of the skull. The watery fluid, of a very faint

pinkish hue, dropped freely from the ear, the flow being increased when the patient was speaking; there was great pain in the head, and the patient's manner was slow and oppressed; the countenance was heavy, and of a dusky hue; the hearing on the left side was much impaired, in fact, all but lost; but there was no paralysis of the facial nerve. The patient was perfectly sensible, with a pulse laboured, and at 56. Symptoms of diffuse inflammation of the membranes soon made their appearance, and the man lived only four days after his admission into the Hospital, the discharge of watery fluid having continued, with but little variation, up to the time of his death. A line of fracture was traced from the neighbourhood of the right lambdoid suture, obliquely through the occipital, to the left side of the foramen magnum; proceeding from thence through the lateral sinus, close to the foramen lacerum posterius, it reached the petrous portion of the temporal, which it cut across between the meatus internus and the superior semicircular canal, and having passed about midway across the petrous bone, the fracture made a sudden bend, and then proceeded along the anterior surface of this bone, towards the inner opening of the carotid canal, where it terminated. In this course the fracture at its bend caught the bottom of the meatus internus, and, passing through the vestibule, reached the tympanum, the cavity of which was widely laid open. In addition to this fracture, a slight fissure, so slight that at first it was hardly perceptible, was found passing perpendicularly through the crebriiform plate at the bottom of the meatus, and this fissure was traced backwards through the floor of the meatus into the jugular foramen. No laceration was detected in any part of the dura-mater, save at the bottom of the meatus internus, where its attenuated lining presented a slight laceration, exactly corresponding to the perpendicular fissure which I have just mentioned. There was no laceration of the lateral sinus; but the cavity of this channel, from its mastoid portion to the jugular vein, was blocked up by a firm coagulum of a rusty brown colour, and adherent to the inner coat. The membrana tympani was ruptured in two different places; one of these ruptures was close to its outer margin, and the other and larger of the two was in the centre.

In this case, previous to the dissection of the fracture, a slender pig's bristle, having been gently passed to the bottom of the meatus, and immediately above the nerves, made its way into the tympanic cavity, from whence, with a little management, it was brought through the central rupture in the membrana tympani, thus plainly showing the course the cerebro-spinal fluid had taken.

The second case is that of a lad, aged 11, who was admitted into St. George's Hospital, under the care of Mr. Tatum, in December, 1852, insensible, and in a state of extreme collapse, with profuse bleeding from the left ear, the history being that he had, a short time previously, fallen from a first-floor window. There was no external bruise, but a large collection of blood was found spreading over the back part of the left side of the head. The bleeding from the ear continued to be profuse for nine or ten hours; it then began to diminish, the blood became thinner, and ceased flowing in from twelve to thirteen hours. On the following day, the meatus was clogged with half-dried, clotted blood; the boy had so far recovered as to be able to answer the questions put to him. He went on improving for three days, during which time the dried blood disappeared from the meatus, which then became somewhat moist, and partially filled with epithelial scales and fat globules; the moisture extended beyond the meatus on to the concha, but, as yet, there was no actual serous discharge. On the fourth day, a thickish sero-purulent-looking fluid, of a pinkish colour, oozed from the ear. On the fifth day, the discharge, still of a slight rose colour, had become all but limpid, and much increased in quantity, so much so that, when the patient was lying on the right side, the concha of the left ear was filled with fluid; the pillow-case was extensively stained with the fluid which had run from the ear. On the sixth day, the watery discharge still continued; it was perfectly clear, but suspended in it was a thick, puriform-looking secretion, which, examined microscopically, proved to be lymph and pus cells. And thus matters went on for two or three days; the watery discharge gradually diminished, so that the meatus again presented merely a slight moisture. And, from this time, all that was observed about the meatus was a slight puriform discharge, which ceased for a time, then re-appeared, and finally ceased altogether. Some days after



the accident, this patient was also observed to be deaf on the left side, but there was no affection of the facial nerve. The boy appeared to be going on well for some thirteen days; symptoms of cerebral mischief then began to show themselves, and he sank on the sixteenth day after the accident:—A little above the left semicircular ridge, the occipital bone presented a transverse fracture, which was somewhat comminuted; one part of this fracture ran into the left branch of the occipito-parietal suture, the bones of which were separated, and arrived at the mastoid portion of the temporal, it stretched under the lateral sinus, and then into the petrous bone, which it cut across, passing immediately through the superior semicircular canal, and, when in the neighbourhood of the hiatus Fallopii, it made a bend, and then proceeded obliquely forward into the foramen lacerum medium, where it ended. The cavity of the tympanum was crossed by the line of fracture, and so too was the internal ear, but the meatus internus remained unbroken and untouched. The membrana tympani was torn from its connexion with the ring at its upper margin. The cavity of the tympanum, as well as the whole line of fracture, and the internal ear, were all filled with lymph partially organized, and of a red colour, and in several places pus was detected between the bones. At the base of the brain there was extensive bruising of the brain-substance in several different places, and here too the sub-arachnoid tissues were extensively inflamed.

## ORIGINAL COMMUNICATIONS.

### ON THE RESTORATION OF MOTION

BY THE

### RUPTURE OF THE UNITING MEDIUM OF PARTIALLY ANCHYLOSED SURFACES.

By BERNARD BRODHURST, Esq.

Assistant-Surgeon to the Royal Orthopaedic Hospital.

(Continued from page 599.)

#### PARTIAL ANCHYLOSIS OF THE HIP-JOINT.

*Case 6.*—C. M., an officer in the Royal Engineers, was returning from the trenches before Sebastopol, November 24, 1854, with a friend, when he was struck in the median line of the abdomen, immediately below the umbilicus, by a bullet. In this position the ball struck on a button, and, glancing, entered about three inches above the pubis, and passed into the groin, carrying with it portions of a match-box, and other things, which it had encountered in the pocket of the friend, through which it passed before it reached its destination. The ball passed deeply into the upper part of the thigh, just below Poupert's ligament, displacing the femoral vessels outwards. Inflammation resulted, and an abscess formed, but the ball remained. Inflammation extended to the hip-joint, and confined the patient to bed, with scarcely any power of movement, until the following April. Then it was discovered that the limb was fixed at an obtuse angle, and that the motion of the joint was lost.

It would be tedious to follow my patient in his wanderings during the years 1855 and 1856. Suffice it to say, that he sought the advice of the most experienced Surgeons in London and in Paris, and tried baths innumerable, in the south of France and elsewhere. The result of all this was, that his health was restored; but the limb remained immovable as before.

When he placed himself under my care, in March, 1857, I found the thigh flexed at an obtuse angle, and immovable, so that when he stood upright the sole of the foot was two inches from the ground.

March 30.—The full effect of chloroform having been obtained, the pelvis was firmly fixed; and, with the assistance of Dr. Gibb, I endeavoured to flex the thigh. After a considerable effort, a band of adhesions yielded; but the joint was not free. A renewed effort was made, and the remaining portion was ruptured with a loud snap. This last-mentioned portion was a narrow band of bone external to the capsule. The limb was immediately afterwards encased in a splint. Considerable pain was felt both in the hip and in the knee on recovering from the effects of the chloroform. This, however,

soon subsided, and he slept well at night without an opiate. After this time pain was only felt on moving the limb. He left his bed on the seventh day, and motion of the limb was commenced one week later. Passive motion of the limb occasioned great pain in the neighbourhood of the hip-joint, and it was borne with heroic fortitude. This pain was attributable rather to the presence of the ball, which was most painfully felt whenever motion of the joint was attempted, than to the condition of the joint itself. Indeed, so much pain was caused by the presence of the ball, that it became a serious question whether an attempt should not be made to remove it. Happily, however, it soon moved from the position which it had so long occupied; less irritation was then created, and gradually it ceased to be felt.

At the end of the third week he could bear almost the entire weight of the body on that leg. Motion was slow in being acquired, and a powerful effort was necessary to overcome the largely developed muscles of the thigh, which became rigid on making the least attempt to move the limb. However, by great perseverance in the use of passive motion, the thigh could be flexed beyond a right angle, and it could be perfectly extended.

#### PARTIAL ANCHYLOSIS OF THE KNEE-JOINT.

*Case 7.*—A. M., 15 years of age, a healthy-looking boy, from the north of England, was placed under my care in the spring of the year 1854. In 1844 he suffered from strumous inflammation of the knee-joint. Abscesses formed, which remained open during many months, and which at length closed, leaving numerous cicatrices.

I found the leg flexed at an acute angle; the tibia slightly displaced backwards; the knee-joint covered with cicatrices, some of which were adherent to the patella, and some to the spine of the tibia; just appreciable motion of the joint existed; the patella was not ankylosed.

I divided the hamstring muscles, portions of tense fascia, and the adherent cicatrices, and a week afterwards I commenced to extend the limb gradually by means of an apparatus which had been made for that purpose. The limb, however, was only slightly straightened by this gradual extension, and as the adhesions appeared to be very firm and unyielding, I proposed to rupture them by the application of a suddenly imposed force. Before this was done, however, I sought the advice of my colleague, the late Mr. Lonsdale. Mr. Lonsdale thought, that as a last resource, rupture might be had recourse to; but before he sanctioned it, he was desirous of seeing that nothing more could be gained by gradual extension. This having been proved beyond doubt, the patient was placed under the influence of chloroform, the tendons, fascia, and cicatrices having been again subcutaneously divided eight days previously, and the leg was forcibly flexed upon the thigh. The adhesions were wholly fibrous, but exceedingly solid and tough, and it required the application of considerable power, and at the same time nice management of the skin, to effect the rupture of the first, and to prevent that of the latter. They yielded, however, with a tearing sensation. The limb was then again placed in the splint at the same angle as before. Some pain followed the rupture of the adhesions, but it was entirely allayed on applying cold to the joint. The patient slept well, without an opiate that night, and pain was not complained of, but tenderness only, afterwards. On the third day slight extension was made, and from this time it was continued as rapidly as it could be borne, until at the expiration of two months the limb was perfectly extended. Chloroform was again administered, and the leg was flexed freely. Some pain and swelling succeeded, but this condition of the limb was rapidly removed on the application of cold, and on the eighth day passive motion was commenced, and it was subsequently repeated each day to the utmost extent that could be borne. At length the limb could be flexed to a right angle, and it could be perfectly extended. Flexion of the limb to this extent caused considerable pain, however, so that the patient himself was unable to move the leg to a right angle. Notwithstanding, he enjoyed a range of motion which he could employ unassisted, and which was more than sufficient for the ordinary movements in walking. When this amount of freedom of the joint had been gained, Mr. Lonsdale again saw my patient, and he in consequence determined to adopt the same mode of treatment whenever he might have an opportunity. He subsequently broke down some adhesions in the manner

above-mentioned. The first operation in this case was performed in April, 1854; the second at the end of August of the same year.

In 1856, I again had an opportunity of examining the limb. It had increased much in size; the muscles of the thigh and of the leg were much larger than formerly, though the limb was still considerably smaller than the other. The motion of the joint had diminished somewhat in extent, yet useful motion remained. A stick for support was only used when he left the house.

#### PARTIAL ANCHYLOSIS OF THE ANKLE-JOINT.

*Case 8.*—E. O., 6 years of age, 1857. Nearly two years before this time the ankle-joint became much inflamed, the inflammation assuming a rheumatic character, and following a slight sprain. The inflammation continued some weeks, then abated, and it recurred. At length the joint became stiff, and fixed at a right angle.

February, 1857.—I found the leg slightly shorter, and the foot rather smaller, than the other; all the tendons around the joint prominent, and the foot firmly fixed at a right angle, with entire absence of pain and of power of motion. The tendons being tense, was evidence that ankylosis was not bony. I therefore divided them; namely, the tendo-Achillis, the tibiales, anticus and posticus, and the extensor longus digitorum, on February 26; and, four days later, as the Péronee remained very tense, I also divided them.

March 4.—On suddenly extending the foot the adhesions were torn through. This was not followed by inflammation, and there was scarcely tenderness of the limb after twenty-four hours. A Scarpa's shoe, with apparatus for exercising the various movements of the foot at the ankle-joint, was afterwards applied. Flexion and extension were, of course, the movements which it was most important to gain; and these, as well as slight power of abduction of the foot, were, to a great extent, gained by the end of May. At this time extreme extension and flexion caused pain, but all motion less than the extreme normal motion of the joint was painless. With an additional thickness of sole to her boot, the child could walk across the room, slightly favouring that foot, but without limping. Strength was gradually acquired, and also the size of the limb increased. The child wore a support for the ankle during many months, and wearing it there was scarcely an appreciable halt in the gait.

#### PARTIAL ANCHYLOSIS OF THE ELBOW.

*Case 9.*—S. D., aged 8 years, 1856. When he was three years of age he was jerked up from the floor by his nurse, who held him by the wrist. Acute pain at the elbow followed this act of violence, and inflammation succeeded, which terminated in loss of motion.

November.—I found the forearm slightly flexed, and the hand in a semi-prone position; the limb somewhat smaller than the other, and the elbow stiff and immovable.

November 22.—I administered chloroform and attempted to flex the arm. In this, however, I did not immediately succeed, but on continuing my endeavours the joint gradually yielded, without imparting a distinct sensation of tearing, until the arm could be fully flexed and extended. The radius, however, could not be rotated; and, although a prolonged effort was made for this purpose, it was useless. The arm was therefore enveloped in a wet bandage, and placed in a splint, at the same angle as before the operation. An inconsiderable amount of pain was suffered after the rupture. The patient slept well, and without an opiate, during the night; and on the following day the joint was not painful, except when pressure was made upon it.

November 24.—The forearm was moved upon the arm slightly, without exciting pain, and these movements were continued on alternate days, until November 29, when he was again placed under the influence of chloroform. Now, the radius could be rotated perfectly, and with very slight effort, the adhesions yielding immediately. Cold was again applied to relieve pain, and the arm was encased as before. No inflammation followed. After some few days passive motion was recommended, and in a very short time the arm could be perfectly flexed, and it could also be extended almost to a normal degree. Two months after the adhesions had been ruptured, there was considerable power of voluntary motion, which increased after this time, so that the forearm could be flexed beyond a right angle with the arm. Also there was a limited power of pronation and supination.

*Case 10.*—E. S., 11 years of age, November, 1855. Three years ago she fell and struck her elbow. Much pain and swelling followed, and the joint continued swollen and painful during many months. At length it remained stiff and immovable.

I found the entire limb somewhat diminished in size, the forearm slightly bent, and the elbow stiff and motionless. There was neither enlargement of the ends of the bones, nor thickening about the joint; or this existed to a very slight extent. And there could be no doubt that the adhesions which prevented motion were fibrous. Consequently, I proposed to rupture them, and carried this into effect November 12. They gave way instantly, on applying force, with a crackling sound. Some pain followed the rupture, and the next day slight effusion was observed about the joint. This, however, had entirely subsided on the third day. Gentle motion was then borne without complaint, and it was continued until the eighth day, when extended movements were again made. Some tenderness of the joint followed, which necessitated quiet for some days. Increased weakness was for a time felt, but motion was both more free and caused less pain. Passive motion was continued assiduously, and at the end of three months the movements of flexion and extension were almost perfect, and the power of motion existed to a considerable extent. She could now carry a spoon to her mouth with her right hand, which she had not previously been able to do. Power of motion was gained slowly; indeed, the progress was so gradual, that I almost despaired of permanent benefit being derived; yet, after a year and a half of unwearied attention, a very useful joint was gained.

I have again called attention to this subject for several reasons; both because forcible extension is used where it is not justifiable, and also because the greatest uncertainty seems to prevail as to the class of cases for which it is proposed.

Among other instances of forcible extension to which I have lately been a witness, was one of a contracted knee in a state of inflammation. The joint was acutely painful and swollen. The hamstring tendons were divided, and immediately, while the wounds were gaping, the limb was extended. It could not be fully straightened even by much force; but in this condition it was bound to a straight splint. It need scarcely be said that this extension could not be borne, and that the splint had to be removed. And further, it need scarcely be said that this violence caused a complication of evils infinitely greater than the contraction which it was intended to remove. This limb, which was lost by the force used, might have been most easily straightened by gradual extension after inflammation had been overcome.

Again, the following may be read in the *Lancet* of March 13, 1858, p. 265:—"Ankylosis of the Elbow-joint.—On the 11th February, a young man in University College, with extensive disease of the right elbow, was to have had the joint excised; but he was so low from unsuspected latent phthisis, that the operation was abandoned, and he died three or four days afterwards. On the 18th of the same month the same operation was to have been performed upon the elbow of a lad in the above Hospital, whose joint was ankylosed in a faulty position, being perfectly straight. The arm was quite useless to the poor boy, as he could do nothing with it, and it prevented him from earning a livelihood. He had had disease of the joint for eight years, which originated in a fracture. The arm was in a flexed position for four or five years; but, as he was in the habit of lifting heavy weights with it, it became gradually straight, and remained in that position, in a state of almost complete ankylosis; there was, however, a very little motion in the joint. No appearance of disease was manifest externally, and pronation and supination were perfect. It was an illustration of one of the class of cases in which excision is quite justifiable, namely, ankylosis in a faulty position. However, it was determined to try flexion under chloroform first; and this perfectly succeeded, as the adhesions were only fibrous, and the forearm moved freely on the arm. This was a gratifying result; and we may add that the boy is going on well, and will have capital motion in the joint."

Now, making allowance for any errors of description, here is an instance, well and forcibly recorded (I may say two instances), of that *furor* which at present prevails for the excision of articular surfaces. In the first, the patient died of phthisis three or four days after that on which resection was to have been performed. The second "was an illustra-

tion of one of the class of cases in which excision is quite justifiable. No appearance of disease was manifest externally, and pronation and supination were perfect." However, before proceeding to resection, it was determined to flex the elbow forcibly, when, wonderful to relate, the fibrous adhesions yielded, the forearm moved freely on the arm, and the boy "will have capital motion in the joint."

Comment is unnecessary. If any excuse were required for again bringing this subject under the notice of the Profession, it is to be found in the few preceding lines.

But it may perhaps be urged, that these cases are incorrectly reported. Of this I know nothing. But this I do know, that these cases do not stand alone, but that other "illustrations" might be added where excision was thought to be quite justifiable, but where, on opening the joint, it was found to be healthy. Three such instances of resection I could reveal. Also, of the thirty-two cases above alluded to, it had been proposed to remove the articular surfaces in three instances. In two of these cases, the limbs are now straight but stiff; in the third, very useful motion of the joint has been restored. It would be idle to assert formally, that a limb is more useful where the adhesions have been ruptured, and it remains straight though stiff (the knee for instance), than where resection has been performed, for the proposition cannot be denied. But when resection is proposed and practised, the joint being in such a condition as to admit of the restoration of motion, not only may it be said that such an operation is not justifiable, but that it is barbarous.

Again, it is said by some, gradual extension is safer than rupture of the adhesions. To which proposition I give my cordial assent. There is a class of cases, however, in which gradual extension of adhesions is utterly impracticable, in which it is never attempted, or if attempted, it cannot but fail; a class of cases which has been held to be incurable, except by resection. It is to this class that I would refer my remarks. Not only is it impossible that these adhesions should be overcome by gradual extension, even though the most carefully constructed apparatus be employed, but the restoration of motion has never been sought for, and could not possibly be obtained, without first rupturing the adhesions.

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## A CRITICAL SKETCH OF MR. TOYNBEE'S CONTRIBUTIONS TO AURAL SURGERY.

By WILLIAM KRAMER, M.D.

THE conviction, that "the pathology of the ear had been almost entirely neglected," induced Mr. Toynbee, in 1839, to commence a series of dissections of that organ, the results of which were published by him in two large groups (see *London Medico-Chirurgical Transactions*, for 1849 and 1855), and have lately been reprinted, with some additions, in a separate volume, under the title of "A descriptive Catalogue of Preparations illustrative of the Diseases of the Ear," 1857.

I have already, on some other occasions (see *London Medical Times and Gazette*, 1852, October 16), so fully discussed the little pathological value of the two former groups, that I should think it superfluous to add another word—even with reference to Mr. Toynbee's latest publication, in which, to the former dissections, amounting to 1523, only 136 new ones have been added, of the same character—if that treatise did not contain two things which it is impossible to pass over unnoticed.

In the first instance, Mr. Toynbee has, very unfairly, claimed for himself "the abolition of the terms 'otitis' and 'otorrhœa,' and the substitution of names indicating the tissue affected, and the peculiar nature of this affection;" whereas this question had been completely settled by me long before Mr. Toynbee appeared in public as an author;—a circumstance which could not have been unknown to that gentleman. (See my "Diseases of the Ear," translated by Mr. Bennett. London: 1837, pages 94, 96, 106, 129, 136.)

Secondly, Mr. Toynbee has called "the establishment of the existence, as a disease, of membranous and ossaceous

anchylosis of the stapes to the fenestra ovalis, one of the most common causes of deafness," which, from the contents of his own book, can be proved to be utterly groundless.

Mr. Toynbee expresses "the hope, that his dissections will be regarded as a solid basis, on which ultimately a complete system of Aural Pathology may be reared." Indeed, the imposing number of "1659 dissections" seems at once to justify that hope; it is, however, rendered more than doubtful by the author's way of proceeding with those dissections, as well as by the undeniable truth, that the pathology of the organ of hearing can only be promoted by dissections, if it be proved that the dissected ears have really been deaf, and have not only been examined during lifetime by means of appropriate instruments, but also properly treated, and the course of their illness closely watched to the last.

Out of the 1659 dissected ears, there are only 495, contained in the Catalogue, which Mr. Toynbee knew, from hear-say, to have been deaf. Of the remaining 1164 he had no notice whatever as to their having been actually deaf. Thus the result of the dissection of this by far greater number is of no value whatever, with regard to the pathology of the organ of hearing.

Mr. Toynbee never saw or examined a single ear, while living, out of the 1659; he did not establish, in a single case, the diagnosis of the probable change of organization, nor correct or confirm it by his dissections; he never entered upon a treatment; in short, his book contains nothing whatever that might turn the result of all those dissections into use for the pathology of the organ of hearing.

This startling contrast between the claims of science and the performance of the author, is the more inexplicable, as, on a former occasion (see *London Medico-Chirurgical Transactions*, 1855, p. 1), he mentions, among the number of 608 dissected ears, in the first place, "134 ears of deaf persons seen and examined by myself during life-time;" and he says of that class, "they have much higher value than the others." Mr. Toynbee, it is true, did not publish at that time a single one of those "examinations during life-time," apologising in vain for this omission; but now, not even this principle—quite true in itself—of the importance of careful examination of dissected ears during life-time, has been followed up in the Catalogue. The first series there only contains 272 diseased ears of deaf persons, "the history of whose cases was known to me [Mr. T.]" One instance will suffice to show the trifling benefit science will derive from those "histories of cases."

No. 512. "Male, aged 48. Deaf for about five years before death; could hear a shout on the right side, no sound at all on the left. The deafness commenced during a very severe ulceration of the throat after syphilis;"—statements in no way, either pathogenetically or diagnostically connected with the result of the dissection, viz., "stapes of both ears completely ankylosed; the membrane of the fenestra rotunda thickened, the cochlea of a deep-red colour (right ear); the membranous vestibule thickened (left ear)."

These results of dissection, "with histories," quite useless in themselves, but of great importance in the eyes of Mr. Toynbee, have not even been given entire—272;—only the fourth part of them—66 have been published in the Catalogue. The same unjustifiable deficiency occurs in other occasions of equal importance. Thus, in the "tabular view," 1149 diseased ears are mentioned, and yet only in 856 cases we read a more or less detailed description of the result of dissection; 293 are entirely omitted. The age of the bodies from which those 856 ears had been taken, is only given in 292 cases; in 564 instances it is not mentioned at all—an omission, which seems the more inexcusable, as there are already 143 ears (50%) out of those 292, which belonged to persons past 60,—an age at which auro-medical assistance is the less frequently sought, as it cannot be effectually rendered. Nay, Mr. Toynbee has not even, in every particular instance, mentioned the fatal disease of the persons from which those 856 ears are taken. It has been done in 87 cases only (10%),—the rest have been omitted, which again considerably lessens the value of the result of dissection for pathological purposes. The persons whose ears had been sent to Mr. Toynbee by his Medical friends for dissection, had died of "typhus fever, consumption, dropsy, pneumonia, scarlatina, measles, arthritis, scrofula, gangrene, apoplexy, diseased liver, and similar diseases (see *Medico-Chirurgical Transactions*, 1849, p. 76), which generally cause all sorts of morbid vegetative process in and on the mucous membrane, and, doubtless, also in that

of the organ of hearing. Under these circumstances, it remains uncertain whether the changes of organization observed by Mr. Toynbee in 1149 diseased ears, really existed as the basis of deafness, and especially how far they existed before the fatal disease, or whether they were not altogether unconnected with the deafness, and rather caused by the fatal disease.

Much for the same reason, the dissections contained in the Catalogue cannot be admitted as proofs for Mr. Toynbee's assertion, that "the membranous and osseous ankylosis of the stapes to the fenestra ovalis is one of the most common causes of deafness." After all, this assertion, being an hypothesis in no way proved, might be entirely passed over, as Mr. Toynbee did not, even in a single instance, diagnosticate the existence of this ankylosis of the stapes, nor in a single dissection show that the ankylosis was the cause of the deafness. Nevertheless, it would be a great pity not to make use of numerous other proofs the Catalogue contains against Mr. Toynbee and his hypothesis. We shall, therefore, conscientiously do so in the following lines:—

Mr. Toynbee, in his "Tabular View of the Morbid Appearances found in 1149 Diseased Ears," gives—

The base of the stapes ankylosed by bone to the fenestra ovalis	62
The base of the stapes ankylosed by bone, the base b. expanded	10
The base of the stapes ankylosed by membrane	43
The base of the stapes ankylosed by membrane, the base expanded	7
Ditto, ditto, an exostosis surrounding the fenestra	3
The base of the stapes attached to the fenestra ovalis more rigidly than natural	82
Ditto, ditto, the base expanded and fixed more rigidly than natural	7

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(i.e., 20%, out of 1149); without, however, mentioning the organic condition which, in 89 cases, without "being osseous or membranous ankylosis," connected the base of the stapes to the fenestra ovalis "more rigidly than natural." It is not likely that Mr. Toynbee meant it implicitly to be "mucous membrane of tympanum thick," or "membranous bands of adhesion," as in the dissections belonging to the first rubric (Nos. 288—388 of the Catalogue), the stapes is often called "concealed," but not "more rigidly fixed than natural," and in the dissections belonging to the second rubric (Nos. 340—400), the stapes is called "less movable, more rigidly fixed than natural;" in five cases only, Nos. 345—348, and 399; and even in those cases that circumstance is not attributed to "the adhesions of the stapes to the promontory." Accordingly we should have to deduct those 89 cases from the number of Mr. Toynbee's ankyloses, as not proved, and thus the latter would be reduced to 126 cases out of "1149 diseased" ears (=11%, instead of 20%).

Now, if we turn from this reduction required by science, to the details given by Mr. Toynbee of the ankylosis of the stapes which he considers so highly important, it is perfectly clear that for the sake of this supposed importance, he ought to have minutely described all those 214 cases, and not only part of them—176, (Nos. 16, 17, 19, 53, 95, 98, 107, 135, 139, 150, 152, 163, 177, 191, 216, 399, 453, 489, 489a, 492—546, 548—578, 580—627a., 639, 645—653, 664, 665, 731, 732, 759, 760, 777, 779, 784, 785). Amongst the 38 he has omitted, there may have been some particularly interesting ones!

Amongst the 176 detailed cases of ankylosis of the stapes there are 75. (Nos. 19, 53, 95, 107, 399, 453, 492, 493, 501, 6, 7—10, 13, 17, 18, 20, 21, 24—27, 30—37, 42, 43, 46—51, 55, 56, 59—64, 604a.—8, 10, 11, 13—19, 22, 24, 25, 27a., 639, 48, 49a., 52, 53, 64, 65, 73, 732), nearly the half, in which Mr. Toynbee leaves us in doubt as to the ears having been deaf; thus they do not prove anything at all as to deafness being caused by ankylosis of the stapes.

Those 176 ankyloses include, moreover, no less than 104 ears, with considerable organic complications, which will never allow the ankylosis of the stapes to be considered as the sole, or even principal cause of deafness. In order to make this clear, I shall give a number of those complications. There were, besides ankylosis in No. 19, membrana tympani atrophied,

malleus partly destroyed, labyrinth very thick and opaque. 53.—The inner half of the meatus occupied by a moluscous tumour; the membrana tympani pressed inwards, so that its inner surface was in contact with the whole outer surface of the meatus. 95.—The membrana tympani is very thick and white, the tympanum contains mucus, its lining membrane is thickened. 152.—Membrana tympani, all the laminae thick. 163.—The membranous labyrinth was of a dark colour, the laminae spirales too, and covered by a dark soft substance. 191.—Membrana tympani very thick, fallen in and adherent to the promontory, the tympanic cavity being nearly obliterated. Lamina spiralis of the cochlea very thick. 216.—Membrana tympani partially destroyed by ulceration, fallen in and adherent to the inner wall of the tympanum. The membrane of the fenestra rotunda greatly thickened, and of dark colour. 453.—Membrana tympani much thicker than natural, mucous membrane lining the tympanum thick; the cavity contained mucus. 489 a. —The tympanum contained thick, white, and viscid mucus, the membrana tympani and mucous membrane of the tympanum were thicker than natural.—495. Posterior two-thirds destroyed by ulceration; what remains (of the membrana tympani) is in a state of ossific degeneration; the mucous membrane of the tympanum is much thickened. The membranous labyrinth is much atrophied, and its peculiar fluids deficient in quantity. 499.—The membrana tympani is almost entirely destroyed, the mucous membrane of the tympanum is dark-coloured and much thickened. In a very similar condition were the Nos. 504, 5, 6, 7, 8, 12, 19, 28, 29, 37, 40, 41: in this latter case the membranous vestibule and the nerve were atrophied. 544.—Membrana tympani destroyed, the inferior extremity of the incus is absent, so that it does not articulate with the stapes; mucous membrane of the tympanum thick. 545.—Membrana tympani very thick, and quite hard; the upper half is firmly adherent to the promontory; the tympanum is nearly full of the same calcareous matter into which the membrana tympani is converted. A similar condition of the parts concerned in Nos. 554, 55—58, 67—71. 578.—The membranous labyrinth was atrophied, the nervous filaments on the surface of the lamina spiralis were not distinct, and appeared to be undergoing fatty degeneration. Similarly in Nos. 581, 592—94, 606, 12, 13, 20, 21, 46, 89, 731, 32.—The posterior semicircular canal is incomplete, its posterior wall being deficient for an extent of about three lines. The membranous labyrinth and cochlea contained black pigment. 759, 60.—The membrane of the fenestra rotunda is ossified, and covered by a deposit of osseous matter; the vestibule and cochlea contained a sanguineous fluid; mucous membrana of the tympanum thicker than natural. 777.—The auditory nerve atrophied, the membranous labyrinth atrophied, like in Nos. 778, 79, 84, 85.

Those 104 complicated cases must therefore be deducted from the 176 detailed ankyloses of the stapes, if the question is to find out the causal connexion between ankylosis and deafness; accordingly there remain only 72 cases (Nos. 17, 177, 492, 93, 97, 98, 500—5, 10, 14—18, 20, 21, 24—27, 30, 36, 36, 38, 39, 42, 43, 46, 48—51, 61—64, 76, 80, 84—87, 90, 91, 601—604 a., 606, 608—11, 14—19, 23, 27a., 47, 48, 52, 53, 64, 66), which, with their isolated ankylosis of the stapes, might be used as proofs for the correctness of Mr. Toynbee's theory. But here again, in 45 instances (Nos. 492, 93, 501, 10, 17, 18, 20, 21, 24—27, 30, 35, 36, 42, 43, 46, 48, 49, 50, 51, 60—64, 604, 4a., 6, 8, 10, 11, 14—19, 22, 27a., 48, 52, 53, 64, 66), we do not find any notice whatever as to the ears having really been deaf! Thus, from 214 ears with ankylosis of the stapes to the fenestra ovalis, there remain but 27, (Nos. 17, 177, 497, 98, 500, 502—5, 14—16, 38, 39, 76, 80, 84—87, 90, 91, 601, 2, 3, 9, 47), whose isolated ankylosis might have caused deafness, if the age of the persons from which those ears had been taken was not decidedly against it. Only one (No. 647) out of that number was 20 years old; two (497—498) had reached the age of 30; one (500) that of 40; two (502, 3), that of 50; two (584, 85) of 60; four (177, 504, 5, 76), of 70; ten (17, 514, 15, 38, 39, 90, 91, 601, 2, 3), of 80. In five cases (516, 80, 86, 87, 609), the age is not given at all.

Thus more than the half (16) of those isolated ankyloses were past sixty,—an age in which, to say the least, it is doubtful whether the ankylosis was the cause of the deafness, or whether both had not rather been caused by the advanced age of the patients.

This latter opinion will be materially corroborated by a

classification of the respective ages of the persons, from which those 133 ears with anchylosis of the stapes had been taken:—

One (No. 639) was in the age of . . . 5 years.

Three (Nos. 588, 89, 647) were . . . 20 "

Five (Nos. 495—98, 612) . . . 30 "

Four (Nos. 500, 12, 626, 27) . . . 40 "

Nine (Nos. 95, 139, 453, 94, 502, 3, 13, 759, 60) . . . 50 "

But 36 (Nos. 98, 135, 191, 492, 93, 99, 517, 18, 30, 31, 32, 35, 42—45, 50, 51, 59, 60, 62, 63, 83—85, 93, 94, 604, 22, 23, 25, 46, 49, 49a, 784, 85) had reached the age of . . . 60 "

43 (Nos. 150, 163, 177, 504, 5, 19, 26, 27, 33, 36, 46, 48, 49, 52—56, 61, 65—73, 76—78, 92, 97—600, 620, 21, 51, 177—79) . . . 70 "

30 (Nos. 10, 17, 53, 152, 511, 14, 15, 22, 23, 28, 29, 34, 38—41, 57, 58, 64, 74, 75, 81, 90, 91, 95, 96, 601, 2, 3, 50) . . . 80 "

2 (Nos. 731, 32) even passed that of . . . 90 "

Twenty-two only (one-fifth) were under sixty, and 111 (four-fifths) past sixty!

Now, this analysis of the materials contained in the "Catalogue" has been made with diplomatic accuracy: add to this the fact, that Mr. Toynbee, even in his lately published (see *London Medical Times and Gazette*, 1856, April 23—1867, April 27) "Lectures on the Diseases of the Ear," has not said a single word about the diagnostic, and the cure of the anchylosis of the stapes; and we consider ourselves fully justified in asserting, that he has utterly failed in proving, that "the anchylosis of the base of the stapes to the fenestra ovalis is one of the most common causes of deafness."

Berlin, June, 1858.

## GENTIAN TENTS

IN THE TREATMENT OF

### PARTIAL OCCLUSION OF THE CERVICAL CANAL OF THE UTERUS.

By J. H. AVELING, M.D.

Member of the Royal College of Surgeons, London, Hon. Member of the Obstetric Societies of Edinburgh and Dublin, etc.

THE office of the cervical canal of the uterus is somewhat peculiar, inasmuch as it has to transmit two distinct fluids in two opposite directions. If any obstruction, therefore, exist in it, the ill effects are doublefold. If the semen is unable to reach the interior of the uterus, sterility is the consequence; and if the menstrual fluid is unable to pass into the vagina, amenorrhœa or dysmenorrhœa, if the obstruction be only partial, are the effects.

I propose now only to speak of those cases in which the cervical canal of the uterus is partially occluded, and shall at once proceed to glance over the numerous abnormal conditions which may give rise to it.

Partial occlusion of the cervical canal of the uterus may be (a) congenital; or it may be caused by (b) a membrane stretching across the canal, the result of adhesive inflammation; by (c) injuries during labour; by (d) hypertrophy and elongation of the neck; by (e) an inflamed and congested state of the mucous membrane lining the canal; by (f) polypi and excrescences lodging in the canal; by (g) a plug of viscid lymph filling up the canal (a); by (h) displacements of the uterus; by (i) cancer and tumours; by (k) spasmodic contraction; by (l) the injudicious employment of caustics, etc.

In looking over this list of causes, it is cheering to notice in how many the interference of the Surgeon would be likely to be advantageous. Of course, no one mode of treatment would cure all; and in bringing the plan of treatment which I shall presently mention before the Profession, I do not pretend to have found a universal remedy. The good effects of dilatation in these cases is now fully recognised. Women who have been sterile, and who have suffered all their lives

(a) "We have observed the whole cylinder of the canal of the cervix to be filled or tamponed, so to speak, with a plug of viscid lymph, so obstructing the passage as to render it apparently impossible that any spermzoon could obtain access to the uterine cavity."—Meigs on "Diseases of the Neck of the Uterus."—P. 56.

from dysmenorrhœa, have by its means ever after menstruated naturally, and often become mothers of large families. The question is not, whether dilatation shall be employed, but how.

It is certain that some look upon the mechanical treatment of dysmenorrhœa as a great fallacy. "The dilatation of the os uteri to increase the flow of the menses is a specimen of great credulity," says Campbell (b); and others who have attempted the operation without producing the desired effect are sceptical as to its value. I am inclined, however, to think that a great deal of this feeling has been produced by the selection of improper cases or by the incomplete way in which they have been treated. For instance, if the seat of stricture be at the os uteri internum as well as at the os externum (as is the case with a patient I have now under my care), little benefit would be obtained by dilating the os tincæ alone; or if it be a case of dysmenorrhœa, accompanied with large firm clots, no relief would be afforded by dilating the canal to such a size as would admit of the introduction of the sound.

The accumulation of the menstrual fluid, if the uterus be not very irritable, at first merely produces a feeling of weight in the loins and of distension in the pelvis. These, however, are soon followed by the most severe bearing-down pain, which is often so agonising as to bring the patient down upon her knees as if she were in labour. The perspiration streams down her face, and her sufferings are at length terminated by the expulsion of a clot which has actually been crushed through the strictured canal by the violence of the uterine contractions. Where these symptoms persist after the employment of the ordinary modes of treatment, an examination is peremptorily called for.

Professor Simpson's sound is of the greatest value in the diagnosis of these cases. By it we can find out the exact point or points of obstruction, and also the amount of distension of the cavity of the uterus which the accumulation of the fluid has caused. I cannot admit that the ease or difficulty with which the sound may be introduced into the uterine cavity is a sufficient test as to the necessity of operative interference. When the menstrual fluid is secreted slowly, and is thin and unaccompanied by "clots and shreds," an aperture through which the uterine sound would pass might probably be large enough to allow the fluid to flow without causing more than ordinary pain; but when the opposite is the case, I feel convinced that such an opening would be insufficient. The clot resting in the canal forms a perfect ball-valve, and relief can only be obtained by its being crushed, or by its gradually dilating, by a painful process, the whole length of the constricted canal before it. The os uteri, though it certainly does relax to a certain degree at the menstrual periods, is not so accommodating as some writers represent, who make it to open and shut like the mouth, whenever it is required (c). If the stricture be firm and the clot hard, nothing but the forcible dilatation of the former, or the crushing and breaking up of the latter can give relief. It is cruel to leave to nature the excruciating process of dilating the canal, when it can be almost painlessly performed by science.

Dilatation of the os uteri seems to have been performed as early as the days of Hippocrates (d), although still later, in the time of Fabricius at Aquapendente, obstructions of the os uteri were looked upon as incurable (e). Mauriceau fully recognised the effect of an obstructed condition of the cervical canal of the uterus in producing sterility and dysmenorrhœa (f), and mentions instruments for curing it (g). Dr.

(b) "System of Midwifery." Edit. 1843, p. 507.

(c) L'action par laquelle l'orifice interne s'ouvre et se ferme, suivant les différentes nécessités, est entièrement naturelle, et nullement volontaire, ce qui a été fait fort à propos; car si le mouvement de cet orifice dépendoit de la volonté des femmes, il y en a beaucoup, qui par ce moyen s'empêcheroient de concevoir, en usant du coït; et plusieurs seroient assez méchantes pour expulser et rejeter, quand elles voudroient, la semence qu'elles auroient conçue, afin de s'exempter des incommodités de la grossesse, et d'être toujours en état de satisfaire avec volupté au désir insatiable de cette partie, dont il est parlé dans l'Ecriture au 30 chap. du livre des Proverbes. "Tria sunt insatabilia . . . infernus, et os vulvæ et terra."—Mauriceau, p. 40.

(d) "When sterility is connected with the shutting up of the os uteri the author gives directions for expanding it by means of wooden or leaden pipes."—Adams' edition of the works of Hippocrates, vol. i. p. 111.

(e) "Præterita uteri orificium unitum incidi non potest propter situ alitudinem."—Edit. 1648, De Chirurgicis operatibus, p. 97.

(f) Observations sur les Maladies des Femmes Grosses, etc.—Ed. 1715, pt. ii. p. 434.

(g) Ibid. p. 423. "Des instrumens d'ivoire en forme de fuseaux."



Mackintosh was the first to bring this subject prominently before British practitioners. He published 27 cases in which he had dilated the uterine canal with bougies, and of these 24 were cured of dysmenorrhœa, and 11 became pregnant (h). This marvellous success at once attracted attention, and among those who now sanction and practise the operation of dilating the cervical canal, in some way or the other, may be mentioned the names of Professor Simpson, Dr. Oldham, Dr. Rigby, Protheroe Smith, Mr. Whitehead, Mr. I. Baker Brown, etc.

Professor Simpson uses metallic bougies of graduated sizes, or adopts the speedier method of dividing the stricture with a kind of lithotome caché (i). Dr. Rigby uses a dilator with blades of well-tempered steel, which are expanded within the cervical canal, and allowed to remain so for a short time (k). Mr. I. Baker Brown has adopted the tubular system, which Mr. Thomas Wakley employs in stricture of the urethra (l), and others prefer still to use the elastic bougies which Dr. Mackintosh first proposed.

The plan of treatment which I, with all modesty, now propose, appears to me to have advantages over the different contrivances which I have just mentioned. A piece of gentian root is easily obtained, and any one possessing a penknife can manufacture it into a tent of the required size. It may be readily introduced by the aid of a pair of common dressing forceps, without using the speculum. A piece of string should be tied to its vaginal extremity, for the purpose of removing it after it is expanded. In less than four-and-twenty hours the tent, by the absorption of the fluid with which it is in contact, will have dilated the canal as far as it is able. It may then be withdrawn, and another introduced of a larger size if necessary. In treating these cases, it must be remembered that the seat of stricture may be nearly two inches higher up than the os tincæ. The tents should therefore be two inches and a half long, at least, so as to ensure their penetrating the os uteri internum. I have been struck with these tents coming out marked deeply by the strictures. In one case, in which the stricture had been caused by the application of powerful caustics (m), the tent appeared as if it had been tightly constricted by a piece of fine cord. The discharge during the presence of the tent is, of course, of a brown colour. Injections of warm water should be frequently used.

Should there be a tendency in the strictures, after they have been dilated, again to contract, one of Professor Simpson's stem pessaries should be worn.

The gentian tent is cheap, simple, and efficacious. No other requirements can be sought for in an instrument.

My silence upon the constitutional treatment of these cases may lead some to think that I ignore it altogether; such is not the case; and I beg to refer those who wish good sound practical information upon this subject to Dr. Rigby's work, "On Female Diseases."

Sheffield, June 8, 1858.

## THE LONDON PRACTICE OF MEDICINE AND SURGERY.

### THE LONDON HOSPITAL.

#### CASE OF ONYCHIA MALIGNA, WITH LARGE FUNGOUS GROWTH FROM THE BONE.

(Under the care of Mr. ADAMS.)  
(Reported by Mr. GILL.)

According to the patient's own statement, this is the first time she ever remembers to have been laid by. Her general appearance certainly verifies her statement. About eighteen months ago, a very painful swelling attacked the second finger of the left hand, and soon went on to assume all the characters

of onychia. For this she attended as an out-patient at the Leeds Infirmary, where the nail was removed, and lotions of various kinds applied for about six weeks. Before this was properly cured, another appeared on the thumb. On this occasion she was made an in-patient, and remained there for eleven weeks, during which time the nail was removed, and caustics frequently applied. At the expiration of this period she was discharged, a fungous growth about two-thirds the size of a moderate-sized walnut, having arisen from the radial side of the thumb, and which, moreover, the Surgeon pronounced to be incurable. It is now about twelve months since she left Leeds, and during the whole of this long period nothing but wet cloths have been applied to the affected part.

At the time of her admission into the London Hospital, the nail of the second finger was turned upwards, and almost black, the finger generally having a very unhealthy appearance, and a fungous growth about the size of a small hen's egg was attached to the side of the thumb. It was extremely sensitive to the touch, and caused the patient a great amount of constant throbbing pain.

May 20.—The patient having been placed under the influence of chloroform, Mr. Adams proceeded to remove the tumour. As it was attached by a small base only, a single incision sufficed to do this. Mr. Adams expressed a hope that the bone was unaffected, but unfortunately finding that his hopes were disappointed, he dissected away the flesh, and removed the bone as far as the first joint. As the part was very vascular, it became necessary to secure several vessels. This being satisfactorily performed the opposed surfaces of the gaping wound were brought together by means of sutures, and the thumb bound up in dry lint, in order to restrain the general oozing which was still something considerable.

Mr. Adams then removed the nail of the second finger, and applied acid nit. fort. to the denuded part.

The patient throughout was on full diet, and wine 3x.

May 23.—At the patient's own request the wine was taken off, and an extra pint of porter substituted. She is doing very well indeed.

Upon making a section of the tumour after removal, it appeared to consist almost entirely of fibrous tissue.

## HOSPITAL NOTES.

### GONORRHOËAL INOCULATION FOR THE CURE OF OBSTINATE CASES OF PANNUS WITH GRANULAR LIDS.

Mr. Bowman the other day directed our attention to the case of a young man who had for long suffered from an extreme state of granular lids, with vascular opacity of the corneæ. Both eyes had been affected, and all ordinary measures of treatment had been exhausted upon them. The right had, however, at length been cured by the practice of gonorrhœal inoculation. The contrast between the two was most striking. In the right only a little dimness of parts of the cornea remained; there was no vascularity or irritability, and he could see to read the smallest print. The left, on the contrary, showed in bands of adhesion between the palpebral and ocular conjunctiva, the effects of over-stimulant treatment, while the cornea was still covered with a network of vessels, and the lids granular over their entire surfaces. Four months had elapsed since the inoculation, prior to which the right had been much the worse eye. The lad had now come most anxious that the same treatment should be adopted for the one from which he still suffered, and Mr. Bowman willingly acceded to his request. Of course we do not wish our readers to accept a single fact of this kind for more than it is worth, in support of so severe a measure of treatment. About six eyes are, we believe, all that have yet been subjected to it at the Moorfields Hospital, and we are not aware that it has ever been adopted at any other in London. In one of the cases both eyes were inoculated, and in the four others only one. Dr. Bäder, to whose hands the management of them has been deputed, informs us that in all these the final result has been most satisfactory, and that, although in several the artificial inflammation was most threatening for a time, yet in none was the cornea damaged. The only treatment adopted consisted in the application of ice to relieve pain, no lotions whatever being used. When only one eye was

(h) Practice of Physic, vol. ii.

(i) Obstetric Works, vol. i. p. 289.

(k) On Diseases of Women, p. 54.

(l) Medical Times and Gazette, Feb. 1857, p. 187.

(m) Speaking of caustics Mr. I. Baker Brown says, "I have had many cases come under my notice where partial occlusion of the os and cervix has been the result of their use; and I feel certain that the use of such agents is a more frequent cause of sterility than is generally supposed."—Medical Times and Gazette, Feb. 1857, p. 187.



treated, the other was bandaged to prevent any accidental inoculation. It is to be borne in mind that gonorrhoeal ophthalmia, occurring in a case of vascular cornea, is not nearly so dangerous as if the eye were previously sound. The worse the condition of pannus, and the more perfect the morbid vascular supply, the less is the risk of sloughing of the cornea. Indeed, if only very advanced cases be selected for this treatment, very little risk indeed is run (a).

#### INJECTION OF AN OVARIAN CYST WITH IODINE.

The following case has recently been treated by Mr. Bickersteth in the Liverpool Infirmary. A thin, spare widow woman, a cook, was admitted in January with an ovarian tumour. She had been tapped for the first time in the preceding September, having then known of the existence of the disease for seven months. On January 13 a second tapping was practised, sixteen quarts being drawn off, and six ounces of the tincture of iodine (Ph. Edin.) were injected, and allowed to remain. Not much disturbance followed. Iodine was detected in the urine, perspiration, etc. The sac refilled, and on January 30 it was again tapped, and the injection repeated. On this occasion eight ounces were left in. The tumour, however, again refilled, and she was sent into Wales for change of air. Subsequently she was again admitted, in order to obtain relief from her great distension. Paracentesis was done on May 2, and she recovered, and was about to leave the Hospital, when her health began rapidly to give way. She died shortly afterwards; but, unfortunately, no autopsy was permitted.

#### LAYING OPEN OF AN UMBILICAL HERNIA IN AN ATTEMPT AT SUICIDE.

A poor woman was admitted under Mr. McMurdo's care into St. Thomas's, about a fortnight ago, having attempted suicide by laying open a large umbilical hernia with a carving-knife. It appeared that she had in the first instance tried to cut her throat, but having succeeded only in stabbing herself through the crico-thyroid membrane, was dissatisfied with the result, and then resorted to the more formidable measure. She was aged about 50, and was very stout. The incision in the hernial tumour was large, and had laid bare a considerable mass of omentum. No intestine had been protruded, and the neck of the sac was so close that it would not anywhere admit the end of the finger. Most of the omentum was adherent, and had evidently been for long incarcerated; but a portion close to the neck of the sac had been recently extruded. The skin could not be made to cover the mass exposed, and the adhesions made any attempt at reduction out of the question. The House Surgeon accordingly contented himself with applying wet lint over the whole.

#### THE PROVINCIAL

#### PRACTICE OF MEDICINE AND SURGERY.

#### STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE YEAR 1857.

(Continued from page 577.)

THE subjoined Report comprises the following Hospitals:—Addenbrooke's (Cambridge), the Bristol General, the Cheltenham General, the Cumberland (Carlisle), the Derby General, the Dorset County (Dorchester), the Dundee Royal Infirmary, the Glasgow Royal, the Gloucester, the Hull, the Leeds, the Leicester General, the Liverpool Royal, the Liverpool Southern and Toxteth, the Queen's, Birmingham, the Sheffield General, the South Staffordshire (Wolverhampton), the Staffordshire General (Stafford), the Sussex County (Brighton), the West Norfolk and Lynn (Lynn), the York County.

#### OPERATIONS FOR THE REMOVAL OF MALIGNANT TUMOURS.

Case 1.—The West Norfolk: Dr. Cotton.—A woman, aged 55, was admitted with a large fungoid tumour, the size of an

(a) The inoculation plan was, we believe, first proposed by Dr. Henry Walker, in 1811. Dr. Piringer, of Gratz, and Jaeger, of Vienna, have been among its more recent advocates.

adult head, and growing from the left buttock. At the urgent request of the patient the tumour was excised, together with a large part of the glutæus maximus muscle, from the substance of which it grew. The wound had partly healed, when in about five weeks the disease returned. The patient now left the Hospital, and died in about three weeks afterwards.

Case 2.—The Leeds: Mr. Teale.—A healthy man, aged 44, the subject of epithelial cancer of the gum and lower jaw, about the position of the wisdom-tooth. A flap was raised from the cheek, and the tumour and the bone to which it was attached, freely excised. The parts quickly healed.

Case 3.—The Leeds: Mr. Hey.—A woman, aged 41, the subject of a large epithelial cancer of the right labium. Excision; recovery.

Case 4.—The Brighton: Mr. Turner.—A chimney-sweep, aged 30. Excision of a soot-cancer of the scrotum. Recovered.

Case 5.—The Dundee: Dr. Crockett.—A man, aged 25, apparently in good health, the subject of a large malignant tumour of the back, attached to the fascia of the spine. The tumour was excised; but not long afterwards the disease reappeared in the axilla, and he left the Hospital in a feeble and sinking condition.

Case 6.—The Liverpool Royal: Mr. Bickersteth.—A healthy-looking man, aged 50. A melanotic tumour, the size of an egg, was excised from beneath the angle of the jaw. Recovered.

Case 7.—The Liverpool Royal: Mr. Bickersteth.—A delicate woman, aged 24, the subject of recurrent fibroid tumour on the inner and upper part of one arm. The original growth, the size of a fist, had been excised twenty-one months previously, and a second nine months ago. On the present occasion, the tumour was about as large as an orange. A third excision was practised, and she again recovered well.

Case 8.—The North Staffordshire: Mr. Ball.—A man, aged 58, apparently in good health. Excision of a large malignant tumour from the side. Recovered, but before the wound had quite healed the disease returned.

Case 9.—The Leeds: Mr. Hey.—A healthy woman, aged 67, the subject of a recurring fibroid tumour in front of the elbow-joint. The growth had first appeared thirty-one years ago, and it had been four times previously removed (once by the knife, once by ligature, and twice by chloride of zinc).

Under the microscope it showed well-characterised recurrent fibroid structure.

Case 10.—The Leeds: Mr. Hey.—A healthy-looking man, aged 60, from the corner of whose mouth a well-marked epithelial cancer had been excised five months before. The recurrent growth in the cheek resembled encephaloid rather than epithelial structure, both to the naked eye and under the microscope. Recovered.

Case 11.—The Bristol General: Mr. Coe.—A woman, aged 54, was admitted with a large hard tumour beneath the glutei and pressing upon the sciatic nerve. It was excised, and proved to be cartilaginous in structure. Before the wound had quite healed the growth reappeared, and took on a malignant aspect.

A second excision was attempted, but found to be impracticable, and the patient died eight weeks afterwards. Secondary deposits of cancer were found in the mesenteric glands, in the lungs, liver, and kidneys.

Case 12.—The Brighton: The House Surgeon.—A woman, aged 40. Excision of a growth of soft cancer from the temple. It had been of six weeks' duration, and appeared to spring from the bone. It soon recurred, and the woman left the Hospital to die.

Case 13.—The Brighton: Mr. Turner.—A boy, aged 3. Excision of a large growth (14oz.) of soft cancer from the right side of the chest. It had been growing for six months. Under treatment.

Case 14.—The Leeds: Mr. Hey.—A stout girl, aged 20, had an encephaloid tumour about the size of a marble, developed in the substance of the upper lip. It was excised, and the parts united. The wound healed well, and there were no evidences of tendency to return.

Case 15.—The Royal Berkshire: Mr. May.—A chimney-sweep, aged 44, in good health, from whose scrotum a soot cancer had been excised two years and a-half ago. A recurrent growth, but on quite a different part of the scrotum, had existed for six months. Excision. Recovery.

Case 16.—The York: Mr. Hey.—A man, aged 71, excision of an epithelial cancer of the scrotum. Recovery.

Case 17.—Addenbrooke's: Mr. Humphry.—A woman, aged 65, in good health, excision from below the orbit of a warty epithelial cancer which involved the bone beneath. A portion of bone was removed. Recovered.

Case 18.—The Derby: Mr. Fearn.—A stout man, aged 53, the subject of a recurrent fibroid tumour on the back, which had been three times excised. A fourth excision. Recovery.

Case 19.—The Derby: Mr. Fearn.—A boy, aged 5, was

admitted with staphylocoma of the cornea. An amber-coloured cataract concealed the deeper parts of the eye. The staphylocoma was absceded, and the lens and part of the vitreous humour evacuated. The nature of the disease now revealed itself, and a large sprouting tumour was rapidly developed. A month after the first operation, it having attained the size of a small fist, it was excised. A month later, a recurrent growth was also removed. In about a fortnight the disease again showed itself, and at the date of report had attained the size of the child's head, and would, no doubt, soon prove fatal. *Case 20.*—The Derby: Mr. Fearn.—A man, aged 46. Excision from the groin of a large growth, partly encephaloid and in part melanotic. Recovery. *Case 21.*—The Dorset County: Mr. Tapp.—A healthy chimney-sweep, aged 59, excision of a soot cancer from the scrotum. Recovery. A cancer had been removed from his scrotum fourteen years before, and he had been wholly free from the disease until within the last two years and a-half. *Case 22.*—The York: Mr. Hey.—A chimney-sweep, aged 45, excision of almost the whole scrotum on account of soot cancer. The testes were necessarily laid bare, but the healing was rapid and most satisfactory.

In addition to the above, there remain nine cases of epithelial cancer of the lip, which we may save space by grouping together. All the patients were men. Their ages were respectively 28, 50, 54, 56, 60, 62, 65, 66, and 79. In seven the lower lip was the one affected, and in two (aged 28 and 79) the upper. In one case almost the whole lip had to be excised. In all the cases the wounds healed well.

The reader will find many other cases illustrating the Surgery of Cancer in other parts of this report, as for instance, forty-one under the head of "Tumours of Breast" and others under those of "Amputations," "Removal of the Testis," "Excision of the Upper Jaw," "Amputation of the Penis," etc., etc.

#### EXCISION OF THE UPPER JAW.

*Case 1.*—The Leeds Hospital: Mr. Teale.—A woman, aged 22, was admitted with a large fibrous tumour, developed within the right upper maxillary bone, and encroaching also upon the left. Excision of the whole right bone was performed, a considerable portion of the left being also removed. She sank exhausted, and died on the following day. *Case 2.*—The Queen's Hospital, Birmingham: Mr. Langston Parker.—A woman, aged 55, the subject of malignant disease of the right upper maxilla. Excision of almost the whole bone was performed on April 29th. A good recovery resulted, and at the date of report there was no evidence of tendency to return of the disease. The disease filled the cavity of the antrum.

#### OPERATIONS FOR TUMOURS OF THE BREAST.

Excision of the mammary gland, or of tumours imbedded in it, appears to have been performed during the year in 51 cases. Of these five were cases of mammary glandular tumour ("Adenocoele" of Mr. Birkett), the ages of the patients being respectively 17, 23, 26, 28, and 36. In none of these was more than the tumour itself removed, and in none was the latter of unusual size. Four cases presented examples of "Cystic tumours of the breast," the patients being aged 43, 46, 48, and 50 respectively. These were probably midway in point of malignancy, between adenocoele and cancer, being structurally much more nearly allied to the former. In a single case, in which the patient was aged 48, the tumour is stated to have been "medullary carcinoma." In 38 cases the entire gland, or almost the whole of it, was removed on account of the ordinary scirrhus cancer. Of these, the patients were of the following ages, 27 one, 32 one, 34 one, 35 two, 36 one, 39 two, 40 one, 41 two, 43 one, 44 one, 45 one, 46 two, 47 three, 48 one, 49 two, 50 six, 52 two, 53 one, 57 two, 60 three, 62 one, 64 one. The whole of these 48 cases ended in recovery, as far as the operation was concerned.

The following are additional to the above, and are given in abstract on account of their either having ended fatally, and from their presenting features of unusual interest:—

*Case 49.*—The Leicester: Mr. Paget.—A woman, aged 28, in excellent health, a tumour had been growing for six years in her right breast, about two inches to the inner side, and a little below the nipple. An incision was made along its side, and with a few touches of the scalpel enucleation was easily effected. Dr. Sloane (H.S.) describes it as a calcareous

tumour, and states that it was of stony hardness, of irregular exterior, and about the size and shape of a small fig. The wound healed well. *Case 50.*—The Glasgow. A woman, aged 30. Excision of the breast on account of scirrhus. Death from scarlet fever. *Case 51.*—The Dorset County: Mr. Tapp.—A woman, in tolerable health, aged 64. A growth of hard cancer, the size of a chestnut, existed in one breast, and had been noticed for more than two years. It was excised, and the wound did well up to the fourth day, when a slight blush of erysipelas attacked it. This passed off, but she remained feeble, and without appetite. After a while one wrist-joint swelled, and then both legs became oedematous, and there was swelling about one ankle-joint. No fluctuation was ever detected in either joint. Stimulants and quinine were freely used, but on the 20th day, whilst taking her dinner, she suddenly became much worse, and died in about half an hour. No autopsy was permitted.

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## Medical Times & Gazette.

SATURDAY, JUNE 26.

#### TOWN AND RURAL HOSPITALS.

A measure has been lately carried out to a small extent in Paris, which is well worthy of imitation in London and to a larger extent—the removal of Hospitals and Poor-houses from thickly-populated town districts to more airy suburban situations. Although the difficulty of such a change looks at first sight formidable, we are convinced of its necessity and ultimate application. As a financial scheme the matter must be viewed in two lights: first, in regard to the existing Hospitals, and secondly, in reference to the construction of new Hospitals, or rather we should say, of Hospitals which have no representative at the present time. The old Hospitals, encumbered with certain trusts and endowments, might find a transfer embarrassing. But Hospital founders having to begin *de novo* would secure, in a suburban position, many advantages even in a pecuniary point of view.

But independently of the mere matter of economy, the subject demands earnest consideration on much sounder and nobler grounds. In the presence of the sanitary facts of the day, in the presence of the fact that the Hospital is really and truly intended for the cure of the sick, and lastly, in the presence of the notoriously painful fact that Hospitals situated in the heart of dense populations, despite all the aid gratuitously afforded by the most learned of the Medical body, do not carry out this intention to one half the extent they might, nor relieve the mortality bill even of its units—in presence of these facts we say, it behoves us, as wishing well for the fair fame of Medicine, that the great impediments to curative success, long acknowledged as part and parcel of the present Hospital system, should be carefully investigated and promptly removed.

An opinion has recently been gaining ground, that Hospitals for certain special diseases have no business to have any existence whatever. Or, at all events, if they are to exist, that they require to be entirely reformed in relation to pos-

tion and construction. But the argument admits of wider application. We believe that the day will come, nay, is at hand, when the very idea of confining within four walls a multitude of human beings suffering from any disease, will be looked on as one of the lunacies of science, and as verifying the triumphant art of nourishing disease by that on which it is fed. The fact is now day by day being realized, that diseases of various types may be experimentally produced by bad air; and even the public are beginning to understand why disease is rife in barracks and in workhouses, in densely-populated streets, and in all human dens where human beings are herded, and human breaths commingled.

We have referred to Hospitals especially, not invidiously, but because they exhibit more than other large establishments certain public evils. The general Hospital in the dense neighbourhood takes an active share in these evils. You may ventilate this general Hospital, give the seventeen hundred cubic feet of space to each bed, provide special wards, admit light, and unquestionably mitigate much evil, and diminish mortality. True, these improvements have been done, and more in this direction will be done. But the labour is only half-way towards the success which might be secured; inasmuch as no efficiency of construction can ever make amends for error in position.

In our present state of knowledge regarding the statistics of Hospitals, we must speak with great caution, for here a great statistical question lies open for inquiry. Meantime there are some facts collected by Dr. Farr, which show that the prospects of the sick in large cities are not such as could be wished for, either by Philanthropist or Physician.

In the following table, for instance, Dr. Farr has shown the relative mortalities of certain rural and town Hospitals:—

FOUR RURAL HOSPITALS.

HOSPITALS.	In-Patients treated in One Year.	Mean Number of In-Patients.	Deaths.	Deaths out of 100 Patients.	Deaths in 36 Days out of 100 Patients.
Salop . . . 4 years, 1880-83	965	92	84	3.7	3.6
Winchester 1 year, 1833-34	798	83	81	3.8	3.7
Salisbury 1 year, 1833-4	894	88	27	3.1	3.1
Chester . . 2 years, 1833-5	489	45	20	4.2	4.5

FOUR CITY HOSPITALS.

HOSPITALS.	In-Patients treated in One Year.	Mean Number of In-Patients.	Deaths.	Deaths out of 100 Patients.	Deaths in 36 Days out of 100 Patients.
Manchester 1 year, 1831-2	1,784	138	125	7.2	10.0
Liverpool 1 year, 1831	1,900	220	109	5.0	5.0
Bristol 1 year, 1828-9	1,483	195	160	9.5	8.2
London 7 Hospitals . . .	18,740	2,191	1,605	9.0	7.6

There is, then, in so far as these records go, an immense difference in the mortality of the rural and town Hospital. The deaths in the Rural Hospital vary from 3 to 4 per cent., the deaths in the City Hospital from 5 to 9 per cent., and Dr. Farr adds, "These observations are in conformity with what is seen in other Hospitals."

In considering the above table, one or two points deserve attention. These are, firstly, that the size of the Hospital makes a difference in the mortality, the mortality seeming to be much higher in larger Hospitals than smaller ones; and, secondly, that the types of the diseases met with in the city and in the rural Hospital differ materially. In the thickly populated city, the patients drafted into the sick ward enter with but half the gift of life. They often sink rapidly after operation, and show, at best, in comparison with their country neighbours, but the shadow of endurance. But these facts, however much they may soften down the statistic's dismal figures, do not by any means account for the whole difference of the reckoning. If we would look without bias into the mortality of the City Hospital, we shall find it in the Hospital endemic visitations—in those visitations of erysipelas and pyæmia especially, which often for weeks at a time so alarm the conscientious Surgeon, that

the knife is to him even a more cruel terror than to the patient on whom the knife should do its skillful office.

Apart, however, from the dangers of the pests of City Hospitals, the high mortality of these Hospitals must be contemplated. We may fall back, indeed, on the argument already quoted, relating to the class of people who fill our large City Hospitals, and bring forward their case in absolute support of the view that the City Hospital system has been carried so far, that its furtherance were a shame and a delusion in the present day. Because the occupant of the wards of the Urban Hospital is physically degraded to a lower standard than his country brother, so is it the more necessary, when disease makes him its prey, that his removal from those influences which have produced his physical degradation should be the basis of those remedial means which are to meet and remove his disease.

We could say much more in favour of the plea for establishing Rural Hospitals for our great towns and cities; but we must remain content, for the present, with an attempt to urge the immediate practical importance of the measure. Immense sums are being raised for the enlargement of King's College Hospital. But we very much question the propriety of expending these large sums in adding to this already extensive building in the densely crowded district on which the present Hospital stands. It is certainly necessary to have a central receptacle for cases of accident and acute disease, and clinical wards for the instruction of Medical students; but Hospitals are erected for the welfare of the sick, and no one can deny that nine out of ten of the inmates of our large London Hospitals would be infinitely better off in some airy suburban situation. The Council of King's College have the opportunity of setting a good example by expending the funds they are so liberally entrusted with by the charitable public in the erection of a rural sanatorium, into which they may draft the patients from their City Hospital. Plenty of pure fresh air is what is wanted to reduce the mortality of our large Hospitals. It cannot be had amid the smoke and dust, the poisonous gases poured from thousands of sewers into our streets through innumerable gully holes, the reeking of house drains into ward or bedroom, the combined exhalations of more than two million human beings and countless quadrupeds, and the miasms evolved from the mighty sewer into which our ignorance or indolence has converted our noble river. It is positive cruelty to submit sick men, sick women, sick children, to such a tainted atmosphere without the plea of pressing necessity. It is an equally positive duty to attempt to diminish the evils inseparably dependent on the existence and increase of large Hospitals in large cities.

## THE WEEK.

There was rather a numerous attendance of Medical men at the House of Commons on Tuesday, anxious to hear the discussion on the committal of Mr. Cowper's Bill. But the affair passed off amid a few inaudible mutterings from Mr. Headlam, Colonel French, and Mr. Walpole, it having been arranged that certain proposed amendments should be printed and the Bill as amended considered next Thursday at 12 o'clock. The principal amendments relate to the mode of electing the Council and the definition of its powers. Mr. Cowper has submitted to the correction of some of the obvious defects in his original measure, but we very much question whether any one thinks well enough of the Bill, even as amended, to carry it through Parliament by the aid of lukewarm friends in the face of earnest opposition. The other Medico-parliamentary matters of the week have related to the state of the Thames, Chancery Lunatics, New Barracks, Coroners' Inquests, and Netley Hospital. The Legislators are nearly stunk out of their own house, yet they are not even able to decide if the necessary works should be paid for by the nation

or by local rates.—It is not disputed that Chancery lunatics—551 in number—are badly treated. It is admitted that there are only two Medical men to inspect these 550 lunatics scattered all over the country, and that the salary of these inspectors is only £500 a-year. But inquiry is postponed on the promise that next year the Government and the Lord Chancellor will not oppose a full inquiry into the working of the Act of 1853. The inquiry is much needed, and we trust that it will be complete.—The Chancellor of the Exchequer refused to move the Portman Barracks to any part of the Kensington Gore estate, because the land was sold on the stipulation that no buildings should be erected on it of an "offensive character." Why our soldiers should be condemned to buildings of an "offensive character" the Minister did not explain.—Nor would he submit to the appointment of a committee on the Law and Practice of Inquests and Remuneration of Coroners, because it would "lead to a long discussion."—Sir F. Smith and General Peel defended the site and construction of Netley Hospital; and we may conclude that further opposition will cease.

Mr. Sands Cox has been elected Principal of Queen's College, Birmingham. As Mr. Cox is the founder of two most important institutions, this appointment is a most satisfactory one, and we feel convinced it will lead to progressive improvements in the College and increased success.

The "Thames" is becoming so unbearable that every one is crying out, "Something must be done!" A jury returned a verdict, in an undoubted case of cholera, "That the deceased died from the effect of an attack of Asiatic cholera, brought on by inhaling the noxious vapour of the Thames." And the Board of Health says:—"From the 'Dreadnought,' it is stated, by the resident Medical officer, that 'during the last week the effluvia from the Thames water has been of the most sickening character, and, from its depressing action on myself and other officers, it must be obnoxious to the well-doing of the patients. We have had two deaths from typhus fever, and a third case in great danger.' The propriety of retaining such a site for a hospital would appear to require investigation. In the Royal Marine Infirmary, Woolwich, it is reported 'that there are now seven cases of diphtheria, all doing well; likewise in the department for women and children this disease is becoming prevalent.' People are being poisoned by fetid miasma from the river, and the only wonder is, that some fearful epidemic has not decimated the inhabitants of the Metropolis; yet, while everybody is dissatisfied, nobody acts. We must have the banks of the river so covered that no mud is exposed at low water, and all the sewage must be intercepted. We cannot be satisfied with less than this. "No mud, and clean water," is the cry. A million, more or less, will not be grudged if the work be well done.

A memorial has been addressed to the Lord-Advocate of Scotland by the College of Physicians of Edinburgh, showing that in the amended edition of the Bill for improving the Scotch Universities, the existing holders of Medical Degrees would be almost entirely excluded from voting for members of the University Court; while clergymen of all denominations, and others who have gone through a purely literary course of study, would be entitled to a vote, whether possessing the degree of M.A. or not. It is added very justly:—"That the College is not aware of any inferiority in the social or educational status of the Medical Profession which would justify this invidious exclusion—that the College believes the welfare of the Universities, not less than that of the

Medical Profession, to be concerned in maintaining for the Medical graduates a position corresponding to their important functions, and their character as men of education—that the Medical graduates of the Scottish Universities undergo more rigid examinations, and pursue a course of study more varied and extensive than those required for any other profession; and that their virtual exclusion, under these circumstances, from the government of the Universities, is alike indefensible and unjust." The Lord-Advocate can hardly refuse to introduce into the Bill amendments calculated to relieve Medical graduates from the unmerited exclusion which they will suffer according to the Bill as it at present stands.

We have received from the Early Closing Association a pamphlet containing some practical testimonies to the benefits attending the early weekly payment of wages, and we are anxious to express our own sentiments as to the beneficial effects likely to follow, in a hygienic point, the general adoption of the system of paying wages on some other day than Saturday. It is found that when the last day of the week is the period selected, the workman is tempted by the next day's holiday to spend a great part of his earnings in intoxicating drinks, to the great detriment of his health as well as his morals; while, on the other hand, the purchase of all kinds of necessaries is made on the Sunday; thus greatly increasing the evils of Sunday-trading, and preventing the shopkeepers and their assistants from enjoying the rest which their health demands on one day of the week. There needs no argument to prove the degradation of mind and the train of physical evils induced by the too free indulgence in intoxicating drinks; it is almost equally needless to insist that the workman and the shopkeeper are alike entitled to one day in seven as a period of rest; and we therefore hope that employers will be generally induced to alter the present prevailing system of paying wages on the Saturday night. The pamphlet published by the Early Closing Association contains a long list of public companies and private firms which have adopted the plan of paying their workmen on Friday, or on some earlier day in the week, and the innovation seems to have worked most beneficially. For the change proposed there is every argument which charity and true philanthropy can suggest: in opposition to it there is really no argument whatever. We, therefore, hope that reason and good sense will prevail in causing the general adoption of so beneficial a change.

The medico-legal points raised in the case of Sir Henry Menz require some remarks. The question for the jury was the state of Sir Henry's mind on the 3rd of July, 1857, when he wrote instructions for a *codicil* to a will made nearly a year before. Between the making of the will and the *codicil*, Sir Henry had a severe fit—in December, 1856,—when Drs. Watson, Ferguson, Williams, and Sir Benjamin Brodie, were consulted. They then pronounced that there was softening of the brain. The speech, and gait, and mind were already affected. All through 1857 (to September) we have conflicting evidence—1. Of incapacity throughout the canvassing for Hertfordshire, and of utter inability to command his troop of yeomanry at a review. 2. Of capacity to transact all kinds of business. In September, 1857, there was another fit, and then *all* allow he became insane. Nevertheless, there were business transactions afterward. Dr. Conolly's evidence and opinion were, that he first saw Sir Henry on January 22, 1858. He was in a most advanced stage of "general paralysis," so advanced a stage that the Doctor thought the malady must have commenced a year and a-half or two years before. He never saw a recent case so far advanced. He never knew the peculiar speech and gait seen and described *without* the insanity; never

knew them *precede* the mental disorder, although they supervened often in mania of long standing; in other cases, the speech, gait, and mind, are *simultaneously* affected. He believed the malady, "general paralysis," began in December, 1856. Its peculiar character is so little known, except to asylum doctors, that it is assumed to be common paralysis, which is *not* necessarily associated with mental disorder. But the question which puzzled the jury was this: Was Sir Henry's mind *so far* affected in July, 1857, as to render him incapable of judging soundly as to a codicil? in other words, Was he of "disposing mind?" This nobody can tell, except those who may not wish to tell the truth. The opinion that his judgment was then seriously impaired, rests on experience of the distinct and peculiar malady with which beyond doubt he was already affected, in an *advanced* stage of which Dr. Conolly found him in January, 1858, and in the last stage of which he is at present. But this opinion can be no guide to the jury. The case may even have been exceptional. But that the "general paralysis" began in 1856, and has gone on steadily ever since, is, so far as we can learn from the evidence, the real fact.

Medical officers are participating, in a manner very creditable to the Government, in the decoration of the Victoria Cross. Very lately we were glad to see that it was conferred on Deputy-Inspector Mount, C.B., for having voluntarily proceeded to the assistance of Colonel Morris, who was lying dangerously wounded, in an exposed situation, after the retreat of the light Cavalry from their fatal charge at Balaklava, and for having dressed that officer's wounds under a heavy fire from the Russians. We have now very great pleasure in extracting the following records of Medical heroism from the last *Gazette*:—

"78th Regiment.—Assistant-Surgeon Valentine Munbee M'Maser; date of act of bravery, 25th of September, 1857. For the intrepidity with which he exposed himself to the fire of the enemy in bringing in and attending to the wounded on the 25th of September, at Lucknow.

"90th Regiment.—Surgeon Anthony Dickson Home; date of act of bravery, 26th of September, 1857. For persevering bravery and admirable conduct in charge of the wounded men left behind the column, when the troops under the late Major-General Havelock forced their way into the Residency of Lucknow, on the 26th of September, 1857. The escort left with the wounded had, by casualties, been reduced to a few stragglers, and being entirely separated from the column, this small party, with the wounded, were forced into a house, in which they defended themselves till it was set on fire. They then retreated to a shed a few yards from it, and in this place continued to defend themselves for more than twenty-two hours, till relieved. At last, only six men and Mr. Home remained to fire. Of four officers who were with the party, all were badly wounded, and three are since dead. The conduct of the defence, during the latter part of the time, devolved, therefore, on Mr. Home, and to his active exertions previously to being forced into the house, and his good conduct throughout, the safety of any of the wounded and the successful defence is mainly to be attributed.

"90th Regiment.—Assistant-Surgeon William Bradshaw; date of act of bravery, 26th of September, 1857. For intrepidity and good conduct when ordered, with Surgeon Home, 90th Regiment, to remove the wounded men left behind the column that forced its way into the Residency of Lucknow, on the 26th of September, 1857. The dooly bearers had left the doolies, but, by great exertions, and notwithstanding the close proximity of the Sepoys, Surgeon Home and Assistant-Surgeon Bradshaw got some of the bearers together, and Assistant-Surgeon Bradshaw, with about 200 doolies, becoming separated from the rest of the party, succeeded in reaching the Residency in safety by the river bank."

The old spirit of military exclusiveness is evidently dying out, or acts such as these would still be passed over with the silence and neglect which proved so galling to Naval and Military Surgeons in days gone by.

A small blue book has just made its appearance, containing a preliminary Report of the Commissioners appointed to inquire into the best mode of distributing the Sewage of Towns, and applying it to beneficial and profitable uses. The great difficulties of disposing of the excrementitious matters of large towns, and at the same time of avoiding the pollution of rivers, have long been admitted, and it is clear that the difficulties increase with the increase of the population. Fully admitting the purifying influence of flowing streams, of atmospheric oxygen, and of aquatic animal and vegetable life, upon the products of human and other excrements, it is plain that there is an increasing amount of impurity collecting in the river Thames, which does endanger the health of the population living upon its banks. For the double purpose, therefore, of diverting the refuse matter from the Thames and other large rivers, and throwing it where it is imperatively demanded—upon the fields, the Commission has been appointed, of which the first Report is now before us. The subject is so wide and so important, and is at the same time so beset with difficulties, that we can merely glance at some of the questions discussed by the Commissioners. The high value of animal manure in fertilizing the earth, is not for a moment to be denied; but it is a law of nature that the decomposing matters, which are all-important to the vegetable world, are noxious to human health; and therefore any scheme of evaporating sewage-water so as to obtain a solid and fertilizing residue must be attended with the utmost danger in a sanitary point of view. The Commissioners, amidst these difficulties, propose a kind of middle course, and they suggest that sewage matter may be rendered serviceable in three methods to the land: first, by irrigating the soil by sewage matter very largely diluted, as is done in the Edinburgh meadows and in the rice-fields in the vicinity of Milan; secondly, by collecting the fluid manure and distributing it over the land by means of pumps and jets; and thirdly, by precipitating the solid matter of sewage by means of lime, which, besides the separation of the precipitate, also acts by neutralizing in part the noxious gases which sewage water contains. An Appendix to the Report contains a very interesting account of the system of irrigation pursued in the plains of Lombardy, in the vicinity of Milan; but it must be mentioned that the rice-fields are kept at the distance of four miles from the capital. The Report also contains suggestions for a scheme for draining the metropolis, the chief features consisting in the construction of large and elevated terraces on the banks of the Thames, acting as so many reservoirs for the sewage, which is to be pumped out at intervals, and if not utilized for the land, is to be discharged into the river below low-water mark. This scheme appears to us to be very faulty; and we trust that no plan will be attempted to be carried out, which does not provide for complete interception of all sewage matter from the river.

A case of poisoning by nicotine has just occurred under very painful circumstances. Mr. Witt, a gentleman associated with Dr. Hofmann, at the Royal College of Chemistry, and favourably known as a chemist of rising reputation, has destroyed himself by taking a quantity of this formidable poison. From the evidence given at the inquest, held on Tuesday last, it appeared that the deceased had for some time been in a desponding state of mind, and that he had laboured under groundless delusions respecting his position and circumstances. On the morning of Saturday, the 19th inst., he was seen by one of the attendants at the Museum in Jermyn-street, in the act of falling forwards out of a water-closet in which he had concealed himself. The attendant raised him up, and with the aid of another man endeavoured to carry him to a table, but he died in their arms,

heaving one deep sigh. They noticed a peculiar smell, and on searching the water-closet they found a stoppered bottle containing a brown liquid, which when examined by Dr. Hofmann proved to be nicotine,—the alkaloidal poison of tobacco. The quantity of poison taken by the deceased is unknown; but the bottle had a capacity of about six drachms, and there was about half-a-drachm to a drachm remaining in it when found. The deceased must have taken the nicotine just before he was seen by the attendant, as this poison operates with the greatest rapidity, and destroys life in from two to five minutes. The only observation regarding the symptoms is, that he became suddenly unconscious, and lost all power of moving. The eyes were prominent and staring; there were no convulsions of the limbs. Dr. Wilson, who saw the body in ten minutes after death, stated that there was a slight clenching of the fingers on the palms of the hands; but otherwise a general relaxation of the muscles. He noticed a remarkable fulness about the neck, and a bloated state of the features. The principal appearances were, great congestion of the membranes of the brain, with a dark and fluid state of the blood. The stomach and contents, with parts of the other viscera, have been placed in the hands of Dr. Alfred Taylor for chemical examination. This investigation is rather for the purposes of science, than to throw any light on the cause of death, which was clear enough from the circumstances. The jury, upon the evidence, gave a verdict to the effect that deceased had destroyed himself by taking nicotine while in a state of temporary insanity. This is the first case of death from nicotine that has taken place in this country, and the second which is to be found recorded in the annals of science. Some of our readers may remember that the Count Bocarmé was tried at the Assizes of Hainault, in Belgium, in 1861, for the murder of his brother-in-law, Gustav. Fougues, by poisoning him with nicotine. The prisoner had made a special study of chemistry for the purpose of procuring this poison. He took an opportunity of forcing a quantity of it down the throat of Fougues, in his dining-room at the Castle of Bitremont, in the presence of the Countess Bocarmé, the deceased's sister, who was tried as an accessory to the murder. The Count was convicted and executed. Fougues died in five minutes. The quantity of poison administered was unknown; but six grains of nicotine were extracted from the contents of the stomach, by M. Stus, the Belgian chemist. An attempt had been made to destroy the strong and peculiar odour of the poison, by pouring acetic acid over the body after death; but this piece of diabolical ingenuity did not defeat the chemical investigation. The odour of nicotine, although most powerful, appears to be rapidly lost; for in the case of Mr. Witt it was not perceptible sixty hours after death, when the inspection was made. The great heat of the weather may, in some measure, account for this fact.

## REVIEWS.

*A Manual of Psychological Medicine, containing the History, Nosology, Description, Statistics, Diagnosis, Pathology, and Treatment of Insanity. With an Appendix of Cases. By JOHN CARLISLE BUCKNILL, M.D., and DANIEL H. TUKE, M.D. Pp. 562. London: 1858.*

THIS very valuable contribution to Psychological Medicine is the joint production of two gentlemen who have already gained a high reputation in the literature of insanity, and in the treatment of the insane. With regard to the portions which each has respectively contributed, we are informed in the Preface that the chapters on the History, Nosology, Description, and Statistics, constituting about the first half of the book, are written by Dr. Tuke; and the rest, including the Diagnosis, Pathology, and Treatment of Insanity, with the Appendix of Cases, are by Dr. Bucknill. The latter gentleman is the well-known editor of the *Asylum Journal*, and is the Medical

Superintendent of the Devon County Lunatic Asylum; and Dr. Tuke, who is a direct descendant of William Tuke of York, the earliest of English reformers in the treatment of the insane, is the author of a prize essay on Insanity, and is the Visiting Medical Officer of the York Retreat. Both of these gentlemen, therefore, have a claim to attention on the ground of their psychological antecedents.

Dr. Tuke commences with a short sketch of the opinions entertained by the ancients on the subject of insanity, and of the treatment which they recommended; and he shows that madness must have been well known in early times, not only from the actual occurrence of this malady among the historical personages who figure in the pages of the sacred and profane writers, but also from the frequent use of insanity made by the poets to heighten the effect of their imaginary conceptions.

In the third chapter, Dr. Tuke passes on to estimate the bearings of modern civilization on mental disease. The conclusion is, as might be expected, that man, in his social, refined, and polished condition is more liable to a disturbance of his mental faculties than when he was in the savage state. The explanation of this apparently anomalous conclusion is that, in a state of progressive advancement in intellectual and moral culture, man has more faculties to disturb. The immunity from insanity possessed by the brute creation, and by the savage races of mankind, depends upon the fact that their intellectual powers are reduced to their lowest state, even if they can be said to exist at all. This explanation, however, does not embrace the whole case; and there can be no doubt that we are ourselves responsible for much of the oversensibility of our own brains. Excessive head-work, forced education, the abuse of stimulants, the eagerness to acquire money, perverted notions of religion, are but a few of the agencies of modern days which tend to disturb the balance of the intellectual powers, and to fill our lunatic asylums.

The fourth chapter treats of the amelioration of the condition of the insane in modern times, especially in regard to mechanical restraints. This is a part of the subject with which Mr. Tuke is especially familiar, and the sentiments now expressed are, we believe, almost exactly the same as those of his Prize Essay published a few years ago.

The classification adopted in this Manual does not present any particularly striking features, nor does it pretend to accomplish the hitherto impossible task of separating from one another by well-marked lines of distinction, the ever-varying shades of mental alienation. It commences with the condition where the mental powers are either absent or reduced to their lowest state, as in idiocy, including cretinism and imbecility; the next form being dementia, in which the reasoning faculties are lost; then comes delusional insanity, when just conclusions are formed from premises which are unsound, and where morbid thoughts often eventuate in dangerous actions; the next is emotional insanity, including melancholia; and the last, in which the mind is most violently disturbed, is Mania, in its acute and chronic forms.

The allotment of the topics of the Manual to the respective authors appears to us to have been very judicious, and the subjects introduced are exceedingly well suited to the style of writing and the mental habits of each, which evidently differ considerably. In the first portion of the book, written by Dr. Tuke, we find repeated evidence of research and of logical accuracy of thought,—qualities eminently required of an author who deals in the details of the history, statistics, and classification of a given malady; and we have no doubt that his summaries and conclusions will carry great weight with the Profession.

The chapters on the diagnosis, pathology, and treatment of insanity are by Dr. Bucknill, and they are characterised by sound judgment, founded on extensive reading and practical experience. There is an entire absence of any wish to dogmatise, or to propose startling novelties; and Dr. Bucknill executes the task allotted to him in the spirit of a man who feels the enormous difficulties of the subject he is treating, and the necessity of regarding it in every possible light before arriving at conclusions.

The diagnosis of insanity is difficult enough; for although the discrimination of physical diseases, attended with derangement of the intellect, may be within the scope of every Physician's powers, yet who shall determine with absolute precision the boundaries which distinguish sanity from insanity of mind, or fix the exact period when the healthy balance of the mental powers has been disturbed? If insanity were a positive



entity; appreciable to the senses, some fixed and invariable laws as to its existence might be laid down; but the Physician who pronounces upon the mental soundness or unsoundness of his fellow-creature is only one finite being judging of the intellectual condition of another, having only his own fallible intelligence as the standard of comparison. If, again, we seek to give precision to our diagnosis by reference to physical symptoms, or by the comparison of post-mortem revelations, our difficulties multiply instead of diminishing; for the very connexion of mind with matter cannot be visibly demonstrated, still less can the aberrations of the one be definitely proved to have a measurable relation with the morbid appearances of the other. The dissection of innumerable brains has hitherto led to very little in the way of definite results, although it has contributed a multitude of loosely recorded facts, together with many erroneous conclusions; and not a few of the most distinguished psychological authorities have abandoned in despair the attempt to explain the phenomena of insanity by reference to morbid anatomy. Dr. Bucknill, in the treatment of this very complicated and difficult subject, shows much sound sense, practical experience, and just reasoning; and all must admit that his views are entitled to the most careful attention, even where the reader may not be wholly convinced by the force of his arguments. A good analysis of what is known of the connexion between the morbid manifestations of the mind with the pathological changes in the brain will be found in Dr. Bucknill's pages, together with some original matter of his own, which has thrown considerable light on this mysterious question.

Our limits will not permit us to follow in detail a number of other topics suggested by the perusal of Drs. Bucknill and Tuke's Manual. We can only add that the section on Treatment is as valuable as any other part of the work, and may be safely taken as a guide by all those who are engaged in the management of the insane.

The Manual supplies a want which has long been felt, and it will no doubt be long regarded as a standard work on psychological medicine.

## GENERAL CORRESPONDENCE.

### ON THE TREATMENT OF SCARLATINA WITH TINCTURE OF IRON.

LETTER FROM R. H. MEADE, Esq.

[To the Editor of the Medical Times and Gazette.]

SIR,—The treatment of the severer forms of scarlet fever is acknowledged to be often most unsatisfactory; and I see by a late number of the *Medical Times and Gazette*, in which the supposed efficacy of both ammonia and acetic acid in this disease are alluded to, that attempts are being made to bring forward some remedy that may prove more successful than those in general use.

During the last eight or nine months scarlatina has been very prevalent in this neighbourhood, and in some localities very fatal. My attention having been thus directed to the disease, I have been particularly struck by the close resemblance between many of its symptoms and those of erysipelas (a), and I determined to treat it in the same manner.

I had long been convinced of the value of the tonic and stimulant treatment in all forms of the latter disease, and formerly placed my chief confidence in ammonia: I found, however, that the mineral acids with quinine were more efficacious, and generally prescribed them, until a few years back, when the tincture of sesquichloride of iron was recommended. Though the value of this remedy has been doubted, I have found it so useful, that I regard it almost as a specific, both in the idiopathic and traumatic forms of the disease; and invariably prescribe it both in hospital and private practice; and I have been assured by other Medical men that they have equal faith in its virtues.

Having so much confidence, therefore, in the tincture of

iron in erysipelas, I determined to try it in scarlatina, and I have, accordingly, given it during the last winter and spring to every case that I have seen, with the exception of a few, which were so slight as scarcely to require any medicine. The success of this treatment has exceeded my expectations, and I have only had one fatal case since I commenced its use. Several cases, in which the symptoms set in with severity, were apparently cut short by it; and almost all the cases in which I gave it recovered with unusual rapidity. I give it in doses varying from five to fifteen minims, according to the age of the patient, every three or four hours; and when the throat is ulcerated I also apply a solution of nitrate of silver to the fauces. Several of my Medical friends have tried the tincture of iron at my suggestion, and have reported favourably of its use.

I know that it requires a much more extended experience before the peculiar efficacy of this remedy can be established; and the principal motive that I have in bringing it before the Profession is to induce others to give it a trial.

I am, &c. R. H. MEADE, F.R.C.S.

Sen. Surgeon to the Bradford Infirmary.

Bradford, April 18, 1858.

### SECONDARY HÆMORRHAGE IN WOUNDS OF THE HAND.

LETTER FROM DR. FREDERICK J. LOWES.

[To the Editor of the Medical Times and Gazette.]

SIR,—On the 8th of August, 1857, I was summoned hastily to a man reported to be bleeding profusely from the hand. On my arrival at the house he was in I found him quite blanched, and very faint. I ascertained that, ten days before, the middle finger of the left hand had been crushed, whilst he was engaged in pile-driving. He at once presented himself at the Portsmouth Hospital, where his finger was amputated at the junction of the metacarpus with the phalanx, and he was made an out-patient, the artery having been secured by a ligature, which had come away, and been followed by secondary hæmorrhage. I remained with him some time (the bleeding having ceased before my arrival, and there being no return of it); I plugged the wound, and left him. He progressed very favourably till the following Wednesday, when I was again summoned to him in haste, in consequence of a return of hæmorrhage. I decided that the only plan would be to tie one or both of the arteries of the forearm. I immediately cut down on the radial, and secured it; but the bleeding being as profuse as ever, I placed another ligature round the ulnar artery, which effectually stopped the blood. He now went on very well, the hand being kept warm, and the wound assumed a healthy appearance, when on the following Sunday week, eleven days after, I was again summoned to him, as the blood was pouring from the wound. I found that both ligatures had come away, that both arteries had no pulsation, and were impervious, and concluded that the blood was conveyed by the anastomosing branches. I placed a tourniquet on the brachial artery in the upper third of its course, and determined to cut down on the brachial just below it; this checked the hæmorrhage, but did not altogether suppress it for nearly three quarters of an hour. I then left him with my assistant, directing him to apply the tourniquet if necessary. The result proved satisfactory, for the wound healed kindly, the ligature came away on the thirteenth day, without any return of hæmorrhage, and the circulation was ably carried on by the recurrent branch of the radial, and the man went back into Wiltshire cured.

The most extraordinary feature in this case was the second attack of hæmorrhage coming on, simultaneously with the separation of the ligatures from the radial and ulnar arteries, when both those vessels were impervious; and as the circulation must have been carried on by anastomosing branches, why did not the hæmorrhage return before that time? as of course the separation of the ligatures from those two arteries could not have been the cause of the return of it.

I am, &c.

FREDERICK J. LOWES, M.D., F.R.C.S.

Anglesey, Llants,  
June 16, 1858.

(a) I am aware that there is no novelty in this fact, some pathologists thinking that a most intimate connexion exists between the *materies morbi* in these and some other acute contagious diseases. (See Dr. Holland's *Medical Notes and Reflections*.)

# ASPHYXIA FROM THE ADMINISTRATION OF CHLOROFORM, AND THE "MARSHALL HALL METHOD."

LETTER FROM GEO. WIGAN, ESQ.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having been requested by a patient to administer chloroform, in order to have an examination made of disease of the neck of the bladder and prostate (the parts being extremely sensitive to pain), assisted by a Medical friend, I applied it in the usual way. In three or four minutes the patient's breathing became suddenly very much accelerated. Chloroform was discontinued. Speedily the pulse at the wrist ceased. No pulsation of the heart to be felt; and, lastly, respiration was not in the slightest degree perceptible. My friend exclaimed the startling words, "He is gone!" and I felt the full force of it in these times of inquests. I impulsively turned him on his belly (apparently lifeless), immediately and forcibly set up the rotatory motion as advised by Dr. Marshall Hall, and in two minutes (very long ones to us) there were signs of animation, and he soon recovered.

I have administered chloroform in some hundred of cases, even to children a few weeks old, and never saw the slightest untoward symptom; and in the above case I am convinced that no stimulant could have availed, and the recovery was entirely due to the discovery by that great physiologist Dr. Marshall Hall.

I am, &c.

GEO. WIGAN, M.R.C.S. Eng.

West Maitland, New S. Wales, April, 1858.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 8, 1858.

Sir C. Locock, Bart. President, in the chair.

A communication by Dr. A. B. GARROD was read, entitled  
RESEARCHES ON GOUT.

The author divided his communication into two parts: in the first were detailed the results of his analyses of the urine in the different forms of gout; the second was devoted to the consideration of the influence of the different forms of colchicum upon the urinary secretion. After describing the method of analysis employed in arriving at his results, and speaking of the opinions usually held upon the subject of the urine in gout, Dr. Garrod proceeded with the first part of his paper, the cases in which he subdivided into three classes.

1st Class.—Cases of acute gout, occurring in patients most of whom in the intervals of the attacks enjoyed pretty good health. About thirty analyses for uric acid made on the twenty-four hours' urine of several different patients were detailed, and a few for the determination of urea; and from these the following deductions were drawn. In the earlier stages of acute gout, the urine, for the most part, is small in quantity, and the uric acid, measured by the twenty-four hours' secretion, diminished; that this acid is thrown out in much larger quantities as the disease becomes mitigated, and that these amounts, even above the patient's daily average, may be passed, forming sometimes critical discharges; and, lastly, the acid again becomes lessened, although not to the extent which occurs either just before or at the commencement of an attack. That the urea is usually thrown out in about the normal quantities, although its free elimination by the kidneys is often somewhat impeded, and, in consequence, the blood contains a small excess, which may possibly explain, in some measure, one peculiarity of gouty inflammation when it attacks superficial parts—namely, the presence of œdema and the subsequent desquamation of the cuticle. That occasionally a trace of albumen exists in the urine, but very seldom, compared with its occurrence in the chronic forms of the affection. 2nd Class included cases of chronic gout, the majority of which were not suffering from any urgent symptoms, but were afflicted with some of the sequelæ of the

affection, as shown by the concretions of urate of soda upon different parts of the body, and the stiffened condition of the joints. More than sixty analyses for uric acid were given in this class, made upon the day's urine of fourteen different individuals, and numerous determinations of urea were also detailed. The deductions from these observations may be thus summed up:—The urine in chronic gout is usually rather pale in colour, below the average tint in the healthy subject, of low density, and increased in quantity. The amount of urea, except in extreme cases, the same as in health (due account being taken of the diet of the patient at the time the urine passed). The uric acid was very much diminished indeed, and subject to excretion in very varied quantities at different times; and, lastly, the presence of a small amount of albumen is exceedingly frequent. Deposits in the urine are not of common occurrence in these subjects; but they occasionally occur on the cooling of the fluid, sometimes in the form of urate of soda or ammonia, at other times crystallized and more or less coloured rhombs of uric acid. Class 3.—Urine of individuals who had suffered more or less frequently from attacks of acute gout, of varying degrees of intensity, examined at the time of complete freedom from any symptoms of the disease. Several determinations were made on the urine of six individuals, and the following results arrived at: In no one of the six patients' urine did the amount of uric acid reach the quantity usually considered to be the average in health; in most of them it was far below, and it would appear that the kidneys in such individuals are apt to lose some of their excretory power for this body,—a circumstance which must necessarily render the blood impure, and account for the liability which such patients possess to periodic visitations of this malady, and the great difficulty of effecting a radical cure of the disease.

Part 2.—Devoted to an examination of the influence of colchicum upon the urine. The usual opinions held by different authorities, as Christison, Chelius, etc., upon the *modus operandi* of this drug were first related, and many of the analyses brought forward in their support were shown to be very fallacious, the error arising not from any fault in the analyses themselves, but from small specimens of urine, passed at particular times of the day, being examined, and no account taken of the twenty-four hours' elimination. Between fifty and sixty analyses, showing the amount of the uric acid eliminated, were given, together with numerous determinations of the urea. The results of these observations on the action of colchicum were as follows:—In one case, where no gouty affection existed, and no febrile disturbance was present, colchicum appeared to have the effect of slightly diminishing the quantity of urine, and likewise of diminishing somewhat the excretion of uric acid. In a second case, similar to the above, the influence of the medicine was notably to diminish the quantity of urine, the uric acid being slightly increased, but the increase was less than a quarter of a grain per diem. In case 3, a gouty patient recovering from an acute attack, the uric acid was somewhat increased during the administration of colchicum, but not in a greater degree than frequently occurs under such circumstances when no medicine is given. In case 4, both the urine and the uric acid were diminished by the influence of the drug; and so on for the other cases. The author considered, as the results of his analyses—1st. That there is no evidence to prove that colchicum produces its effects upon the system by causing the kidneys to excrete an increased amount of uric acid, but that, in fact, the reverse would seem to hold good. 2nd. That colchicum is not always a diuretic, but often diminishes the renal secretion, especially when its action is exerted upon the alimentary canal. 3rd. That colchicum has no marked influence on the excretion of urea. An appendix to the paper contained the results of seventy-two analyses, performed on consecutive days, of the urine of a gouty patient; and the results exemplified, in a marked manner, the peculiar mode in which uric acid is frequently eliminated in such cases, and also tended to confirm the conclusions arrived at with respect to the action of colchicum upon the excretion of this principle.

A paper by Mr. J. Priduck was then read,

#### ON THE IODIDE OF CALCIUM.

The object of this short paper was to bring before the Society a new preparation of iodine in combination with Hæc. The history of the salt and the mode of preparing it, its solution, and some of its compounds, with other articles of the

*Materia Medica*, were published in the *Lancet* of Dec. 8th, 1855. Since that time it has been used extensively in public and private practice, with satisfactory results. It had not been brought forward with a view to supersede the valuable preparations of iodine already in use, but as a preparation which might be used in cases wherein the iodide of potassium was inadmissible. Its advantages were: that the solution given in milk was tasteless; that being readily decomposed by the weak acid of the stomach, it was presented for absorption in a state of atomic division; that it did not excite the circulation, nor irritate the stomach and bladder by passing off too rapidly by the kidneys; that it did not occasion iodism nor resorption of the healthy tissues. The diseases for which it had been successfully prescribed by the author, besides those strumous affections for which the other preparations of iodine were generally used, were: chronic catarrh and bronchitis; incipient phthisis; squamous diseases of the skin; chronic metallic poisoning by mercury, lead, and copper. Under its administration the gums had become healthy, the fetor of the breath had been removed, the neuralgic pains had been relieved, and the patient's health had been restored. The forms in which it had been prescribed were: the simple solution; the solution and compound fluid extract of *sarsaparilla*, and fluid extract of dandelion; the solution and tincture of sesquichloride of iron; and with other tonic and bitter vegetable infusions not containing starch.

A paper Mr. D. F. RENNIE was read, entitled

#### OBSERVATIONS RELATING TO EXCESS OF DIET AS A CAUSE OF DISEASE, AND ON ITS CONNECTION WITH A HITHERTO UNRECOGNISED HYPERTROPHIC CONDITION OF THE LUNGS.

In this paper the author stated that he was first led to an investigation of this subject on entering upon his duties as Surgeon to the Convict Establishment at Fremantle, in June, 1863, by noticing a remarkable prevalence of cutaneous eruptions and other affections which were entirely confined to the convicts, the explanation of which he discovered in their excessive diet, which consisted, among other articles, of 27 ozs. of bread, 16 ozs. of fresh meat, daily, some of the men being allowed even more, and each prisoner had also a daily allowance of  $\frac{1}{2}$  oz. of tobacco. It was noticed that the re-convicted prisoners, who had less diet and no tobacco, suffered far less than the general body of the prisoners. It appears that defective means of restraint was, in a great measure, the cause of this great allowance of food being continued by the convict authorities, on the ground that it facilitated their control by moral force. In December of the same year ophthalmia and dysentery began to appear, and these, too, only among the prisoners, and for the most part taking the place of the cutaneous diseases, leading to the inference that they were mere local varieties of a general constitutional disorder, and, in most instances, were cases of pure metastasis of the cutaneous eruptions. The troops and population generally were entirely free from these complaints, so that there could be no reasonable doubt that they originated in the diet being in excess of the systemic demand; and it must be borne in mind, that from October to May the temperature in Western Australia is almost tropical. Under these circumstances, he (Dr. Rennie) made strong remonstrances on the subject; but the convict authorities being unable to comprehend the scientific principles involved in the adaptation of diet to climate, and taking as a precedent the very large diet given in the English prisons, as well as being strongly prepossessed against any reduction of the scale on disciplinary grounds, received his suggestions unfavourably. The result was, that during the year 1864, with a daily average of 706 prisoners, 2921 cases of sickness occurred, of which 1058 were treated in the hospital. Another urgent appeal was then made by Dr. Rennie, in which all the scientific bearings of the subject were fully discussed; and though the convict authorities still continued to oppose his views, Governor Fitzgerald ordered a Medical board for the consideration of the question. This board, of which the principal Medical officer was president, completely bore out the correctness of Dr. Rennie's objections to the diet, and recommended a gross weekly reduction of 136 oz. The reduction scale came into force on the 1st of June, 1865, and the results proved increasingly satisfactory, as there was abundant evidence, by statistical tables, to show.

Dr. Rennie, having arrived at the conclusion that the immediate cause of disease amongst the convicts in this colony was an excess of food operating on men with impaired constitutions, and consequently with impaired powers of digestion, devoted himself to an inquiry into the physical cause, which, he felt satisfied was developed previous to their arrival in that colony, and succeeded in identifying it with a hypertrophied condition of the pulmonary parenchyma, and a remarkably adherent state of the abdominal and thoracic viscera, generally unaccompanied by tubercular deposition, or any indications whatever of previous inflammatory action, and leading him to believe it to be a pure form of hyper-nutrition. The proofs and evidences which led to this conclusion were entered into at great length, as also the appearances, which, with few exceptions, were found in upwards of eighty post-mortem examinations. The portions of lung found most hypertrophied were the upper part of the right lung, and the lower portions behind. The lung tissue in these parts resembled the appearance described by Laennec as carnification, and at first the condition was viewed as one of chronic pneumonia, but this was disproved by the fact that it was present in nearly every case, and also that, almost without exception, the men so affected never had been, and were not at the time, affected with any symptom of chest disease. Dr. Rennie therefore attributed these abnormal symptoms and appearances to the prolonged operation of a diet too bulky and nutritious for the peculiar circumstances (hot cells and sedentary occupations) under which the convicts are placed during the earlier portions of their imprisonment in England. As the question has naturally presented itself as to whether these extraordinary appearances were developed before or after the prisoners landed in Western Australia, and with the view of ascertaining the condition of the respiratory organs, Dr. Rennie availed himself of the opportunity of examining upwards of fifty men immediately on their coming to shore, and in almost every case found a marked difference between the capacity of the two lungs for containing air, the functions of the right one being almost invariably most defective. In most cases there was, in addition, a general absence of healthy respiration, and, curiously, the more so in those men who had previously been totally free from chest diseases. All this, Dr. Rennie thinks, strikes at the root of the whole dietetic system pursued during the earlier period of their confinement in England, the state of these convicts with respect to sickness contrasting strongly with that of the inmates of the military prison, who have a simple, wholesome, and yet ample diet, and plenty of exercise in the open air; whereas the convicts, during the first twelve months of their imprisonment, are shut up like hot-house plants in a warm cell, employed at a sedentary occupation, and placed on a diet double that allowed to the military prisoners.

Dr. WEBSTER said that Dr. Rennie had laid down some novel principles in his paper. He agreed with him in thinking that the prisoners to whom he referred received too much animal food; but much would depend upon whether they had any hard labour to undergo, in which case the bad effects of the too nutritive diet would be counteracted. He did not agree with the author in thinking that prisoners in England were overfed. There was no class of persons so healthy as the criminals confined in London prisons; which, he believed, was greatly owing to the excellent diet. In Denmark the prisoners received no beef, but were given horse-flesh instead, and their health was very good.

Dr. MURCHISON suggested that the disease to which the prisoners in Australia were subject was of a tubercular nature, and occasioned by their close confinement.

Dr. BALY said the diet of the prisoners had been several times reduced, and was now assimilated to the diet in English prisons. Dr. Rennie desired a still further reduction, but this was not permitted. He could not agree in the conclusions of the author, who did not appear to be a careful observer. He did not believe that dysentery and constipation were produced by over-feeding. With regard to the adhesions to which reference had been made, they were not more frequent in convicts than in persons of the same class who died in hospitals, except so far as they might be produced by tubercular disease; and when that disease was discovered in the convict it was well known that an addition to the food would often arrest it. The author's account of what he had

denominated hypertrophy of the lungs was, he believed, incorrect; and he (Dr. Baly) regretted that such a paper should have been read before the Society.

## MEDICAL NEWS.

**ROYAL COLLEGE OF SURGEONS.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 18th inst. :—

ARMSTRONG, LUKE, Newcastle.  
CARTER, ALBERT FLEYDELL, Gloucester.  
EVANS, THOMAS, Carmarthen.  
HOSKINS, E. J., North Perrott, Crewkerne, Somerset.  
JAMES, RICHARD, Narberth, Pembrokeshire.  
JOHNSON, WILLIAM SETON, Maidstone, Kent.  
M'FADDEN, JOHN, Convooy, county of Donegal.  
NICHOLSON, WILLIAM HUNTER, Old-street, St. Luke's.  
OLDHAM, CHARLES FREDERICK, Liverpool.  
PEARCE, CHARLES WORTHAM, Peterborough.  
SMITH, JOSEPH, Birmingham.  
STOCKER, RICHARD C. S., Baker-street, Portman-square.  
TRIFE, WILLIAM BORROWDALE, Commercial-road-east.  
WHALLEY, WILLIAM, Keighley, Yorkshire.

**APOTHECARIES' HALL.**—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, June 17, 1858 :—

ADSETTS, JOHN, Derby.  
CHAPMAN, CHARLES EDWARD, Preston, Lancashire.  
CREW, JOHN, Tetbury, Gloucestershire.  
DOBSON, WILLIAM C., Hamilton-terrace, Highbury.  
EWEN, ARTHUR BENJAMIN, Lang Sutton, Lincolnshire.  
RAND, JOHN, Hadleigh, Suffolk.  
REES, HARDING, Beaconsfield.  
ROBINSON, ENOCH, Marsden, near Huddersfield.

## DEATHS.

CLARKE.—April 5, at Melbourne, Arthur Clarke, M.R.C.S., late of St. Thomas's Hospital and Westcott, near Dorking, aged 24.  
FOLKARD.—On the 17th June, at his residence, North-street, Brighton, D. M. Folkard, aged 66.  
HAMMOND.—On the 7th ult., at Bagdad, Frederick Kaimes Hammond, H.E.I.C., late of Southampton.  
MAUND.—April 3, at Melbourne, Victoria, John Maund, M.D., Physician to the Melbourne Lying-in Hospital, and Medical Jurist to the Supreme Court of Victoria, aged 35.  
PHIPPS.—June 14, at the Curragh Camp, Kildare, William Henry Phipps, Assistant-Surgeon 2nd Battalion Coldstream Guards, aged 27.

## APPOINTMENTS.

The Queen has been pleased to appoint Nathan Lewis Young, M.D., to be a member of the Council of Barbadoes. Mr. S. A. Cusack has been appointed one of the Assistant-Surgeons to Stevens' Hospital, in the room of the late Dr. Harrison; and Mr. Edward Hamilton succeeds Mr. Cusack as House-Surgeon to the Hospital.

**THE VACCINATION ACT.**—In the Act passed on Monday, Medical officers are to be in future supplied with books and forms.

**UNIVERSITY COLLEGE.**—The Fellowes Clinical Medicine Prize of a gold medal has been awarded to Mr. William G. Groves, of Maidencombe, Teignmouth.

**UNIVERSITY OF DURHAM.**—Public Examinations, Easter Term, 1858.—For the degree of Bachelor of Medicine, William Young, licentiate in medicine.—At a convocation holden on Tuesday, June 15, the following degree was conferred :—Bachelor of Medicine, William Young, licentiate of medicine, Neville-hall.

**THE BLANE MEDALS.**—The Council of the Royal College of Surgeons, on the recommendation of Sir John Liddell, the Director-General of the Medical Department of the Royal

Navy, has awarded the gold medals founded by the late Sir Gilbert Blane, Bart., to the Naval Medical officer whose diary shall possess the greatest amount of scientific knowledge, to Dr. William Richard Edwin Smart, of her Majesty's ship *Diamond* (1855); and Dr. Alexander Eugene Mackay, of her Majesty's ship *Fantome* (1855).

**LUNATIC ASYLUMS.**—The number of licensed houses in England and Wales for the care of lunatics was, on the 1st of January, 1858, 113. In the licensed houses of the metropolis the total number of lunatics was 2623—viz. 1306 private and 1317 pauper patients. The sexes are pretty equal as regards the private patients, but among the paupers the number of the females exceeds the number of the males twofold. The total number of lunatics in the provincial licensed houses on the 1st of January was 2647—viz. 1497 private, and 1150 pauper patients.

**DEMORALIZING ADVERTISEMENTS.**—At a Meeting of the Halifax Board of Health, held May 10th, 1858, His Worship the Mayor in the chair, it was resolved, That this Board think it due to the conductors of the City Press, to acknowledge the readiness with which they have omitted the insertion of a certain class of profitable, but highly pernicious and objectionable quack advertisements, on its being privately represented to them that such advertisements were especially injurious to the morals and health of the community. It was further resolved, That a copy of the foregoing resolution be sent to the office of each of the city newspapers. Many of our own papers would add to their respectability by following this colonial example.

**IMITATION OF THE NATURAL PRODUCTION OF PEARLS.**—At a *soirée* at St. Bartholomew's Hospital on the 16th instant, Mr. Quekett exhibited some very interesting specimens illustrating the manner in which pearls were produced naturally, and the manner in which the natural production might be artificially imitated. He showed that the oyster-shell was first perforated from without by a boring-worm, and when the inner layer is reached, this layer is pushed inwards, covered with lustrous coating of the shell, and at length detached. The introduction of wires and other foreign bodies from without imitated the action of the borer, and the body became coated or plated with the pearly layer. This is doubtless important in a commercial point of view.

**INOCULATION OF SMALL-POX.**—Another death from the above cause has recently occurred in the county of Kilkenny, in the person of a child named Patrick Fletcher. The parents had been at their work at Chapel Izod, when the deceased was inoculated by a man named Mackey, who makes this pernicious practice his means of livelihood. This quack was expected to visit the district on the day in question, and the mother, on leaving home to go to her work, left a shilling for him to have the deceased "cut for the pock." A coroner's inquest was held, when the jury found a verdict against Mackey, as also against the mother, Margaret Fletcher, for aiding and assisting in the outrage. The coroner issued a warrant against Mackey for manslaughter, and took bail for the appearance of Margaret Fletcher to stand her trial, for aiding him, at the assizes. When the coroner had concluded his investigation, Mr. Izod addressed the persons present in a very forcible manner, giving a history of the practice of vaccination, pointing out its good results, and the baneful and criminal effects attending inoculation for the small-pox.

## TO CORRESPONDENTS.

Mr. Adams's paper on Tracheotomy shall appear immediately.

Mr. Harper.—The blame rests with the College, for not sending correct lists to the Journals.

F.R.S.—Her Majesty has recently allotted a suite of apartments at Hampton Court to Professor Faraday.

M.D.—General Peel is the proper person to present officers in the army officially at Court; but Medical officers are frequently presented by the Director General.

G.L.P.—It is to be hoped that whatever Bill may pass, some punishment will be inflicted upon those who falsely represent themselves as possessors of Medical diplomas.

A. Suckling.—"Electrolytes" are substances directly decomposable by electricity. The term "electrode" is synonymous with "pole." "Bio-gas" is another term for physiology (Bios, life).

**A Medical Coroner.**—According to the new Act the coroner must furnish the Registrar with the particulars of each inquest; but the Coroner need not sign the register as heretofore.

**Gen. Pract.**—Larten's cod-liver oil jelly is made with 60 parts of cod-liver oil, 10 of spermaceti, 25 of simple syrup, and 25 of rum. They are all rubbed up together until they acquire a gelatinous consistence. Chevalier's formula is as follows:—Dissolve 16 parts of gelatine in 125 parts of boiling water, then add 125 parts of simple syrup, 250 parts of cod liver oil, and enough of some aromatic oil (cinnamon, lemon or clove), to flavour the mixture. The mixture is to be poured, while cooling, into a wide-mouthed bottle.

#### "FRIGHTFUL DEATH FROM FRIGHTFUL SURGERY."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Such is the heading of a case recorded in the Jersey papers; and as such you call to it the attention of the Profession in your Journal of the 19th.

Allow me, Sir, under the same heading, and through your columns, to ask the Edinburgh periodical sectionists, what was the cause of the death in Edinburgh on the 10th inst. of a gentleman of this neighbourhood, whose loss, at 31 years of age, has filled this place with mourning and regret?

I am, &c.

A SALISBURY MAN.

#### CONSTANT GALVANIC CURRENT.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Mr. H. W. Lobb (Medical Times, No. 412) in his reply to Dr. Althaus, states that, if I failed to cure paralysis with the constant current, I might succeed with rheumatism, chorea, etc., because they are antagonistic affections. Mr. Lobb, after his own observations believes "that the continuous current will be found more useful and manageable than the induced current; both are valuable, the induced in paralysis, the constant in neuralgia, rheumatism, cramps, chorea, and in all hyperaesthesiae."

Though I feel satisfied that the constant current has found an impartial defender in your country, I cannot but observe, that, if the effects of the constant current are, as I have observed in so many cases, so superior to those of the induced current in antagonistic affections, the "means of application of the current are also no less different and their effects antagonistic" in different kinds of diseases, as I shall have occasion to explain in my work now in the press. Especially I hope to show that the constant current is a better anti-paralytic remedy than has hitherto been known.

I am, &c.

ROBERT REMAK.

Berlin, 18th May, 1858.

#### MEDICAL ETHICS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Can you or any of your readers inform me what is the proper course to pursue in such circumstances as the following:—

A Medical man, in daily attendance on a patient, on visiting him on a certain day is informed that, three days before, another Medical man had been requested to see the patient; that, on the previous day, this Medical man had called, and "knowing that another was in attendance," had examined and prescribed for the patient, and said, that he would be glad to meet the original attendant next day for consultation.

Ought the original attendant to consent to this consultation, or ought he not rather to resign the case into the hands of the other? And, if he consent to the consultation, hoping that some explanation and apology would be made by the other Medical man, and receives none, ought he to consent ever again to meet that Medical man in consultation?

I am, &c.

DELTA.

[Our correspondent has only half stated his case. He says nothing of his wishes of the patient.—Ed.]

#### THE COLLEGE LISTS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In the last number of the *Medical Times* you have published a list of gentlemen, commencing with Barley, D. B., and terminating with Teevan, W. F., who are stated to have been admitted "Members," it should have been "Fellows," of this College by examination.

In consequence of several inquiries here, I beg you will make the necessary alteration next week.

I am, &c.

EDWIN BELFOUR, Secretary.

Royal College of Surgeons, London, W.C., June 21, 1858.

[If Mr. Belfour would do as the Secretaries of all the Universities and Colleges, except the College of Surgeons, do, and send correct pass-lists to the Medical Journals, such mistakes would not occur. The blame rests solely with the College. Gentlemen aggrieved by inaccuracy would do well to inquire if the Council or the Secretary are responsible for the neglect.—Ed.]

#### CONSTANT GALVANIC CURRENT.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I am sorry I have to intrude again upon your valuable space, but as Dr. Remak's reply to my letter on the "Constant Galvanic Current" imputes to me a hostile spirit, from which I feel myself totally free, and calls in question the correctness of one of my statements, which I still consider as perfectly true, I trust you will allow me to say a few words in reply.

1. Dr. Remak's assertion that the induced current cannot be applied to the living body without producing a weakening effect, has not been proved, and cannot be proved, as it is contrary to experience.

2. Dr. Remak's method of treatment has not been successful when brought under the notice of the Profession at Paris.

3. History proves that the continuous galvanic current has been applied to the treatment of nervous diseases by other physiologists and physicians a long time before Dr. Remak. (Cf. Guitard's History of Medical Electricity, and Becquerel's Treatise on the Application of Electricity to Therapeutics.)

4. As to the alleged successful treatment of inflammation of the spinal cord by the continuous galvanic current, I am afraid Dr. Remak has been mistaken in the diagnosis of his cases.

I am, &c.

2, Manchester-street, June 21, 1858.

J. ALTHAUS, M.D.

#### A GOOD EXAMPLE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—Great liberties being sometimes taken with Medical men by people having a high opinion of their own importance, and whose time is seldom very valuable, the following anecdote respecting Dr. Keim, who was court physician at Berlin during the first quarter of the present century, may be quoted as an excellent illustration of such Teutonic propensities. Among the nobility in Germany, and especially aions of Royalty, it is customary often to address parties not belonging to their exclusive circles, in the third person singular. Against this absurd system, Dr. Keim always objected strongly, of which an instance may be here related, when he was appointed physician in ordinary to the Princess Ferdinand of Prussia, a haughty personage, and an inveterate stickler for ancient aristocratic usages. Before the worthy doctor would accept the proffered appointment, he insisted upon three conditions:—1. That his patient should always address him by the word *you*, not *he*. 2. That he must never be made to kick his heels by waiting in the ante-chamber, as then some patients would certainly suffer, by his not keeping other engagements. And 3. That he should be *royally* remunerated, although her Royal Highness was said to be very avaricious. However, as the Princess valued her health even more than money, and would have Dr. Keim as her professional attendant, the greedy lady succumbed also on this important point, and ever afterwards became the steady patroness of her much valued physician.

I am, &c.

M.D.

June 21, 1858.

#### THE MARSHALL HALL METHOD OF TREATING APNŒA.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I have much pleasure in acknowledging the courteous letter which appeared in your Journal for this week, June 12, from a "Second Coadjutor in Dr. Hall's experiment," with reference to my method of treating persons apparently drowned or dead. I beg to assure him that I am perfectly conversant with the contents of Dr. Hall's work on Drowning. I am sorry to be obliged to refer to the experiments there described,—no doubt "the experiments performed by Mr. Hunter and other gentlemen at St. George's Hospital on the dead subject," appeared to them to prove "that nearly as much air entered the lungs as would be inhaled in an ordinary inspiration in a state of health," taking our average at thirty cubic inches. I think there must be some fallacy here, (perhaps from one-thirtieth to one-fourth part of one cubic inch would be more nearly the amount of air inhaled in the postural method, so far as I am at present able to judge.) The method of performing the experiments just mentioned is by no means satisfactory, and is I believe open to obvious objections. The tube of the pneumometer was passed into one nostril of the patient, the other nostril and the lips being closed by adhesive plaster. The want of rigidity of the cheeks, and the amount of air in the respiratory tract, and even in the stomach, etc., of the patient, could scarcely fail to render the indications of the instrument, even if perfect in itself, liable to suspicion, if not entirely valueless in point of scientific accuracy. Hence my reason for connecting the instrument with the trachea.

Any objection which might be urged from the presence of rigor mortis does not affect the results of my experiments, as I have been careful to draw practical deductions from those cases only in which the observations were made when the body was quite warm, and within one hour and a half after death.

The occasional position of the epiglottis resting against the back of the pharynx is simply an anatomical fact.

I am, &c.

HENRY R. SILVESTER, B.A., M.D. Lond.

High-street, Clapham, June 16, 1858.

COMMUNICATIONS have been received from—

Dr. MCWILLIAM; REGISTRAR GENERAL; Mr. WILLIAMS; Dr. REMAK, Berlin; Dr. ALTHAUS; Mr. TEEVAN; SECRETARY GENERAL BOARD OF HEALTH; Dr. THOMSON; Mr. STEVENS; Mr. BARRETT; Dr. LEUBUSCHER, Berlin; Mr. ADAMS; Mr. W. ADAMS; G. L. P.; Mr. Salt; M.A.B.; Mr. CATTLIN.

## APPOINTMENTS FOR THE WEEK.

June 26. Saturday (this day).

Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; King's, 2 p.m.; Charing-Cross, 1 p.m.

28. Monday.

Operations at the Royal Free Hospital, 1 p.m.; Metropolitan Free Hospital, 2 p.m.; Orthopedic Hospital, 2 p.m.

29. Tuesday.

Operations at Guy's, 1 p.m.; Westminster, 2 p.m.

30. Wednesday.

Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.; Orthopedic Hospital, 2 p.m.

July 1. Thursday.

Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.; London, 1½ p.m. Zoological Society, 3 p.m.

2. Friday.

Operations at the Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.; Great Northern, 2 p.m.

## EXPECTED OPERATIONS.

King's College Hospital.—The following operations will take place this day (Saturday), at 2 o'clock:—

Staphylosaphy; hare-lip; removal of dead bone from femur. By Mr. Ferguson.

Westminster Hospital.—The following operations will take place on Tuesday next, at 2 o'clock:—

Resection of elbow-joint; excision of mamma; application of actual cautery for lupus. By Mr. Holt.

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## ERRATA:

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|---|--|---|
| <p>Page 24, line 29, for "Edmonds, Shirley Woolmer," read "Woolmer, Shirley Edmonds."<br/>         Page 26, line 30 from bottom, for "extraordinary" read "exculpatory."<br/>         Page 126, line 35, for "Hamerick," read "Hamernyk."<br/>         Ibid. paragraph 3, for "Halford," read "Hamernyk."<br/>         Page 149, line 6, for "globe," read "growth."<br/>         Page 208, line 41 from bottom, for "it is usual," read "it is not usual."<br/>         Page 213, column 2, line 18 from bottom, to be placed immediately before 3rd line from bottom.</p> | <p>Page 230, line 29 from bottom, for "ablation," read "whatever."<br/>         Page 280, line 29, for "Horton," read "Thorton."<br/>         Page 289, 17 lines from bottom, for "altered portion," read "altered position."<br/>         Page 306, 80 lines from bottom, for "Nalby," read "Nalty."<br/>         Page 321, line 26, for "eight inches," read "one inch."<br/>         Page 395, line 6 from bottom, for "constitutional," read "constitution whether."<br/>         Page 396, line 13, for "sufficing," read "as."</p> | <p>Page 421, line 5, for "a distant organ," read "an organ."<br/>         Ibid. line 38, dele "interesting."<br/>         Page 447, for correction of second table see page 494.<br/>         Page 522, line 36, for "a daily gain of many," read "a daily gain of nearly three."<br/>         Page 566, line 40, for "Mr. West published in the last number of the Midland Counties Journal," read "Dr. Wade in the last number of the Midland Quarterly Journal."</p> |
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END OF VOLUME XXXVII.

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Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart-fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloaters Pastes, Strasbourg and other Potted Meats, and Cal's-Foot Jellies of various kinds for table use. C. and B. are also sole agents for M. Boyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of

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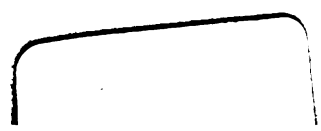








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